

DISMISSAL REQUEST FORM  
ACTION SERVICES  
OFFICE: 503.244.1226 / FAX: 503.244.1248  
EMAIL: [Intake@ActionServicesPS.com](mailto:Intake@ActionServicesPS.com)  
**\*\*PLEASE PRINT FORM LEGIBLY\*\***

## **DISMISSAL REQUEST**

First Appearance

Restitution

**\*\*DO NOT ATTACH ANY ADDITIONAL  
DOCUMENTS TO THIS FORM\*\***

Action Services is unable to accept Dismissals over the phone. If you wish to dismiss the case please e-mail or fax this form to Action Services.

Today's Date: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

County: \_\_\_\_\_

Plaintiff / Complex Name: \_\_\_\_\_

Tenants Name(s): \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email OR Fax: \_\_\_\_\_

Reason:

Payment Accepted

Tenant Moved Out

Other Reason: \_\_\_\_\_

### INTERNAL OFFICE USE ONLY

FILE NUMBER: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

NOTE IN FM

EMAIL TO: [Intake@ActionServicesPS.com](mailto:Intake@ActionServicesPS.com) OR fax to: 503-244-1248