

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

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TELEPHONE NO.: (310) 636-1018

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): Plaintiff DAVID COPPEDGE

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

STREET ADDRESS: 111 North Hill Street

MAILING ADDRESS:

CITY AND ZIP CODE: Los Angeles, CA 90012

BRANCH NAME: Central

PLAINTIFF/PETITIONER: DAVID COPPEDGE

DEFENDANT/RESPONDENT: JET PROPULSION LABORATORY, et al.

FOR COURT USE ONLY

FILED

LOS ANGELES SUPERIOR COURT

JUL 28 2011

JOHN A. CLARKE, CLERK

S. Alexander
BY S. ALEXANDER, DEPUTY

REQUEST FOR DISMISSAL

- Personal Injury, Property Damage, or Wrongful Death
 - Motor Vehicle Other
- Family Law Eminent Domain
- Other (specify) : Employment

CASE NUMBER:
BC435600

- 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):

(4) Cross-complaint filed by (name):

(5) Entire action of all parties and all causes of action

(6) Other (specify):* Entire Action as to Individual Defendants Kevin Klenk, Gregory Chin and Clark Burgess ONLY

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: June 20, 2011

William J. Becker, Jr.

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

*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.

[Signature]
(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)

** If a cross-complaint - or Response (Family Law) 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 (l) or (j).

(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): 7/28/11

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: 7/28/11 Clerk, by *[Signature]* Deputy

ORIGINAL

9/16

RECEIVED
JUN 21 2011
DEPT. 54

8/23/11

PLAINTIFF/PETITIONER: DAVID COPPEDGE	CASE NUMBER: BC435600
DEFENDANT/RESPONDENT: JET PROPULSION LABORATORY, et al.	

Declaration Concerning Waived Court Fees

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.

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

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)

07/29/11