

COUNTY[IES] DIVISION	<b>TRIAL COURT OF MASSACHUSETTS JUVENILE COURT DEPARTMENT</b>	DOCKET NO.
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Application for Child Requiring Assistance

In Re: \_\_\_\_\_

**MOTION TO DISMISS APPLICATION FOR ASSISTANCE**

1. I am a party in the above referenced matter which was filed on \_\_\_\_\_.
2. I am the    ☐ applicant    ☐ child    ☐ parent/legal guardian/custodian of the child.
3. The fact-finding hearing    ☐ has    ☐ has not occurred.
4. I request the court dismiss the case for the following reason(s):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (Include School District if motion filed by School District Representative)

**AFFIDAVIT OF SERVICE**

I certify that I have served the within motion to all counsel of record by first-class mail, postage prepaid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**ORDER OF THE COURT**  
*(for court use only)*

After hearing, the motion is    ☐ allowed    ☐ denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Justice