

**MOTION AND ORDER FOR VOLUNTARY NONSUIT**

Commonwealth of Virginia

VA. CODE § 8.01-380

[ ] General District Court

[ ] Juvenile & Domestic Relations District Court

CITY OR COUNTY

STREET ADDRESS OF COURT

**NOTICE OF HEARING**

You are hereby notified that on ..... a hearing will be held by this Court to consider a motion for voluntary nonsuit.

DATE AND TIME

DATE

CLERK

**MOTION FOR VOLUNTARY NONSUIT**

I, ....., the undersigned, move for leave to take a nonsuit without prejudice in this action and state the following:

[ ] On ..... in the following court ..... I filed a complaint against respondent(s) in this cause of action and the Court by order of ..... granted my motion for voluntary nonsuit as a matter of right pursuant to Virginia Code § 8.01-380.

DATE

DATE

[ ] And on ..... in the following court ..... I filed a complaint against respondent(s) in this cause of action and the Court by order of ..... granted my second motion for voluntary nonsuit pursuant to Virginia Code § 8.01-380.

DATE

DATE

[ ] Additional dates of prior nonsuits and related courts in which prior nonsuits taken in this cause of action:

And as grounds for this motion state as follows:

DATE OF MOTION

NONSUITING PARTY'S SIGNATURE

**ORDER**

Upon due consideration of this motion, it is ORDERED that:

[ ] This cause is hereby nonsuited without prejudice to the nonsuiting party to the refile of the same pursuant to applicable law.

[ ] The motion for nonsuit is hereby denied.

[ ] Judgment for costs taxed in this matter is awarded against nonsuiting party for .....

AMOUNT

DATE

JUDGE

HEARING DATE

CASE NO.

**MOTION FOR NONSUIT**

PLAINTIFFS

*v./In re*

DEFENDANTS

**Certificate of Service**

I, the undersigned, do hereby certify that on this day  
of ..... 20 ....., true and correct copies of  
the MOTION FOR VOLUNTARY NONSUIT and proposed ORDER  
thereon were  mailed  faxed .....  
FACSIMILE NO. TIME  
 electronically mailed by agreement  hand-delivered  
to the following persons:

NAME OF RECIPIENT		
ADDRESS		
CITY	STATE	ZIP
NAME OF RECIPIENT		
ADDRESS		
CITY	STATE	ZIP
NAME OF RECIPIENT		
ADDRESS		
CITY	STATE	ZIP
NAME OF RECIPIENT		
ADDRESS		
CITY	STATE	ZIP