

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