N THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA

	,	
) _) Case No	CI
PETITIONER (protected person),)	CI
Birthdate: Petitioner is a child. Who is signing for the child? Name: Birthdate: Relationship to child:))	
Relationship to child:	_))	
PETITIONER (protected person),	_) Case No	CI
Birthdate:)	
Petitioner is a child. Who is signing for the child? Name: Birthdate: Relationship to child:) _)	
	_)	
) Case No	CI
PETITIONER (protected person),)	
Birthdate: Petitioner is a child. Who is signing for the child?)	
Name: Birthdate:	_)	
Relationship to child:	_)	
)) Casa Na	CI
PETITIONER (protected person),	_) Case No	CI
Birthdate:)	
Petitioner is a child. Who is signing for the child?)	
Name: Birthdate:		
Relationship to child:	_)	
) Case No	CI
PETITIONER (protected person),)	0_
Birthdate:)	
Petitioner is a child. Who is signing for the child?)	
Name: Birthdate: Relationship to child:	_)	
)	
V.)	
)	
	_)	
RESPONDENT (restrained person), Birthdate:)	
Birthdate: Respondent is a child. Who is signing for the child?)	
Name: Birthdate:	REQUEST TO DIS	MISS
Relationship to child:) LONG-TERM PETI	TION
) (MULTIPLE PETITIC	DNERS)

Name of person filing this form:

I ask the court to dismiss the long-term **petition** and cancel the hearing on that petition.

Short-term protective orders have **not** been issued in these cases.

I ask that the short-term protective orders issued in these cases remain in effect until they expire. [If you want to **end** the short-term orders, use form <u>DV-133</u> instead.]

The reasons for this request:

Other party's telephone numbers (if known): Cell ______ Work ______ Other party's email address (if known): ______

Date

Signature

Write below your mailing address, email, and message phone number so the court can contact you if needed. You do not have to use your actual address, email, or phone number. Instead, you can provide safe alternatives, but you must be able to check them on short notice. **If you write your contact information on this form, it will not be confidential.** If you have no contact information that can be safely given to the other party, contact the court clerk for instructions on how to give this information only to the court.

Safe Mailing Address	City	State	ZIP		
Safe Phone Number:	Safe Email:				
Leave This Section Blank for the Court to Fill Out					
I certify that on, a copy of this request wasemailedmailedgiven to:Petitioners Person signing for minor petitioners RespondentPerson signing for minor respondent					
Clerk:					