

DISMISSAL REQUEST FORM  
ACTION SERVICES  
OFFICE: 503.244.1226  
EMAIL: [INTAKE@ACTIONSERVICESPS.COM](mailto:INTAKE@ACTIONSERVICESPS.COM)

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

**DISMISSAL REQUEST**

First Appearance - Court Date (If known): \_\_\_\_\_

Trial - Court Date (If known): \_\_\_\_\_

Restitution - (Check one below)

Dismiss Case Completely

Reinstate Agreement

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

*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 / Landlord / Legal Entity: \_\_\_\_\_

Tenant(s) / Defendant(s): \_\_\_\_\_

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

Court Case Number (If known): \_\_\_\_\_

Action Services File/Job No. (If known): \_\_\_\_\_

**Reason:**

Payment Accepted

Tenant Vacated

Other reason: \_\_\_\_\_

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