

	CASE NUMBER:	
intiff(s) Name / Address / Email / Phone	Defendant(s) Name / Address / Email / Phone	
A District Address (Free Colors		
rney for Plaintiff(s) Name / Address / Email / Phone	Attorney for Defendant(s) Name / Address / Email / Phone	
	VOLUNTARY DISMISSAL ∟ATED DISMISSAL	ARSCP 17
PLEASE TAKE NOTICE THAT:		
I am the ☐ Plaintiff ☐ Counterclaimant		
☐ Notice of Voluntary Dismissal: The Defendant has not filed a respons	sive pleading. I voluntarily dismiss my complaint:	
☐ Without Prejudice (can be r☐ With Prejudice (cannot be r☐ With Prejudic	refiled)	
As signed below.		
☐ Notice of Stipulated Dismissal: Parties herein agree to a Stipulated Di ☐ Without Prejudice (can be r ☐ With Prejudice (cannot be r As signed below by both parties.	refiled)	
	,	
Date:Plaintiff		-
Date:Plaintiff		_
Plaintiff Date:		_
Plaintiff		-
Plaintiff Date:		_
Plaintiff Date: Defendant		_
Plaintiff Date:	cument to:	