

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
Domestic Relations Branch**

PRINT YOUR NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DRB

SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.

PLAINTIFF,

JUDGE: _____

v.

PRINT YOUR SPOUSE'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DEFENDANT.

COMPLAINT FOR ABSOLUTE DIVORCE
Action Involving Child Support yes no

I, _____, am the Plaintiff in this case and state that
PRINT YOUR NAME

1. This Court is the proper place to decide my request for divorce and related issues because: [CHECK ALL THAT APPLY]

I have been a resident of the District of Columbia for more than six months immediately before filing this Complaint.

My spouse has been a resident of the District of Columbia for more than six months immediately before filing this Complaint.

2. My spouse and I were married [CHECK ONE]

by ceremony on _____, in _____.
DATE CITY AND STATE

by common law on or about _____, in _____.
DATE CITY AND STATE

3. My spouse and I separated on or about _____.
DATE

4. I state the following about the separation: [CHECK ALL THAT APPLY]

The separation has been **mutual and voluntary, and** has continued without interruption or cohabitation for a period of more than **six months** immediately before filing this Complaint.

The separation has continued without interruption or cohabitation for a period of more than **one year** immediately before filing this Complaint.

5. I state the following with regard to my married name: [CHECK ONE]

I did not change my name when I married my spouse.

I changed my name when I married my spouse. I do not wish to return to a former name.

I changed my name when I married my spouse and I now wish to return to my birth name or another legal name I used before my marriage. I have no illegal or fraudulent reason for making this request. The former name I want restored is:

PRINT THE FORMER NAME YOU WOULD LIKE THE COURT TO RESTORE

Marital Property & Marital Debt

6. I state the following about property from my marriage: [CHECK ONE]

My spouse and I have no marital property.

My spouse and I have an agreement resolving all of our marital property issues and I am not asking the Court to divide or distribute any marital property.

My spouse and I have a written agreement resolving all of our marital property issues and I am not asking the Court to divide or distribute any marital property.

My spouse and I have marital property that I am asking the Court to divide or distribute, and I have completed and attached the additional information required on Attachment A, which I incorporate into this Complaint.

I am not sure if my spouse and I have marital property.

7. I state the following about debt from my marriage: [CHECK ONE]

My spouse and I have no marital debt.

My spouse and I have an agreement resolving all of our marital debt issues and I am not asking the Court to assign responsibility for any marital debt.

My spouse and I have a written agreement resolving all of our marital debt issues and I am not asking the Court to assign responsibility for any marital debt.

My spouse and I have marital debt that I am asking the Court to assign responsibility for, and I have completed and attached the additional information required on Attachment A, which I incorporate into this Complaint.

I am not sure if my spouse and I have marital debt.

Alimony

8. I state the following about my need for alimony from my spouse: [CHECK ONE]

I need permanent and/or temporary alimony from my spouse and I believe my spouse has the ability to pay alimony to me.

I do not want my spouse to pay alimony to me.

Custody

9. I state the following about our child(ren) who are under the age of 18: [CHECK ONE]

My spouse and I do not have any children together (through birth or adoption) who are under the age of 18.

My spouse and I do have children together (through birth or adoption) who are under the age of 18, but I am not asking the court to decide custody at this time.

My spouse and I do have children together (through birth or adoption) who are under the age of 18, and we have a written agreement about custody; I am not asking the court to decide custody at this time.

My spouse and I do have children together (through birth or adoption) who are under the age of 18, and I am asking the court to decide custody. I have completed and attached the additional information required on Attachment B, which I incorporate into this Complaint.

Child Support

10. I state the following about my request for child support: [CHECK ONE]

My spouse and I do not have any children together (through birth or adoption), or our children together are over the age of 21 years and are not adult disabled children.

My spouse and I do have children together (through birth or adoption) who are under the age of 21 or who are adult disabled children, but I am not asking the Court to award child support at this time.

My spouse and I do have children together (through birth or adoption) who are under the age of 21 or who are adult disabled children, and we have an agreement regarding child support; that agreement is consistent with the Child Support Guideline of the District of Columbia and/or it is fair and just.

My spouse and I do have children together (through birth or adoption) who are under the age of 21 or who are adult disabled children. I am asking the Court to award child support, *and* I have completed and attached the additional information required on Attachment C, which I incorporate into this Complaint.

Attachments

11. I have included the following attachment(s): [CHECK ALL THAT APPLY]

- No attachments
- Attachment A (Marital Property and/or Marital Debt)
- Attachment B (Child Custody)
- Attachment C (Child Support)

12. I do / do not know of any proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case. Please list state, court, and docket number for cases involving the same claim or subject matter.

| Court | Case Number | Case Type |
|-------|-------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Request for Relief

I RESPECTFULLY REQUEST that the Court grant me an Absolute Divorce and [CHECK ALL THAT APPLY]

- Divide marital property and/or assign marital debts in a manner that is equitable, just and reasonable.
- Award alimony in a manner that is fair and just, including: [CHECK ALL THAT APPLY]
 - temporary alimony
 - permanent alimony
- Award custody in the best interests of the child(ren).
- Hold a hearing on my request for child support within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NOHODA”) to the other parent with the date and time of the hearing.
- Award child support according to the Child Support Guideline of the District of Columbia and other applicable laws, including: [CHECK ALL THAT APPLY]
 - current child support (support starting today and continuing into the future)
 - retroactive child support (support for time before today)
 - medical support
- Note that we have an agreement. I request that the Court: [CHECK ONE]
 - include* our agreement as a part of its order.
 - not include* our agreement as a part of its order.
- Restore me to my former name.

I ALSO REQUEST that the Court award any other relief it considers fair and proper.

I declare under penalty of perjury that the foregoing is true and correct.

If this document is to be signed outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands, and any territory or insular possession subject to the jurisdiction of the United States, additional requirements must be met prior to signing.

See Super. Ct. Dom. Rel. R. 2(c)(1)(B).

SIGN YOUR NAME

DATE

PRINT YOUR NAME

PHONE NUMBER

HOME ADDRESS 1

EMAIL ADDRESS

HOME ADDRESS 2

SUBSTITUTE ADDRESS: CHECK BOX IF YOU
HAVE WRITTEN SOMEONE ELSE'S ADDRESS
BECAUSE YOU FEAR HARASSMENT OR HARM.

Service of Your Complaint: Domestic Relations Rule 4

You start a case by filing papers called a **complaint** at the **Family Court Central Intake Center**. When you file a **complaint**, the Family Court Central Intake Center will give you a **summons**. A **summons** is a paper that you must give to the person you are filing against. The person you file against is called an **opposing party** or other **party**. You must make sure that the **opposing party** gets a copy of the **summons** and your **complaint** and any orders. This is called **service of your complaint**. You cannot give the papers to the **opposing party** yourself; someone else must give them to the **opposing party**. **The chart below gives instructions on how to serve the complaint and summons.**

After you make sure that someone else gives the papers to the other party, you must prove to the Court that you did this. You can prove this to the Court by filing an **Affidavit of Service** form. **You must serve the papers and file an Affidavit of Service form within 60 days after you file your complaint.** If you have questions about serving these documents, go to the **Family Court Self Help Center** at DC Superior Court or visit www.LawHelp.org/DC.

Remember to always keep a copy of the papers for yourself. And, you may need to make more copies to serve the other party in a different way.

Below are the ways you can serve your complaint and summons and prove to the Court that you did it. All of the forms discussed below can be found at the **Family Court Self Help Center** at DC Superior Court or at www.LawHelp.org/DC.

| Type of Service | Proof of Service |
|---|---|
| <p>Have someone who is over 18 years old and not a party to the case (NOT you):</p> <ul style="list-style-type: none"> • Hand a copy of the papers to the other party; or • Leave a copy of the papers at the other party’s home with a person of suitable age and discretion who lives there (someone who you think is old enough or responsible enough to give the papers to the other party). | <ul style="list-style-type: none"> • The person who served the papers must fill out an Affidavit of Service by Individual. • The completed Affidavit must be filed at the Family Court Central Intake Center. |
| <p>Mail a copy of the papers to the other party by certified mail, return receipt requested.</p> <ul style="list-style-type: none"> • Send a copy of the papers to the other party’s home. • You can do this yourself at the post office. Someone else can do this for you too. | <ul style="list-style-type: none"> • Keep the return receipt (“green card”) if it comes back to you; • Fill out an Affidavit of Service by Certified Mail; and • File the completed Affidavit with the return receipt attached at the Family Court Central Intake Center. • Note: If you do not receive a return receipt or it comes back saying your papers cannot be delivered, you will need to serve the papers a different way. |

Mail the papers to the other party by first class mail (postage prepaid) and include:

- An envelope addressed to you with a stamp on it (so that the other party can mail the Court's **Notice and Acknowledgement form** back to you); and
- Two (2) copies of the Court's **Notice and Acknowledgment form** (one for the other party to keep and one for you).

- The signed **Notice and Acknowledgement form** is the proof of service.
- The other party has 21 days from the date the letter is mailed to sign and return the Notice and Acknowledgement form to you.
- If the other party returns the completed form, file the completed **Notice and Acknowledgement form** at the **Family Court Central Intake Center**.
- **Note:** If the other party does not return the form, you will need to serve the papers in a different way. If this happens, you can ask the Court to order the other party to pay you back any money you spend serving the papers in another way.

If you are asking for child support or to establish parentage of a child, the **Family Court Central Intake Center** will issue you a Notice of Hearing and Order Directing Appearance (also called a NOHODA). There are special instructions for serving a NOHODA, these can be found at the Family Court Self Help Center and online at www.ProBono.center/NOHODAIstructions

If you need more than 60 days to serve the papers, you can ask the judge to give you more time. You can ask for more time by filing a **Motion for Additional Time to Serve**. You must ask for more time to serve and a new summons before the first summons expires. If you do not do this, the **Family Court Central Intake Center** may dismiss your **complaint**. You can get a **Motion for Additional Time to Serve** at the **Family Court Self Help Center** at DC Superior Court or visit www.LawHelp.org/DC.

If you tried but were not able to serve the other party or parties using any of the methods above, you can ask the judge to let you serve the parties in a different way by filing a **Motion for Alternative Service**. You can get a **Motion for Alternative Service** at the **Family Court Self Help Center** at DC Superior Court or visit www.LawHelp.org/DC.



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
 500 INDIANA AVENUE, NW, WASHINGTON, D.C. 20001
 (202) 879-1010 | <https://www.dccourts.gov>

CONFIDENTIAL INFORMATION FORM

*(This form will be returned to the filer or destroyed immediately
 after the information is entered into the Court's case management system)*

Case Caption: _____ Case No.: _____

| | Plaintiff/Petitioner | Defendant/Respondent |
|--|---|---|
| Full Name (First, Middle, Last) | | |
| Date of Birth (Month, Day, Year) | | |
| Telephone Number(s) | Home: _____ Cell/Mobile: _____ Work: _____ | Home: _____ Cell/Mobile: _____ Work: _____ |
| Email Address | | |
| Ethnicity | <input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Non-Hispanic |
| Race <i>Select one or more</i> | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other |

Pursuant to Superior Court of the District of Columbia Administrative Order 15-14, a party filing a case in the Superior Court shall submit this form with any initial pleading except for a charging document. Any date of birth, social security number, or driver's license number provided on the Information Sheet shall be kept confidential, shall not be made part of any public record, and shall be used only for the Superior Court's internal business purposes. The Confidential Form shall not be retained in the case file and shall be shredded or otherwise destroyed within a reasonable time after the case is entered into the case management system. If any identifying information becomes available after the case has been initiated, the party must submit an updated Confidential Form.

| | Plaintiff/Petitioner | Defendant/Respondent |
|--|--|--|
| Police Department Identification Number (PDID) | | |
| Social Security Number or Taxpayer Identification Number | | |
| Date of Death (if applicable) | | |
| Are you a participant of the Address Confidentiality Program managed by the Office of Victim Services and Justice Grants? | <input type="checkbox"/> YES <input type="checkbox"/> NO Please attach a copy of your Authorization Card to this form. If submitting the confidential form electronically, please attach your Authorization Card via email. | |
| Interpreter Needed? | Interpreter needed for: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed. | Interpreter needed for: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed. |
| ADA or Other Accommodation Needed? | <input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____ |

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DOMESTIC VIOLENCE CASES only

Please indicate if any of the information below is **CONFIDENTIAL** from the defendant/respondent.

| | Plaintiff/Petitioner | Defendant/Respondent |
|--|---|---|
| Address If your address is confidential from respondent, please give a substitute/safe address where the court can reach you | | |
| Demographics | Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ | Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ |
| Driver's License Number (Optional) | | |
| Place of Employment and Address (If applicable) | | |
| Additional Questions | Did the police arrest the respondent in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No When is the best time to serve the other party (<i>when are they there</i>)? _____ (am/pm) List any other address to serve Respondent (<i>other than one previously listed</i>) _____ What is the best time to reach you (<i>when are you able to pick up a call</i>)? _____ (am/pm) | |

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FAMILY COURT CASES only

| | Plaintiff/Petitioner | Defendant/Respondent |
|--|--|--|
| Driver's License Number | | |
| Child's Name | Name(s) of Child(ren): _____ _____ _____ | Name(s) of Child(ren): _____ _____ _____ |
| Other's Name and Relationship | Name: _____ Relationship: _____ | Name: _____ Relationship: _____ |
| Type of case you are filing | | |
| List other cases you have in this Court | Case Type: _____ Case Number: _____ | Case Type: _____ Case Number: _____ |
| List cases you have in another Court | Case Type: _____ Case Number: _____ | Case Type: _____ Case Number: _____ |
| Do you have an attorney? | <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____ |

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| | | |
|---|--|--|
| Are you afraid of the party that you are filing against? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you fear for your safety? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have children, do you fear for their safety? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or your children been hurt, harmed or threatened to be hurt or harmed by the other party? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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