

TO BE FILED IN THE COURT OF APPEAL

Court of Appeal Fourth Appellate District, Division Three	COURT OF APPEAL CASE NUMBER
	SUPERIOR COURT CASE NUMBER
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)	For Court Use Only
TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR: (Name)	
FAX NO: (Optional)	
CASE NAME:	
STIPULATED REQUEST FOR DISMISSAL OF APPEAL (Civil Case)	

The undersigned parties to the above appeal agree as follows:

The above appeal shall be dismissed. Each party shall bear its own costs on appeal. The clerk is requested to issue a remittitur forthwith.

Date:

(Type or Print Name)

(Signature of Party or Attorney)

Date:

(Type or Print Name)

(Signature of Party or Attorney)

Date:

(Type or Print Name)

(Signature of Party or Attorney)

Date:

(Type or Print Name)

(Signature of Party or Attorney)

Date:

(Type or Print Name)

(Signature of Party or Attorney)

A PROOF OF SERVICE MUST BE ATTACHED