

COUNTY[IES] DIVISION	TRIAL COURT OF MASSACHUSETTS JUVENILE COURT DEPARTMENT	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