

GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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)

*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