	0111 200			
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY			
TELEPHONE NO.: FAX NO. (Optional):				
E-MAIL ADDRESS (Optional):				
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS:				
MAILING ADDRESS: CITY AND ZIP CODE:				
BRANCH NAME:				
PLAINTIFF/PETITIONER:				
DEFENDANT/RESPONDENT:				
	CASE NUMBER:			
NOTICE OF SETTLEMENT OF ENTIRE CASE	JUDGE:			
	DEPT.:			
NOTICE TO BLAINTIFE OR OTHER BARTY OFFICE	NO DELIEE			
NOTICE TO PLAINTIFF OR OTHER PARTY SEEKI				
You must file a request for dismissal of the entire case within 45 days after the date of the				
unconditional. You must file a dismissal of the entire case within 45 days after the date	specified in item 1b below if the settlement			
is conditional . Unless you file a dismissal within the required time or have shown good of				
expired why the case should not be dismissed, the court will dismiss the entire case.				
To the court, all parties, and any arbitrator or other court-connected ADR neutral inv	volved in this case:			
1. This entire case has been settled. The settlement is:				
a. Unconditional. A request for dismissal will be filed within 45 days after the date of the settlement.				
Date of settlement:				
b. Conditional. The settlement agreement conditions dismissal of this matter or				
specified terms that are not to be performed within 45 days of the date of the be filed no later than (date):	settlement. A request for dismissal will			
Date initial pleading filed:				
3. Next scheduled hearing or conference:a. Purpose:				
b (1) Date:				
(2) Time:				
(3) Department:				
4. Trial date:				
a. No trial date set.				
b. (1) Date:				
(2) Time:				
(3) Department:				
I declare under penalty of perjury under the laws of the State of California that the foregoing	g is true and correct.			
Date:				
Ď				
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)			

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

		PROOF OF SERVICE	E	BY FIRST-CLASS MAIL		
		NOTICE OF SETTL	.EN	IENT OF ENTIRE CASE		
(NOTE: You cannot serve the Notice of Settlement of Entire Case if you are a party in the action. The person who served the notice must complete this proof of service.)						
1.		I am at least 18 years old and not a party to this action. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify):				
2.		ed a copy of the <i>Notice of Settlement of Entire Case</i> by e repaid and <i>(check one):</i>	encl	osing it in a sealed envelope with postage		
	а. 🗀	deposited the sealed envelope with the United States	s P	ostal Service.		
	b	placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.				
3.	The N	lotice of Settlement of Entire Case was mailed:				
	a. on	n (date):				
	b. fro	om (city and state):				
4.	The e	nvelope was addressed and mailed as follows:				
		ame of person served:	C.	Name of person served:		
	St	reet address:		Street address:		
	Ci	ty:		City:		
	St	ate and zip code:		State and zip code:		
	b. Na	ame of person served:	d.	Name of person served:		
	St	reet address:		Street address:		
	Ci	ty:		City:		
	St	ate and zip code:		State and zip code:		
		Names and addresses of additional persons served are	atta	ached. (You may use form POS-030(P).)		
5.	Numb	per of pages attached				
Ιc	leclare	under penalty of perjury under the laws of the State of C	alif	ornia that the foregoing is true and correct.		
Da	ıte:					
υa	i c .					
		(TYPE OR PRINT NAME OF DECLARANT)		(SIGNATURE OF DECLARANT)		