

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
DATE AND TIME
consider a motion for voluntary nonsuit.

.....
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)
DATE
in this cause of action and the Court by order of granted my motion for voluntary nonsuit as a matter of right
DATE
pursuant to Virginia Code § 8.01-380.

And on in the following court I filed a complaint against respondent(s)
DATE
in this cause of action and the Court by order of granted my second motion for voluntary nonsuit pursuant to
DATE
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 FACSIMILE NO. TIME 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