



DISMISSAL REQUEST FORM

Oregon Eviction Services
503-XXX-XXXX Intake@OregonEvictionServices.com

Please print legibly. Fields can be completed on screen or by hand.

Dismissal requests cannot be accepted over the phone — please e-mail your request.

Any request received after 12:00 noon will be processed the next judicial day.

1 Dismissal Request

First Appearance — Court Date (if known) _____

Trial — Court Date (if known) _____

Restitution *check one*

☐ Dismiss Case Completely

☐ Reinstate Agreement

☐ Other: _____

2 Case Details

Today's Date _____ Your Name _____

Plaintiff / Landlord / Legal Entity _____

Tenant(s) / Defendant(s) _____

Filing County _____ Court Case Number (if known) _____

Oregon Eviction Services File / Job No. (if known) _____

3 Reason for Dismissal

DO NOT ATTACH ANY ADDITIONAL DOCUMENTS TO THIS FORM