

Attorney or Party without attorney (Name and Address)	Telephone No.:	
Attorney for:		
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA Mailing Address 1500 Court Street, Room 319 Street Address 1500 Court Street, Room 319 Redding, CA 96001 Branch Name:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		
NOTICE OF ABANDONMENT OF APPEAL		Case Number:

NOTICE TO (Name): _____

The undersigned *Appellant(s) hereby abandon(s) the appeal to the Superior Court of California, County of Shasta, from the judgment entered in the above-entitled matter.

**Note: If there is more than one Appellant, each Appellant must sign this form.*

Signature

Signature

Type or Print Name

Type or Print Name

Dated

Certificate of Mailing

State of California, County of Shasta County

I, the undersigned, certify that I am a Deputy Court Clerk of the above entitled Court and not a party to the within action; that I mailed a true and correct copy of the above notice to each person listed below, by depositing each notice in the United States Post Office in Redding, California, enclosed in sealed envelopes with postage prepaid. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Deputy Clerk