

MAGISTRATE COURT OF DEKALB COUNTY

DeKalb County Courthouse - Civil Division

556 N. McDonough Street, Room 230

Decatur, GA 30030

404-371-2261

PLAINTIFF'S NAME/ADDRESS/PHONE/EMAIL

V.

DEFENDANT'S NAME & ADDRESS

CASE # _____

PLAINTIFF'S ATTORNEY NAME/ADDRESS/PHONE/EMAIL

DISMISSAL

I hereby request that the above-styled case against the defendant be dismissed.

Dismissal With Prejudice

Dismissal Without Prejudice.

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Dismissal upon the other party in the following manner:

by hand delivering a copy to the other party;

by mailing a copy by first class mail to the address listed for the defendant above.

By affixing this electronic verification, oath, or affidavit to the pleading(s) submitted to the court and attaching my electronic signature hereon, I do hereby swear or affirm that the statements set forth in the above pleading(s) are true and correct.

PLAINTIFF(S) or AFFIANT SIGNATURE

DATE