(County or District)		(county where original action filed)	
		Case No	
(name of person listed as plaintiff in original action)	Plaintiff,		
VS.		ΜΟΤΙΟ	ON TO DISMISS
(name of person listed as defendant in original action)	, Defendant.		
I,			, without assistance
(your first, middle,	last name)	ia agaa	
of an attorney, move the cou	irt to dismiss ti	lis case.	
Signature:		Date:	
Printed Name:			
Street Address/P.O. Box:			
City/State/ZIP Code:			
Telephone Number:			
Email address:			

CERTIFICATE OF SERVICE

I hereby certify that on ______, a true copy of this _______ (date) Motion to Dismiss was sent by first-class mail, postage prepaid to the defendant in this case at:

(Defendant's street address, including street address or P.O. Box)

(City, State, and Zip code)

(Your name)