

GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406): <hr/> <p style="text-align: center;">TELEPHONE NO.: FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REQUEST FOR DISMISSAL	CASE NUMBER:

1. TO THE CLERK: Please **dismiss** the following:

- a. (1) With prejudice (2) Without prejudice
- b. (1) Complaint filed on (date):
- (2) ___ Supplemental complaint filed on (date):
- (3) ___ Amended complaint filed on (date):
- (4) ___ Amended supplemental complaint filed on (date):
- (5) Uniform Interstate Family Support Act (UIFSA) petition filed on (date):
- (6) Entire action of all parties and all related causes of action filed on (date):
- (7) Other (specify): filed on (date):

Date:

(TYPE OR PRINT NAME OF GOVERNMENTAL ATTORNEY)



(SIGNATURE)

2. TO THE CLERK: Consent to the above dismissal is hereby given.*

Date:

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



(SIGNATURE)

Attorney for or respondent/defendant without attorney

*If a responsive pleading seeking affirmative relief is on file, the attorney for respondent must sign the consent if required by Code of Civil Procedure section 581(i) or (j).

(To be completed by clerk)

- 3. Dismissal entered as requested on (date):
- 4. Dismissal entered on (date): as to only (name each):
- 5. Dismissal **not entered** as requested for the following reasons (specify):
- 6. a. Attorney or party without attorney notified on (date):
- b. Attorney or party without attorney not notified. Filing failed to provide
- a copy to conform means to return conformed copy

Date: _____ Clerk, by _____, Deputy