

DISMISSAL REQUEST FORM
ACTION SERVICES
OFFICE: 503244.1226 / FAX: 503.244.1248
EMAIL: INTAKE@ACTIONSERVICESPS.COM

****PLEASE PRINT FORM LEGIBLY****

DISMISSAL REQUEST

First Appearance

Restitution

Other: _____

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

Action Services is unable to accept Dismissal requests over the phone. If you wish to dismiss a case please e-mail your request.

Any request received after 12:00 Noon will be processed the next Judicial Day.

Today's Date: _____

Your Name: _____

Your Phone: _____

Your Email _____

Plaintiff / Complex Name: _____

Tenant(s) Name: _____

County: _____

Court Date (If known): _____

Case Number (If known): _____

Action Services File No. (If known): _____

Reason:

Payment Accepted

Tenant Vacated

Other reason: _____