

FOR COURT USE ONLY

Attorney or party without attorney
Name, Address & Telephone No.

MICHAEL J. BARKLEY, SBN 122433 209/823-4817
161 N. Sheridan Ave. #1, Manteca, CA 95336

Attorney for (name) Petitioner



SUPERIOR COURT OF CALIFORNIA
County of Sacramento
720 Ninth Street, Room 102
Sacramento, CA 95814-1380
(916) 874-5522

Case Title

BARKLEY
v.
SWRCB

Case No. 34-2010-80000513

Proof of Service

I served a copy of the following documents (list the title of each document served):

Notice of Settlement
Request for Dismissal

On (person served): Daniel M. Fuchs, Deputy Attorney General, for SWRCB
2) Bob Colella, U.S. Bureau of Reclamation

By personally delivering copies to the person served, as follows:

Date:
Time:
Address:

By mailing copies to the person served, as follows:

Date: June 10, 2010
Place of mailing (address): 1) Daniel M. Fuchs, Deputy Attorney General, P.O. Box 944255, Sacramento, CA 94244-2550; 2) Bob Colella, U.S. Bureau of Reclamation, 2800 Cottage Way, Sacramento, CA 95825

At the time of service I was at least 18 years of age and not a party to this cause.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Date: June 10, 2010

LAURA ANN BARKLEY

Type or Print Name and Address

Signature

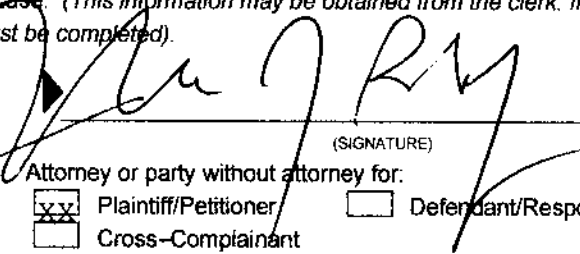
Proof of Service

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): MICHAEL J. BARKLEY, SBN 122433 161 N. Sheridan Ave. #1, Manteca, CA 95336 TELEPHONE NO: 209/823-4817 FAX NO. (Optional): none E-MAIL ADDRESS (Optional): mjbarkl@inreach.com ATTORNEY FOR (Name): Petitioner	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 720 Ninth St. MAILING ADDRESS: CITY AND ZIP CODE: Sacramento, CA 95814 BRANCH NAME: Gordon D. Schaber Courthouse	
PLAINTIFF/PETITIONER: Barkley DEFENDANT/RESPONDENT: SWRCB	
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): Petition for Writ of Mandate	CASE NUMBER: 34-2010-80000513
- 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): _____ on (date): _____
 - (4) Cross-complaint filed by (name): _____ on (date): _____
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*

2. (Complete in all cases except family law cases.)
 Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: **June 10, 2010**
MICHAEL J. BARKLEY
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)


 (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 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

PLAINTIFF/PETITIONER: BARKLEY DEFENDANT/RESPONDENT: swrcb	CASE NUMBER: 34-2010-80000513
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Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): MICHAEL J. BARKLEY, SBN 122433 209/823-4817 161 N. Sheridan Ave. #1, Manteca, CA 95336	TELEPHONE NO.: FOR COURT USE ONLY
ATTORNEY FOR (Name): <u>Petitioner</u> Insert name of court and name of judicial district and branch court, if any: SACRAMENTO COUNTY SUPERIOR, GORDON D. SCHRABER COURTHOUSE	
PLAINTIFF/PETITIONER: BARKLEY DEFENDANT/RESPONDENT: SWRCB	
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): <u>Petition for Writ of Mandate</u>	CASE NUMBER: 34-2010-80000513

TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the Request for Dismissal. (Attach a copy completed by the clerk.)

Date: _____

MICHAEL J. BARKLEY

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

PROOF OF SERVICE

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is:

2. I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by mailing them, in a sealed envelope with postage fully prepaid, as follows:
- a. I deposited the envelope with the United States Postal Service.
 - b. I placed the envelope for collection and processing for mailing following this business's ordinary practice 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.
 - c. Date of deposit:
 - d. Place of deposit (city and state):
 - e. Addressed as follows (name and address):

3. I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by personally delivering copies to the person served as shown below:

Name: _____ Date: _____ Time: _____ Address: _____

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)