

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
Parentage & Support Branch**

PRINT THE OTHER PARENT'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

Case No.: _____

PETITIONER,
v.

IV-D: _____

JUDGE: _____

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.

RESPONDENT.

**ANSWER TO PETITION TO ESTABLISH
PARENTAGE and/or FOR CHILD SUPPORT**

I, _____, am the Respondent in this case and answer that:
PRINT YOUR NAME

1. I **ADMIT** that this Court has the authority to decide the Petitioner's request.
 DENY

2. I state the following about Petitioner's claim of parentage: [CHECK ALL THAT APPLY]

I ADMIT that I am a parent of the following child(ren) named in the Petition:

PRINT CHILD(REN)'S NAME(S)

I DENY that I am a parent of the following child(ren) named in the Petition:

PRINT CHILD(REN)'S NAME(S)

I DO NOT HAVE ENOUGH INFORMATION to admit or deny that I am a parent of the following child(ren) named in the Petition:

PRINT CHILD(REN)'S NAME(S)

3. I state the following about the Petitioner's request for support: [CHECK ALL THAT APPLY]

The following child(ren) is (are) not living with the Petitioner:

PRINT CHILD(REN)'S NAME(S)

The following child(ren) is (are) no longer living:

PRINT CHILD(REN)'S NAME(S)

The following child(ren) is (are) over 21 years of age:

_____.

PRINT CHILD(REN)'S NAME(S)

The following child(ren), although under 21 years of age, is (are) emancipated because of self-supporting employment, active military duty and/or marriage:

_____.

PRINT CHILD(REN)'S NAME(S)

I am currently supporting my other child(ren) (through birth or adoption):

living in my home

CHILD'S NAME

DATE OF BIRTH

_____.

through court-ordered child support payments:

CHILD'S NAME

DATE OF BIRTH

COURT NAME & CASE NUMBER

_____.

I am currently incarcerated and I state the following about my incarceration:

CASE NAME AND NUMBER

COURT NAME AND LOCATION

PLACE OF INCARCERATION

START DATE

ANTICIPATED END DATE

- I am unable to pay support because:
 - I am disabled and have no income.
 - I lost my job and have no income.
 - Other:

- Some or all of the child(ren) have medical insurance through:

- Petitioner or Petitioner's employer:

PRINT CHILD(REN)'S NAME(S)

- Respondent or Respondent's employer:

PRINT CHILD(REN)'S NAME(S)

- Medicaid or DC Healthy Families:

PRINT CHILD(REN)'S NAME(S)

- I do not have my own medical insurance and/or I do not have medical insurance through my employer.

- I have been supporting the following child(ren):

CHILD'S NAME	WAYS YOU HAVE BEEN SUPPORTING THIS CHILD
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- Other:

4. 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]

- Dismiss the Petition to Establish Parentage and/or for Child Support.
- Order a genetic test to determine parentage for the following child(ren) named in the Petition:

_____.

PRINT CHILD(REN)'S NAME(S)

- Consider the child(ren)'s needs, my ability to pay, and all other relevant factors under the Child Support Guideline of the District of Columbia and other applicable laws in setting the kind and amount of support.

Order _____

_____.

PRINT ANYTHING ELSE YOU WANT THIS COURT TO DO

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

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

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

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.

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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DATE

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PHONE NUMBER

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