

IN THE DISTRICT COURT OF BOONE COUNTY, ARKANSAS
HARRISON DIVISION

CITY OF HARRISON

PLAINTIFF

VS.

CASE NO.

DEFENDANT

REQUEST TO DISMISS NO CONTACT ORDER

On the ____ day of _____, 2026, I, _____,
(print full name)

state on 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 City of Harrison and only the City
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 to be dismissed for the following reason(s):

Signature

Date

Phone Number

Address

City

State

Other Contact Number

State of Arkansas

County of _____

Subscribed and Sworn to before me, a Notary Public, on this ____ day of _____, 2026.

My Commission Expires:

Notary Public