**BEFORE THE**

**ADMINISTRATIVE HEARING COMMISSION**

**STATE OF MISSOURI**

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Enter Full Name,

Petitioner,

v. Case No. Enter Matter ID

Enter Appointing Authority’s Name,

Respondent.

**MOTION FOR STAY**

 Petitioner asks this Commission to stay the decision of Respondent. In support of its motion, Petitioner states:

1. Facts that support the granting of a stay.
2. I am attaching a copy of the written notice I received from the Respondent that is the reason why I am requesting a stay. Choose yes or no..

Respectfully submitted,

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

Type Petitioner’s Name

Type Mailing Address

Type Telephone Number

Type Fax Number

Type E-Mail Address

**CERTIFICATION**

I certify that I provided a copy of this Notice of Voluntary Dismissal to the Respondent by:

 **Check all that apply**

|  |  |
| --- | --- |
| [ ]  | Mailing a copy, |
| [ ]  | Faxing a copy, |
| [ ]  | Other method; |

Please explain here what other method you used for certification.

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Type Petitioner’s Name