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: ———

NOTICE OF SETTLEMENT OF ENTIRE CASE

CASE NUMBER: ———

JUDGE: ———

DEPT.: ———

NOTICE TO PLAINTIFF OR OTHER PARTY SEEKING RELIEF

You must file a request for dismissal of the entire case within 45 days after the date of the settlement if the settlement is **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 cause before the time for dismissal has 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 involved 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 on the satisfactory completion of specified terms that are not to be performed within 45 days of the date of the settlement. A request for dismissal will be filed no later than *(date):* ———

2. 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 is true and correct.

Date: ———

▶

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

Page 1 of 2

NOTICE OF SETTLEMENT OF ENTIRE CASE

Cal. Rules of Court, rule 3.1385

PLAINTIFF/PETITIONER: ——	CASE NUMBER:
DEFENDANT/RESPONDENT: ——	

PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF SETTLEMENT 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. I served a copy of the *Notice of Settlement of Entire Case* by enclosing it in a sealed envelope with postage fully prepaid and *(check one):*
   a. ☐ deposited the sealed envelope with the United States Postal 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 *Notice of Settlement of Entire Case* was mailed:
   a. on *(date):* ——
   b. from *(city and state):* ——

4. The envelope was addressed and mailed as follows:

   a. Name of person served: ——
      ____
      Street address: ——
      City: ——
      State and zip code: ——
      ____

   b. Name of person served: ——
      ____
      Street address: ——
      City: ——
      State and zip code: ——
      ____

   c. Name of person served: ——
      ____
      Street address: ——
      City: ——
      State and zip code: ——
      ____

   d. Name of person served: ——
      ____
      Street address: ——
      City: ——
      State and zip code: ——
      ____

   ☐ Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

5. Number of pages attached ____.

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 OF DECLARANT)	(SIGNATURE OF DECLARANT)