

MOTION AND ORDER FOR VOLUNTARY NONSUIT

Commonwealth of Virginia

VA. CODE § 8.01-380

[] General District Court

[] Juvenile & Domestic Relations District Court

CITY OR COUNTY

STREET ADDRESS OF COURT

NOTICE OF HEARING

You are hereby notified that on a hearing will be held by this Court to consider a motion for voluntary nonsuit.

DATE AND TIME

DATE

CLERK

MOTION FOR VOLUNTARY NONSUIT

I,, the undersigned, move for leave to take a nonsuit without prejudice in this action and state the following:

[] On in the following court I filed a complaint against respondent(s) in this cause of action and the Court by order of granted my motion for voluntary nonsuit as a matter of right pursuant to Virginia Code § 8.01-380.

[] And on in the following court I filed a complaint against respondent(s) in this cause of action and the Court by order of granted my second motion for voluntary nonsuit pursuant to Virginia Code § 8.01-380.

[] Additional dates of prior nonsuits and related courts in which prior nonsuits taken in this cause of action:

And as grounds for this motion state as follows:

DATE OF MOTION

NONSUITING PARTY'S SIGNATURE

ORDER

Upon due consideration of this motion, it is ORDERED that:

[] This cause is hereby nonsuited without prejudice to the nonsuiting party to the refile of the same pursuant to applicable law.

[] The motion for nonsuit is hereby denied.

[] Judgment for costs taxed in this matter is awarded against nonsuiting party for

AMOUNT

DATE

JUDGE

HEARING DATE

CASE NO.

MOTION FOR NONSUIT

PLAINTIFFS

v./In re

DEFENDANTS

Certificate of Service

I, the undersigned, do hereby certify that on this day of 20, true and correct copies of the MOTION FOR VOLUNTARY NONSUIT and proposed ORDER thereon were mailed faxed
[] electronically mailed by agreement [] hand-delivered
to the following persons:

..... NAME OF RECIPIENT		
..... ADDRESS		
..... CITY STATE ZIP
..... NAME OF RECIPIENT		
..... ADDRESS		
..... CITY STATE ZIP
..... NAME OF RECIPIENT		
..... ADDRESS		
..... CITY STATE ZIP
..... NAME OF RECIPIENT		
..... ADDRESS		
..... CITY STATE ZIP