

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

PRINT OTHER PARTY'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

PLAINTIFF,

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,

_____ DRB _____

JUDGE: _____

PRINT OTHER PARTY'S NAME

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OTHER DEFENDANT.

**ANSWER CONSENTING TO THIRD PARTY CUSTODY ORDER -
REVOCABLE AT WILL**

I, _____, am the Defendant in this case.
PRINT YOUR NAME

1. I agree with ALL of the statements regarding custody, numbered 1 - 13 in Plaintiff's Complaint for Custody and/or Access to Children.
2. *(If applicable)* I agree with the statements regarding child support, numbered 14 in Plaintiff's Complaint for Custody and/or Access to Children.
3. I understand the custody and visitation arrangement that Plaintiff is requesting and I consent to it.

4. I reserve the right to revoke my consent at any time.

- If I decide that I want custody of the child[ren] in this case, I can file a revocation of consent with the Court and serve it on the other parties;
- I understand that Plaintiff has the same right to revoke her/his consent;
- If I or Plaintiff file a revocation of consent, the award of custody to Plaintiff will be immediately vacated and of no further effect; AND
- I understand that if I revoke my consent, Plaintiff could ask the Court to issue a new custody order for the child[ren] at that time.

5. I agree to this custody arrangement voluntarily.

6. I also state that THERE ARE NO CONTESTED ISSUES for this Court to decide.

7. 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 grant ALL the relief requested in Plaintiff's Complaint for Custody and/or Access to Children.

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).

SIGN YOUR NAME

DATE

PRINT YOUR NAME

PHONE NUMBER

HOME ADDRESS 1

EMAIL ADDRESS

HOME ADDRESS 2

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PLAINTIFF,

JUDGE: _____

v.

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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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