

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