

8/23

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): PETER D. LEPISCOPO, ESQ. S.B.N. 139583 2635 Camino del Rio So., Ste.109, San Diego, CA 92108 TELEPHONE NO.: 619-299-5343 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff, DISCOVERY INSTITUTE	FOR COURT USE ONLY <h1 style="margin: 0;">FILED</h1> LOS ANGELES SUPERIOR COURT <h2 style="margin: 0;">JUL 23 2010</h2> JORNA CLARKE, CLERK BY DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: 111 North Hill Street CITY AND ZIP CODE: Los Angeles, California 90012 BRANCH NAME: Stanley Mosk Courthouse	
PLAINTIFF/PETITIONER: DISCOVERY INSTITUTE DEFENDANT/RESPONDENT: CALIFORNIA SCIENCE CENTER	
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify) : Declaratory Relief--California Public Records Act	CASE NUMBER: <div style="text-align: center; font-size: 1.2em;">BS 123905</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">85</div>
- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -	

1. TO THE CLERK: Please dismiss this action as follows:
- a. (1) With prejudice (2) Without prejudice
 - b. (1) Complaint (2) Petition
 - (3) Cross-complaint filed by (name): _____ on (date): _____
 - (4) Cross-complaint filed by (name): _____ on (date): _____
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*

2. (Complete in all cases except family law cases.)

Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: July 19, 2010
 PETER D. LEPISCOPO, ESQ. C.S.B. 139583

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) _____ (SIGNATURE)

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

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

- (To be completed by clerk)
- 4. Dismissal entered as requested on (date): **JUL 23 2010**
 - 5. Dismissal entered on (date): _____ as to only (name): _____
 - 6. Dismissal not entered as requested for the following reasons (specify): _____
 - 7. a. Attorney or party without attorney notified on (date): _____
 - b. Attorney or party without attorney not notified. Filing party failed to provide a copy to be conformed means to return conformed copy

Date: **JUL 23 2010** **John A. Clarke** Clerk, by **J. DeLUNA** Deputy

(TYPE OR PRINT NAME OF PARTY MAKING DECLARATION) ATTORNEY

(SIGNATURE)

Date: _____

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

1. The court waived fees and costs in this action for (name):
2. The person in item 1 (check one):
 - a. is not recovering anything of value by this action.
 - b. is recovering less than \$10,000 in value by this action.
 - c. is 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 costs that were waived in this action have been paid to the court (check one): Yes No

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

Declaration Concerning Waived Court Fees

PLAINTIFF/PETITIONER: DISCOVERY INSTITUTE	CASE NUMBER: BS 123905
DEFENDANT/RESPONDENT: CALIFORNIA SCIENCE CENTER	

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