**Phone: Fax:**

Plaintiff Name:

Defendant Name:

Docket Number:

PACSES Case Number:

Other State ID Number:

**Please note: All correspondence must include the PACSES Case Number.**

Withdrawal of Complaint

Name of applicant

Social Security Number (SSN)

Name of other party

I request that my application and/or petition for support services at the County Domestic Relations Section be withdrawn.

Applicant Signature Date