

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

Jane Brunner SNB 135422  
 Siegel, Yee & Brunner  
 475 14th Street, Suite 500  
 Oakland, CA 94612

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FAX NO. (Optional): 510-444-6698

E-MAIL ADDRESS (Optional): janebrunner@hotmail.com

ATTORNEY FOR (Name): Karen Clopton

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco

STREET ADDRESS: 400 McAllister Street

MAILING ADDRESS:

CITY AND ZIP CODE: San Francisco, CA 94102

BRANCH NAME:

PLAINTIFF/PETITIONER: Karen Clopton

DEFENDANT/RESPONDENT: California Public Utilities Commission, Michael Picker et al.

FOR COURT USE ONLY

ELECTRONICALLY  
FILEDSuperior Court of California,  
County of San Francisco10/16/2018  
Clerk of the Court  
BY: DAVID YUEN

Deputy Clerk

REQUEST FOR DISMISSAL

CASE NUMBER:

CGC-17-563082

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please **dismiss** this action as follows:a. (1) ☒ With prejudice (2) ☐ Without prejudiceb. (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):\* Defendants' Carla Peterman, Martha Guzman Aceves & Clifford Rechtschaffen

2. (Complete in all cases except family law cases.)

The court ☐ did ☐ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: 10-16-18

Jane Brunner.....

(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:

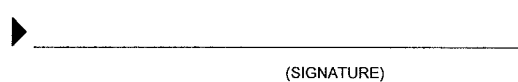
☒ Plaintiff/Petitioner☐ Defendant/Respondent☐ Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.\*\*

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

\*\* If a cross-complaint - or Response (Family Law) seeking affirmative relief - is on file, the attorney for the cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) 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):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:

Clerk, by \_\_\_\_\_, Deputy

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PLAINTIFF/PETITIONER: Clopton  
 DEFENDANT/RESPONDENT: CPUC, et al.

CASE NUMBER:  
 CGC-17-563082

### COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

### Declaration Concerning Waived Court Fees

1. The court waived fees and costs in this action for *(name)*:
2. The person in item 1 is *(check one below)*:
  - a. ☐ not recovering anything of value by this action.
  - b. ☐ recovering less than \$10,000 in value by this action.
  - c. ☐ 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)


[illegible]

I am employed in the County of Alameda, State of California. I am over the age of 18 years and not a party to the within action. My business address is 475 14th Street, Suite 500, Oakland, California 94612.

1. REQUEST FOR DIMSISAL OF DEFENDANTS CARLA PETERMAN,  
MARTHA ACEVES & CLIFFORD RECHTSCHAFFEN

on the parties to this action, pursuant to Local Rule 2.11(P), by transmitting the documents listed above to be Electronically served through File & Serve Xpress to the parties on the Service List maintained by File & Serve Express for this case, and sent to:

I declare under penalty of perjury that the foregoing is true and correct. Executed October 16, 2018, at Oakland, California.

  
Elizabeth A. Johnson