

Date _____

(printed name of Petitioner)

Signature of Petitioner

Address

City, State, Zip Code

(Area Code) Home Telephone Number

Area Code) Work Telephone Number

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the **Motion to Dismiss** was served on the other party by:

- Hand Delivery E-filed Faxed to this number _____ or
 by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

Your Signature