GOVERNMENTAL AGENCY *(under Family Code §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	

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

**REQUEST FOR DISMISSAL
(Governmental, UIFSA)**