

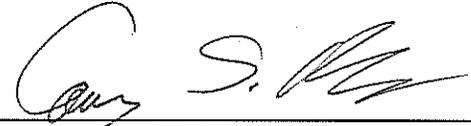
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Cary S. Kletter (SNB 210230) KLETTER & PERETZ 22 Battery Street, Suite 202 San Francisco, CA 94111 ATTORNEY FOR (Name): Janet Shalwitz	TELEPHONE NO.: 415-732-3777	FOR COURT USE ONLY
Insert name of court and name of judicial district and branch court, if any: United States District Court for the Northern District of California		
PLAINTIFF/PETITIONER: Janet Shalwitz DEFENDANT/RESPONDENT: Health Initiatives For Youth, et al.		
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other (specify):		CASE NUMBER: CV 08 3672

— 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):
 (4) Cross-complaint filed by (name):
 (5) Entire action of all parties and all causes of action
 (6) Other (specify):* As to Defendant Health Initiatives for Youth ONLY.

Date: 11/12/08

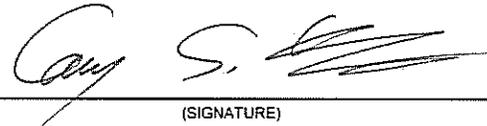
.....
 Cary S. Kletter
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)
 * If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.


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

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

Date: 11/12/08

.....
 Cary S. Kletter
 (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 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)

3. Dismissal entered as requested on (date):
 4. Dismissal entered on (date): as to only (name):
 5. Dismissal **not entered** as requested for the following reasons (specify):
 6. a. Attorney or party without attorney notified on (date):
 b. Attorney or party without attorney not notified. Filing party failed to
 a copy to conform means to return conformed copy

11/13/08



Date: _____ Clerk by _____ Deputy