

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):  ATTORNEY FOR (NAME):	TELEPHONE NO.:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF:  DEFENDANT:		
<b>REQUEST FOR DISMISSAL/SATISFACTION OF JUDGMENT</b>		CASE NUMBER:

Your small claims case is scheduled for hearing in this court as follows:

**TRIAL INFORMATION**

Date	Day	Time	Place

If the claim is settled prior to the date set for trial, or if you decide you do not wish to proceed, complete the **REQUEST FOR DISMISSAL** and mail the completed form to the court listed above. If this case is settled after judgment, complete the **SATISFACTION OF JUDGMENT** and file this form with the court.

**REQUEST FOR DISMISSAL**

TO THE CLERK OF THE ABOVE-NAMED COURT: You are requested to dismiss the above-entitled action as follows:

- WITH PREJUDICE (You **cannot** sue again on the same cause of action)
- WITHOUT PREJUDICE (You **can** sue again on the same cause of action)

Date: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff's or Authorized Agent of Corporation's Signature

\_\_\_\_\_  
Defendant's or Authorized Agent of Corporation's Signature  
(Must sign **ONLY** if Defendant's Claim filed)

**SATISFACTION OF JUDGMENT**

TO THE CLERK OF THE ABOVE-NAMED COURT: Payment having been made, you are hereby authorized and directed to enter, and I hereby acknowledge, full satisfaction of judgment in the above small claims action.

Date: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff's or Authorized Agent of Corporation's Signature