

COUNTY[IES] DIVISION

**TRIAL COURT OF MASSACHUSETTS  
JUVENILE COURT DEPARTMENT**

DOCKET NO.

Application for Child Requiring Assistance

In Re: \_\_\_\_\_

**MOTION TO DISMISS APPLICATION FOR ASSISTANCE**

1. I am a party in the above referenced matter which was filed on \_\_\_\_\_.

2. I am the  applicant  child  parent/legal guardian/custodian of the child.

3. The fact-finding hearing  has  has not occurred.

4. I request the court dismiss the case for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (Include School District if motion filed by School District Representative)

**AFFIDAVIT OF SERVICE**

I certify that I have served the within motion to all counsel of record by first-class mail, postage prepaid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**ORDER OF THE COURT  
(for court use only)**

After hearing, the motion is  allowed  denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Justice