

Clear Form

DISMISSAL REQUEST FORM
ACTION SERVICES
OFFICE: 503.244.1226
EMAIL: INTAKE@ACTIONSERVICESPS.COM

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

DISMISSAL REQUEST

☐ First Appearance - Court Date (If known): _____

☐ Trial - 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****