

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

\_\_\_\_\_  
PRINT YOUR SPOUSE'S NAME

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

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

\_\_\_\_\_ DRB \_\_\_\_\_

PLAINTIFF,

JUDGE: \_\_\_\_\_

v.

\_\_\_\_\_  
PRINT YOUR NAME

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

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

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

DEFENDANT.

**CONSENT ANSWER TO COMPLAINT FOR ANNULMENT OF MARRIAGE**

I, \_\_\_\_\_, am the Defendant in this case and state that

PRINT YOUR NAME

1. I AGREE WITH ALL OF THE STATEMENTS my spouse made regarding our marriage, marital property, alimony, custody, and child support in Plaintiff's Complaint for Annulment of Marriage and any Attachments filed with that Complaint.
2. I also state that THERE ARE NO CONTESTED ISSUES for this Court to decide.
3. I am requesting that the Court set this matter for an uncontested annulment hearing.

4.  I changed my name when I married my spouse and I now wish to return to my birth name or another legal name I used before my marriage. I have no illegal or fraudulent reason for making this request. The former name I want restored is:

---

PRINT NAME YOU WOULD LIKE THE COURT TO RESTORE

5. I do  / do *not*  know of any proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case. Please list s docket number for cases involving the same claim or subject matter.

Court	Case Number	Case Type

**Request for Relief**

**I RESPECTFULLY REQUEST that the Court:** [CHECK ALL THAT APPLY]

- Grant Plaintiff's Complaint for Annulment of Marriage.
- Restore me to my former name.

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

I declare under penalty of perjury that the foregoing is true and correct.

*If this document is to be signed outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands, and any territory or insular possession subject to the jurisdiction of the United States, additional requirements must be met prior to signing.*

*See Super. Ct. Dom. Rel. R. 2(c)(1)(B).*

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SIGN YOUR NAME

---

DATE

---

PRINT YOUR NAME

---

PHONE NUMBER

---

HOME ADDRESS 1

---

EMAIL ADDRESS

---

HOME ADDRESS 2

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FAMILY COURT  
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PRINT PLAINTIFF'S NAME

\_\_\_\_\_ DRB \_\_\_\_\_

PLAINTIFF,

JUDGE: \_\_\_\_\_

v.

\_\_\_\_\_  
PRINT DEFENDANT'S NAME

DEFENDANT.

**RULE 5  
PROOF OF SERVICE FORM**

**IF YOU HAVE ALREADY SERVED THE OTHER PARTY WITH A COPY OF YOUR PAPERS, YOU CAN FILL OUT AND FILE THIS PROOF OF SERVICE FORM AT THE SAME TIME THAT YOU FILE YOUR PAPERS.**

**IF YOU HAVE NOT ALREADY SERVED THE OTHER PARTY WITH A COPY OF YOUR PAPERS, YOU MUST FILL OUT AND FILE THIS PROOF OF SERVICE FORM AFTER YOU SERVE THE OTHER PARTY.**

**IF THE OTHER PARTY HAS A LAWYER IN THIS CASE, YOU MUST SERVE A COPY OF THE PAPERS TO THE LAWYER. IF THE OTHER PARTY DOES NOT HAVE A LAWYER, A COPY OF THE PAPERS SHOULD BE SERVED DIRECTLY TO THE OTHER PARTY.**

**1. I certify that on \_\_\_\_\_ I served copies of \_\_\_\_\_ to:**

DATE OF SERVICE

\_\_\_\_\_  
\_\_\_\_\_  
NAME(S) OF PLEADING(S)

the other party, \_\_\_\_\_ **or**  
NAME OF OTHER PARTY

the other party's attorney, \_\_\_\_\_, who represents \_\_\_\_\_.  
NAME OF ATTORNEY NAME OF OTHER PARTY

**2. I delivered copies of the papers by:** [CHECK ONE]

**handing them to the other party.**

**sending them to the other party by first class mail** to the other party's last known address:

\_\_\_\_\_

ADDRESS WHERE THE PAPERS WERE SENT

**leaving them with a person of suitable age and discretion** who lived with the other party at:

\_\_\_\_\_

ADDRESS OR DESCRIPTION OF PLACE WHERE PAPERS WERE SERVED

This place is the other party's  TEMPORARY RESIDENCE.

PERMANENT RESIDENCE.

OTHER: \_\_\_\_\_

SPECIFY OTHER TYPE OF RESIDENCE

I state the following about the person I gave the papers to (PROVIDE AS MANY DETAILS AS POSSIBLE):

Their name: \_\_\_\_\_

Their approximate age: \_\_\_\_\_

Their relationship to the other party is:

Spouse/partner

Family member (specify): \_\_\_\_\_

Roommate

Other: \_\_\_\_\_

**leaving them at the other party's attorney's office** with the attorney, a clerk or other person in charge:

\_\_\_\_\_

PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_

TITLE OF PERSON SERVED

\_\_\_\_\_

STREET ADDRESS

CITY, STATE AND ZIP CODE

**sending them electronically** through CaseFileXpress or some other electronic way agreed to by the other party in writing:

\_\_\_\_\_

EMAIL ADDRESS OF OTHER PARTY (IF USED)

\_\_\_\_\_

ELECTRONIC MEANS USED (FOR EXAMPLE: EMAIL, CASEFILEXPRESS)

**some other way** agreed to by the other party in writing:

\_\_\_\_\_

SPECIFY HOW SERVICE WAS COMPLETED

I declare under penalty of perjury that the foregoing is true and correct.

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*See Super. Ct. Dom. Rel. R. 2(c)(1)(B).*

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
HOME ADDRESS 1

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

\_\_\_\_\_  
HOME ADDRESS 2

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