IN THE NINTH DISTRICT COURT OF ARKANSAS DEPARTMENT_____ DIVISION ____ STATE OF ARKANSAS **PLAINTIFF** \mathbb{V} . NO. ____ DEFENDANT AFFIDAVIT TO DISMISS NO CONTACT ORDER On this _____, 20_____, I ______ (print full name) state under oath that the statement below is true and correct. I understand that the No Contact Order issued in this case is for my protection. (initial) I understand the judge may not grant my request. I understand the criminal charges are filed by the State of Arkansas and only the State can dismiss the charges without a trial. I have not been threatened or coerced by anyone to file this request. I request the No Contact Order be dismissed for the following reason(s): Date Phone Number City State Other Contact Number