

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKERS' COMPENSATION APPEALS BOARD**

<p>VS.</p>	<p style="text-align: center;"><i>Applicant</i> (Employee)</p> <p style="text-align: center;"><i>Defendants</i></p>
------------	---

Case No.

Request for Dismissal

The employee above named hereby requests that this case be dismissed without prejudice.

DATED:

DECLARATION OF MAILING

State of California

I am employed in the county of _____, state of California;

I am over the age of 18 years and not a party to the within action; my business address is:

I am readily familiar with the firm's business practice of processing correspondence for mailing. In the ordinary course of business, the correspondence would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at my business address above. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing as listed

I served the foregoing documents described as:

on the interested parties in this action, by placing a true copy thereof in a sealed envelope with first-class postage thereon fully prepaid, in the United States Mail at my address stated above, addressed as follows:

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

Executed on: _____ at _____, California.
