## IN THE SUPERIOR COURT OF FULTON COUNTY STATE OF GEORGIA FAMILY DIVISION

| Petitioner:                                    |   |
|--|---|
| and  | Civil Action  |
| Dagmandanti                                    | File No   |
| Respondent:                                    |   |
|  |   |
| VOLUNTAI                                       | RY DISMISSAL  |
| COMES NOW the Petitioner in the abo            | ove-styled action and hereby voluntarily dismisses  |
| COIVILS NOW the retuloner in the abo           | we-styled action and hereby voluntarily distinisses |
| without prejudice, his/her Petition for        | (name   |
| of petition) filed in the above-styled action. |   |
| This day of                                    |   |
| This day of                                    |   |
|  | (Sign in front of Notary)                           |
|  | Name (print or type):                               |
|  | Address:  |
|  | Tolonkono Nyymhom                                   |
|  | Telephone Number:Email:                             |
|  |   |
|  |   |
|  |   |
| Sworn to and Subscribed before me              |   |
| thisday of                                     |   |
|  |   |
|  |   |
| NOTARY PUBLIC                                  |   |
| (Seal)   |   |

## IN THE SUPERIOR COURT OF FULTON COUNTY STATE OF GEORGIA FAMILY DIVISION

| Petitioner:                                 |  |
|---|--|
| V.  | Civil Action   |
| Respondent:                                 | File No  |
| CERTIFIC                                    | CATE OF SERVICE                                      |
| This is to certify that I have served to    | the foregoing VOLUNTARY DISMISSAL upon the           |
| Respondent by placing a copy in the United  | d States Postal Service, with postage prepaid to the |
| mailing address shown below or by e-serving | ng to the email address shown below in accordance    |
| with the Court's e-filing rules:            |  |
| ☐ 1. to the Respondent who is representing  | g him/herself without an attorney OR                 |
| ☐ 2. to the attorney for the Respondent;    |  |
| The name and address are listed below:      |  |
|   |  |
| This day of                                 |  |
|   | Pro se (Sign your name) Print your name: Address:    |
|   | Address.   |