

**MOTION AND ORDER FOR VOLUNTARY NONSUIT**

Commonwealth of Virginia

VA. CODE § 8.01-380

General District Court  
 Juvenile & Domestic Relations District Court  
CITY OR COUNTY

STREET ADDRESS OF COURT

**NOTICE OF HEARING**

You are hereby notified that on \_\_\_\_\_ a hearing will be held by this Court to consider a motion for voluntary nonsuit.

DATE \_\_\_\_\_ CLERK \_\_\_\_\_

**MOTION FOR VOLUNTARY NONSUIT**

I, \_\_\_\_\_, the undersigned, move for leave to take a nonsuit without prejudice in this action and state the following:

On \_\_\_\_\_ in the following court \_\_\_\_\_ I filed a complaint against respondent(s) in this cause of action and the Court by order of \_\_\_\_\_ granted my motion for voluntary nonsuit as a matter of right pursuant to Virginia Code § 8.01-380.

And on \_\_\_\_\_ in the following court \_\_\_\_\_ I filed a complaint against respondent(s) in this cause of action and the Court by order of \_\_\_\_\_ granted my second motion for voluntary nonsuit pursuant to Virginia Code § 8.01-380.

Additional dates of prior nonsuits and related courts in which prior nonsuits taken in this cause of action: \_\_\_\_\_

And as grounds for this motion state as follows:

\_\_\_\_\_  
DATE OF MOTION \_\_\_\_\_ NONSUITING PARTY'S SIGNATURE \_\_\_\_\_

**ORDER**

Upon due consideration of this motion, it is ORDERED that:

- This cause is hereby nonsuited without prejudice to the nonsuiting party to the refiling of the same pursuant to applicable law.
- The motion for nonsuit is hereby denied.
- Judgment for costs taxed in this matter is awarded against nonsuiting party for \_\_\_\_\_ AMOUNT

DATE \_\_\_\_\_ JUDGE \_\_\_\_\_

HEARING DATE	CASE NO.
_____	_____
<b>MOTION FOR NONSUIT</b>	
_____	
PLAINTIFFS	
_____	
_____	
<i>v./In re</i>	
_____	
DEFENDANTS	
_____	
_____	

**Certificate of Service**

I, the undersigned, do hereby certify that on this day [redacted] of [redacted] 20 [redacted], true and correct copies of the MOTION FOR VOLUNTARY NONSUIT and proposed ORDER thereon were  mailed  faxed [redacted]

FACSIMILE NO. TIME

electronically mailed by agreement  hand-delivered to the following persons:

[redacted]		
NAME OF RECIPIENT		
[redacted]		
ADDRESS		
[redacted]	[redacted]	[redacted]
CITY	STATE	ZIP

  

[redacted]		
NAME OF RECIPIENT		
[redacted]		
ADDRESS		
[redacted]	[redacted]	[redacted]
CITY	STATE	ZIP

  

[redacted]		
NAME OF RECIPIENT		
[redacted]		
ADDRESS		
[redacted]	[redacted]	[redacted]
CITY	STATE	ZIP

  

[redacted]		
NAME OF RECIPIENT		
[redacted]		
ADDRESS		
[redacted]	[redacted]	[redacted]
CITY	STATE	ZIP