COUNTY[IES] DIVISION	TRIAL COURT OF MASSACHUSETTS JUVENILE COURT DEPARTMENT	DOCKET NO.

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