

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
**MICHAEL J. BARKLEY, SBN 122433**  
 161 N. Sheridan Ave. #1, Manteca, CA 95336

TELEPHONE NO. 209/823-4817 FAX NO. (Optional) none  
 E-MAIL ADDRESS (Optional) mjbarcl@inreach.com

ATTORNEY FOR (Name) Petitioner

FOR COURT USE ONLY

FILED

CLERK

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO**  
 STREET ADDRESS: 720 Ninth St.  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: Sacramento, CA 95814  
 BRANCH NAME: Gordon D. Schaber Courthouse

PLAINTIFF/PETITIONER: Barkley  
 DEFENDANT/RESPONDENT: SWRCB

**REQUEST FOR DISMISSAL**

Personal Injury, Property Damage, or Wrongful Death  
 Motor Vehicle  Other  
 Family Law  Eminent Domain  
 Other (specify): Petition for Writ of Mandate

CASE NUMBER  
 34-2010-80000513

- 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: June 10, 2010  
 MICHAEL J. BARKLEY

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

(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.

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)
- 4.  Dismissal entered as requested on (date): JUL - 2 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 - 2 2010 Clerk, by D. RIOS SR., Deputy

PLAINTIFF/PETITIONER: BARKLEY	CASE NUMBER:
DEFENDANT/RESPONDENT: swrcb	34-2010-80000513

### 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)