CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY
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ATTORNEY FOR (name): Brittani Thomas
STATE BAR NUMBER: 270855

FOR COURT USE ONLY

FILED
Superior Court of California
County of Los Angeles
11/06/2025
David W. Slayton, Executive Officer / Clerk of Court
By: D. Ortiz Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
STREET ADDRESS: 111 N. Hill St.
MAILING ADDRESS: 111 N. Hill St.
CITY AND ZIP CODE: Los Angeles 90012
BRANCH NAME: Stanley Mosk Courthouse

PLAINTIFF/PETITIONER: Brittani Thomas
DEFENDANT/RESPONDENT: Maple Healthcare, LLC.

REQUEST FOR DISMISSAL

CASE NUMBER: 25STCV00503

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please **dismiss** this action as follows:
   a. (1) ☐ With prejudice (2) ☒ Without prejudice (3) ☐ Without prejudice and with the court retaining jurisdiction (Code Civ. Proc., § 664.6)
   b. (1) ☐ Complaint (2) ☐ Petition
      (3) ☐ Cross-complaint filed on *(date)*: by *(name)*:
      (4) ☐ Cross-complaint filed on *(date)*: by *(name)*:
      (5) ☐ Entire action of all parties and all causes of action
      (6) ☒ Other *(specify)**: Ninth Cause of Action for Private Attorney's General Act Claims for Aggrieved Employees
2. *(Complete in all cases except family law cases.)*
   The court ☐ did ☒ did not waive court fees and costs for a party in this case. *(This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed.)*

Date: November 3, 2025

Adam M. Kent
(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

(SIGNATURE)

Attorney or party without attorney for
☒ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-Complainant

* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed

3. TO THE CLERK: Consent to the above dismissal is hereby given.†
Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

(SIGNATURE)

Attorney or party without attorney for
☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-Complainant

† If item 1a(3) is checked, all parties must sign
If a cross-complaint—or *Response—Marriage/Domestic Partnership* (form FL-120) seeking affirmative relief—is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).

☒ Check here and use form MC-025 or a separate page for additional signatures. Include date, printed name, and party information.

4. ☐ Dismissal entered as requested on *(date)*:
5. ☑ Dismissal entered on *(date)*: 11/12/2025 as to only *(name)*: as stated above.
6. ☐ Dismissal **not entered** as requested for the following reasons *(specify)*:

7. a. ☑ Attorney or party without attorney notified on *(date)*: 11/12/2025
   b. ☐ Attorney or party without attorney not notified. Filing party failed to provide
      ☐ a copy to be conformed ☐ means to return conformed copy

David W. Slayton, Executive Officer / Clerk of Court

Date: 11/12/2025 Clerk, by D. Ortiz, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
CIV-110 [Rev. January 1, 2025]

REQUEST FOR DISMISSAL

Code of Civil Procedure, § 581 et seq.;
Government Code, § 68637(c), Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

PLAINTIFF/PETITIONER: Brittani Thomas DEFENDANT/RESPONDENT: Maple Healthcare, LLC.	CASE NUMBER 25STCV00503

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover $10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name):*
2. The person named in item 1 is *(check one below)*
   a. ☐ not recovering anything of value by this action.
   b. ☐ recovering less than $10,000 in value by this action.
   c. ☐ recovering $10,000 or more in value by this action. *(If item 2c is checked, item 3 must be completed.)*
3. All court fees and court costs that were waived in this action have been paid to the court *(check one):* ☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)

(SIGNATURE)

SHORT TITLE:	CASE NUMBER
Thomas v. Maple Healthcare, LLC	25STCV00503

ATTACHMENT *(Number):* One (1)

(This Attachment may be used with any Judicial Council form.)

I, Adam M. Kent, do hereby declare as follows:

1. 1. I am the attorney for Plaintiff in this action. I am personally aware of all facts contained herein, and can competently testify thereto.

2. This dismissal did not release any PAGA claims, no payment was made for this specific dismissal, and it preserves the rights of other aggrieved employees to bring similar claims in the future.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 11/06/2025

By: _____
ADAM M. KENT

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)