

TO BE FILED IN THE COURT OF APPEAL

2DCA-16

COURT OF APPEAL, SECOND APPELLATE DISTRICT, DIVISION _____	Court of Appeal Case Number:
ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>Name</i>): _____	Superior Court Case Number:
	<i>FOR COURT USE ONLY</i>
APPELLANT:	
RESPONDENT:	
STIPULATED REQUEST FOR DISMISSAL OF APPEAL (CIVIL CASE)	

The undersigned hereby requests that the appeal filed on (*date*) _____ in the above entitled action be dismissed. Parties agree to bear their own costs on appeal. Remittitur to issue forthwith.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

(PARTY REPRESENTED)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

(PARTY REPRESENTED)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

(PARTY REPRESENTED)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

(PARTY REPRESENTED)

see additional page(s)

NOTE: File this form in the Court of Appeal if the record on appeal has already been filed in the Court of Appeal. If the record has not yet been filed in the Court of Appeal, you cannot use this form; you must file an *Abandonment of Appeal (Unlimited Civil Case)* (form APP-005) in the superior court.

IT IS SO ORDERED:

Dated: _____

Presiding Justice