ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, S* number, and address)	FOR COURT USE ONLY

Glenn Hagele, in pro per
8543 Everglade Dr
Sacramento CA 95826-3616

TELEPHONE NO 916-203-2442   FAX NO (Optional) 916-650-1241
E-MAIL ADDRESS (Optional) glenn@hagele us
ATTORNEY FOR (Name) in pro per

FILED/ENDORSED

APR 2 5 2011

By: _____ A MACIAS _____
DEPUTY CLERK

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
STREET ADDRESS 720 Ninth St , Sacramento CA 95815
MAILING ADDRESS 720 Ninth St
CITY AND ZIP CODE Sacramento CA 95815
BRANCH NAME Gordon Schaber Downtown Courthouse

PLAINTIFF/PETITIONER GLENN HAGELE

DEFENDANT/RESPONDENT BRENT HANSON

REQUEST FOR DISMISSAL
- [ ] **Personal Injury, Property Damage, or Wrongful Death**
  - [ ] Motor Vehicle [ ] Other
- [ ] **Family Law** [ ] **Eminent Domain**
- [✓] **Other** *(specify)* : Defamation and Invasion of Privacy

CASE NUMBER
~~60AS00839~~
06AS00839

- 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)* * All causes of action for only specified party Paula Cofer
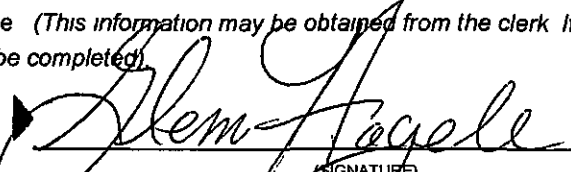
2 *(Complete in all cases except family law cases)*
  [✓] Court fees and costs were waived for a party in this case *(This information may be obtained from the clerk If this box is checked, the declaration on the back of this form must be completed).*

Date April 25, 2011

Glenn Hagele

(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
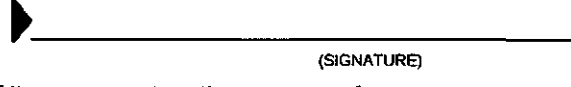
(SIGNATURE)
Attorney or party without attorney for
[✓] Plaintiff/Petitioner [✓] Defendant/Respondent
[ ] Cross-Complainant

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

** 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 (i) or (j)

(To be completed by clerk)   APR 2 5 2011
4 [✓] Dismissal entered as requested on *(date)*
5 [ ] Dismissal entered on *(date)*   as to only *(name)*
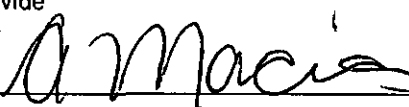6 [ ] Dismissal **not entered** as requested for the following reasons *(specify)*

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   APR 2 5 2011   Clerk, by _____ , Deputy

Form Adopted for Mandatory Use
Judicial Council of California
CIV-110 [Rev July 1, 2009]

REQUEST FOR DISMISSAL

Code of Civil Procedure, § 581 et seq ,
Gov Code, § 68637(c), Cal Rules of Court, rule 3 1390
www courtinfo ca gov
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PLAINTIFF/PETITIONER GLENN HAGELE	CASE NUMBER
DEFENDANT/RESPONDENT BRENT HANSON	60AS00839

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
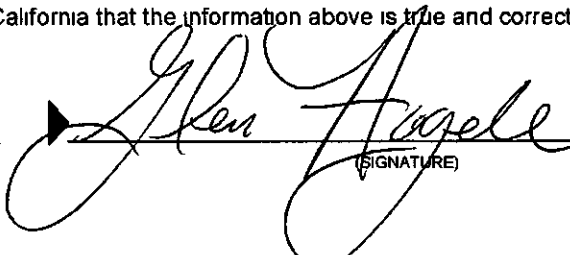
1   The court waived fees and costs in this action for *(name)* Glenn Hagele

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 April 25, 2011

Glenn Hagele
(TYPE OR PRINT NAME OF [ ] ATTORNEY [✓] PARTY MAKING DECLARATION)

(SIGNATURE)