

**IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
PROBATE DIVISION**

Estate of \_\_\_\_\_  
Deceased.

Administration No. \_\_\_\_\_

**PETITION FOR ORDER DIRECTING PAYMENT OF CLAIM  
PURSUANT TO D.C. CODE § 20-909(a)**

The undersigned claimant hereby petitions the Court for an order directing payment of a claim against the above-entitled estate.

1. Name of claimant:
2. Address of claimant:
3. Date of mailing or delivery of claim to Register of Wills or personal representative:
4. Amount of claim:
5. Basis of claim (check appropriate lien)
  - \_\_\_\_\_ Funeral expenses, not exceeding \$1,500.
  - \_\_\_\_\_ Fiduciary and attorney's fees, not exceeding \$1,000.
  - \_\_\_\_\_ Homestead allowance, not exceeding \$15,000.
  - \_\_\_\_\_ Family allowance, not exceeding \$15,000.
  - \_\_\_\_\_ Exempt property, not exceeding \$10,000.
  - \_\_\_\_\_ Reasonable and necessary medical and hospital expenses of the last illness of the decedent, including compensation of persons attending the decedent.
  - \_\_\_\_\_ Rent in arrears for which an attachment might be levied by law.
  - \_\_\_\_\_ Judgments and decrees of courts in the District of Columbia.
  - \_\_\_\_\_ Other just claims.
6. The petition is being filed because the claim has not been rejected but has not been paid within 8 months from the date of first publication of the Notice of Appointment, Notice to Creditors, and Notice to Unknown Heirs.
7. The time for presentation of claims has expired.

I do solemnly declare and affirm under penalty of law that the contents of the foregoing petition are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Claimant

Dated: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing Petition for Order Directing Payment of Claim Against Estate Pursuant to D.C. Code § 20-909(a) was this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, mailed by class mail, postage prepaid, (or delivered) to

\_\_\_\_\_  
(personal representative or attorney for the personal representative)

\_\_\_\_\_  
(Signature of Claimant or Claimant's Attorney)