**BEFORE THE**

**ADMINISTRATIVE HEARING COMMISSION**

**STATE OF MISSOURI**

Enter Full Name,

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Petitioner,

v. Case No. Enter Matter ID

Enter Appointing Authority’s Name,

Respondent.

**NOTICE OF VOLUNTARY DISMISSAL**

Petitioner voluntarily dismisses the petition.

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.

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

Type Petitioner’s Name