<u> </u>			DRB	
PRINT PLAINTIFF'S NAME PLAINTIFF,		Related Ca	ases:	
V.				
PRINT DEFENDANT'S NAME DEFENDANT,			DANT/INTERVENOR'S NAME	- 2.
MOTION (For Use in Custody Cases Involving a Third Party) This Motion is being filed with the consent of the Defendant Intervenor.				
I, Print Your Name	, am the [[_ Plaintiff _ Defendant _ Intervenor	in this case.	
1. I respectfully ask this Court to:				

2. I would like this Court to grant my request because:

Request for Relief

I RESPECTFULLY REQUEST that the Court grant my Motion.

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



I

request an oral hearing in front of the judge on this motion.

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Motion and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

SIGN YOUR NAME	
DATE (mm/dd/yyyy)	
DATE (IIIII/dd/yyyy)	
STREET ADDRESS	
CITY, STATE AND ZIP C	ODE
TELEPHONE NUMBER	
EMAIL ADDRESS	

If by consent:

OTHER PARTY'S SIGNATURE

DATE

HARASSMENT OR HARM.

OTHER PARTY'S SIGNATURE

DATE

POINTS AND AUTHORITIES IN SUPPORT OF MOTION

In support of this Motion, I refer to:

- 1. Super. Ct. Dom. Rel. R. 7(b).
- 2. The record in this case.
- 3. The attached supporting document(s), *if any*.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

	DRB
PRINT PLAINTIFF'S NAME	
PLAINTIFF,	
V.	
PRINT DEFENDANT'S NAME	PRINT DEFENDANT'S/INTERVENOR'S NAME
DEFENDANT.	DEFENDANT/INTERVENOR.
	JLE 5 TE OF SERVICE
	o the other party or the other party's attorney
On•••	
The papers were delivered: [CHECK ONE]	
by handing them to the other part	у.
by first class mail:	
by fax:	
by leaving a copy at the other par or because there was no one in charge, b	'ty's workplace with a clerk or person in charge, by leaving it in a conspicuous place:
by leaving a copy at the other part discretion who lives there:	y's home with a person of suitable age and
PRINT NAME OF PERSON SERVED WITH PAPERS	

STREET ADDRESS/FAX #

CITY, STATE AND ZIP CODE

SIGN YOUR NAME

I

DATE

	DRB
PRINT PLAINTIFF'S NAME	
PLAINTIFF,	
V.	
	PRINT DEFENDANT'S/INTERVENOR'S NAME
PRINT DEFENDANT'S NAME	FRINT DEFENDANT S/INTERVENOR S NAME
DEFENDANT.	DEFENDANT/INTERVENOR.
CERT	RULE 5 IFICATE OF SERVICE
CLAT	
I certify that I served a copy of my M	lotion to the other party or the other party's attorney
on .	
DATE OF SERVICE	
The papers were delivered: [CHECK ON	E

by handing them to the other party.

by first class mail:

by fax:

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:

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/FAX #

CITY, STATE AND ZIP CODE

SIGN YOUR NAME

DATE

.

	•
, Plaintiff,	•
	:DRB
v.	:
	:
,	:
Defendant,	:
	:
v.	: Judge:
	:
,	:
Defendant/Intervenor.	!

ORDER

Upon consideration of the Motion filed by the Plaintiff/Defendant/Intervenor 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

Defendant/Intervenor's name

Defendant/Intervenor's address