

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

PRINT PLAINTIFF'S NAME

PLAINTIFF,

_____ DRB _____

v.

PRINT DEFENDANT'S NAME

Judge _____

DEFENDANT.

MOTION FOR SERVICES

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

I, _____, am the ☐ PLAINTIFF ☐ DEFENDANT in this case.
PRINT YOUR NAME

1. I respectfully ask this Court to

[CHECK ONLY THE SERVICES YOU ARE ASKING THE COURT TO ORDER]

☐ **Home Study:** Order that the D.C. Superior Court Social Services Division conduct a Home Study to determine the suitability of the home environment(s) in which the minor child(ren) may live for all or part of the time.

☐ **G.A.L.:** Appoint a Guardian ad Litem on behalf of the minor child(ren) or the person with a mental disability who is a party to or subject of this suit.

☐ **Mental Health Evaluation:** Order a Mental Health Evaluation of:

- ☐ PLAINTIFF
- ☐ DEFENDANT
- ☐ CHILD

☐ **Drug Testing:** Order Drug Testing through the DC Superior Court Pre-Trial Services Division for:

- ☐ PLAINTIFF
- ☐ DEFENDANT

2. There is good cause to grant my request because:

Request for Relief

I RESPECTFULLY REQUEST that the Court grant my Motion for Services.

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

PRINT YOUR NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

☐ **SUBSTITUTE ADDRESS:** CHECK BOX IF YOU HAVE
WRITTEN SOMEONE ELSE'S ADDRESS AND PHONE NUMBER
BECAUSE YOU FEAR HARASSMENT OR HARM.

POINTS AND AUTHORITIES IN SUPPORT OF MOTION FOR SERVICES

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b).
2. Super. Ct. Dom. Rel. R. 17(c) and 35.
3. D.C. Code § 16-918(b).
4. The record in this case.
5. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

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

PRINT PETITIONER'S/PLAINTIFF'S NAME

PETITIONER/PLAINTIFF,

v.

_____ DRB _____

PRINT RESPONDENT'S/DEFENDANT'S NAME

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 Court Services 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

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

Plaintiff,	:	
	:	
	:	
v.	:	DRB
	:	
	:	Judge:
	:	
Defendant.	:	

ORDER

Upon consideration of the Motion to _____ filed by the Plaintiff/Defendant
and any opposition thereto, it is, this _____ day of _____, 20____, HEREBY

ORDERED, that the Motion is granted; and it is further

ORDERED, that _____

_____.

JUDGE

cc:

Plaintiff's name

Plaintiff's address

Defendant's name

Defendant's address
