

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

\_\_\_\_\_  
PRINT PETITIONER'S/PLAINTIFF'S NAME

PETITIONER/PLAINTIFF,

v.

Case No. \_\_\_\_\_

\_\_\_\_\_  
PRINT RESPONDENT'S/DEFENDANT'S NAME

Judge \_\_\_\_\_

RESPONDENT/DEFENDANT.

**MOTION FOR REVIEW OF MAGISTRATE JUDGE'S ORDER**

**Does the Other Party Consent to this Motion?  yes  no**

I, \_\_\_\_\_, am the  PLAINTIFF/PETITIONER in this case.  
PRINT YOUR NAME  DEFENDANT/RESPONDENT

**1. The Magistrate Judge's Order docketed on \_\_\_\_\_**  
PRINT DATE THE CLERK STAMPED THE ORDER

**should be set aside because** [CHECK ALL THAT APPLY]

- The Magistrate Judge applied the law incorrectly.
- The Magistrate Judge's Order is plainly wrong.
- The Magistrate Judge's Order is not supported by the evidence.
- The Magistrate Judge's Order is an abuse of the Court's discretion.

2. My reason is

**Request for Relief**

**I RESPECTFULLY REQUEST that** the Court grant my Motion for Review of Magistrate Judge’s Order.

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

I  DO request an oral hearing in front of the judge on this motion.  
 DO NOT

Respectfully Submitted,

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
DATE (mm/dd/yyyy)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

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

**POINTS AND AUTHORITIES IN SUPPORT OF  
MOTION FOR REVIEW OF MAGISTRATE JUDGE'S ORDER**

In support of this Motion, I refer to:

1. Super. Ct. Gen. Fam. R. D(e)(1), including Comment.
2. D.C. Code § 17-305(a).
3. Minor v. Robinson, 117 WLR 1749 (Super. Ct. 1988).
3. The record in this case.
4. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

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RESPONDENT/DEFENDANT.

**RULE 5  
CERTIFICATE OF SERVICE**

**IF YOU HAVE ALREADY SERVED THE OTHER PARTY, YOU CAN FILL OUT AND FILE THIS CERTIFICATE OF SERVICE ON THE SAME DAY YOU FILE YOUR PAPERS.**

**IF YOU HAVE NOT ALREADY SERVED THE OTHER PARTY, YOU MUST FILL OUT AND FILE THIS CERTIFICATE OF SERVICE AFTER YOU SERVE THE OTHER PARTY.**

**I certify that I served a copy of my Motion for Review of Magistrate Judge's Order to the other party or the other party's attorney on \_\_\_\_\_.**

PRINT DATE OF SERVICE

**The papers were delivered [CHECK ONE]**

**by handing it to the other party**

**by first class mail to:**

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**by fax to:**

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
FAX NUMBER

**by leaving a copy at the other party's workplace** with a clerk or person in charge, or because there was no one in charge, by leaving it in a conspicuous place:

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**by leaving a copy at the other party's home** with a person of suitable age and discretion who lives there:

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
DATE

