

WHEREFORE movant asks that this motion be granted.

Signature

Typed name

Address (actual address/not Post Office Box)

Telephone number

Email address

Bar number (if filer is an attorney)

The \$20.00 filing fee is enclosed made payable to "Register of Wills."

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

Estate of _____

_____ Deceased/Minor/Ward

_____ ADM _____
_____ INT _____
_____ IDD _____
_____ GDN _____
_____ TRP _____
_____ CON _____

ORDER

Upon consideration of the pro se motion for _____
filed herein by _____, and any response thereto, it is
hereby, by the Court, this _____ day of _____, 20____,

ORDERED

1. That the motion be Granted Denied
2. That _____

JUDGE

CC: