

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ ADM _____

Estate of

Deceased

PETITION FOR PAYMENT OF CLAIM PURSUANT TO D.C. CODE, SEC. 20-909(a)
(For estates of decedents dying on and after August 27, 2001 to present)

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 box):
 - Funeral expenses, not exceeding \$1,500.00.
 - Fiduciary and attorney's fees, not exceeding \$1,000.00.
 - Homestead allowance, not exceeding \$15,000.00.
 - Family allowance, not exceeding \$15,000.00.
 - Exempt property, not exceeding \$10,000.00.
 - 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 or unbarred judgment 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.

Date

Signature

Address

Telephone number

VERIFICATION

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

Signature

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, I have mailed copies of the foregoing petition, postage prepaid, by first class mail, to the following interested persons (list name and address of all interested persons):

_____	_____
_____	_____
_____	_____

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

Estate of _____ ADM _____

Deceased

ORDER

Upon consideration of the Petition for Payment of Claim Pursuant to D.C. Code, sec. 20-909(a), filed herein by _____, and any response thereto, it is hereby, by the Court, this ____ day of _____, 20____,

ORDERED

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

JUDGE

Cc: (list names and addresses of all interested persons, including yourself)