

Mohave County Justice Courts, State of Arizona

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT>>>

CASE NUMBER: \_\_\_\_\_

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

Plaintiff(s) Name / Address / Phone

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

Defendant(s) Name / Address / Phone

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

Attorney for Plaintiff(s) Name / Address / Phone

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

Attorney for Defendant(s) Name / Address / Phone

NOTICE OF VOLUNTARY DISMISSAL     STIPULATED DISMISSAL     SATISFACTION OF JUDGMENT  
CHECK ONE OF THE ABOVE

**PLEASE TAKE NOTICE THAT:**

- I am the Plaintiff. No answer or other defensive pleading has been filed in this case (if the defendant has filed an answer, a dismissal must be agreed to by both parties) and I voluntarily dismiss my complaint.
- The plaintiff and defendant agree to dismiss this case (signed by both parties below).
- This dismissal is:
  - With prejudice (case cannot be refiled at a later date).
  - Without prejudice (case may be refiled at a later date).
- The Judgment entered in this action has been satisfied.

Date: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant

I CERTIFY that I mailed / delivered a copy of this NOTICE OF DISMISSAL / SATISFACTION OF JUDGMENT to:

Plaintiff at the above address or,  Plaintiff's attorney     Defendant at the above address or,  Defendant's Attorney

Date: \_\_\_\_\_

By \_\_\_\_\_

Plaintiff     Defendant