

STATE OF VERMONT

**SUPERIOR COURT
Unit**

**FAMILY DIVISION
Docket No.**

Plaintiff	DOB	Defendant	DOB
		v.	

**INTENTION TO PURSUE OR WITHDRAW COMPLAINT
Abuse/Neglect/Exploitation**

Check Appropriate Box

I understand my request for emergency relief has been denied. I hereby withdraw my request for final abuse order sought under 33 V.S.A. § 6933.

OR

In spite of the fact that my request for emergency relief was denied, I intend to pursue my request for a final abuse order under 33 V.S.A. §6933. I request a hearing be set.

Dated

Signature of Plaintiff

**IMPORTANT NOTICES
INTENTION TO PURSUE OR WITHDRAW COMPLAINT FOR RELIEF FROM
ABUSE/NEGLECT/EXPLOITATION
PURSUANT TO 33 V.S.A § 6933**

INFORMATION FOR PLAINTIFF AND DEFENDANT ABOUT REPRESENTATION BY AN ATTORNEY

Although you may represent yourself at any hearing during these proceedings, you may wish to consult with or be represented by an attorney. If you hire an attorney to represent you, your attorney is required to tell the court and the other party that they will be representing you. Both parties have the right to receive “notice” before any hearing is held that the opposing party will be represented by an attorney.

IMPORTANT INFORMATION FOR DEFENDANT

At the hearing to be held on the date and time specified on the face of this notice, the Court will decide on whether to issue or deny a final order. If you fail to appear at the hearing, an order may be issued against you granting the Plaintiff’s request for relief as the Court deems appropriate.

RETURN OF SERVICE

STATE OF VERMONT

SUPERIOR COURT
Unit

FAMILY DIVISION

Docket No.

I personally served: (check all that apply)

- Complaint, Affidavit and Temporary Order
- Order to Modify/Extend/Vacate Order
- Temporary Order
- Extended Final Order
- Final Order
- Extended Temporary Order
- Court Service Information Sheet
- Denial of Emergency Relief
Intent to Pursue
Notice of hearing
- Amended/Modified Temporary Order
- Amended/Modified Final Order

Upon _____ by: _____

Date: _____ Time: _____ AM PM Place: _____

Date	Officer's Name, Title and Agency	Officer's Signature
		Acceptance of Service
		I hereby accept service of this order.
Fees		Date
	Service Fee	Signature
_____ Miles X \$0. _____ per mile		
Total		(please type or print name)