

GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>REQUEST FOR DISMISSAL</b>	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: \_\_\_\_\_

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(TYPE OR PRINT NAME OF GOVERNMENTAL ATTORNEY)
(SIGNATURE)

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

Date: \_\_\_\_\_

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

\*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