

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

PRINT PETITIONER'S/PLAINTIFF'S NAME

Case No: _____

PETITIONER/PLAINTIFF,

v.

IV-D: _____

PRINT RESPONDENT'S/DEFENDANT'S NAME

Judge: _____

RESPONDENT/DEFENDANT.

**MOTION FOR CONTEMPT OF CHILD SUPPORT ORDER
Does the Other Party Consent to this Motion? yes no**

I, _____, am the PLAINTIFF/PETITIONER in this case.
PRINT YOUR NAME DEFENDANT/RESPONDENT

1. This Court has the authority to decide my request for a finding of contempt.

2. A support order was entered in this case on _____
PRINT DATE OF ORDER

3. That support order requires [CHECK ALL THAT APPLY]

that the other party pay current child support in the amount of \$ _____

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the other party pay past due child support in the amount of \$ _____

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the other party provide medical support in this way:

other:

4. The support order was entered for the following child(ren) that I have with the other party (through birth or adoption):

Child's Name	Current Address	Date of Birth	Gender

5. Since the support order was entered, the other party has been able to comply with the order, but has failed to comply with it as follows [CHECK ALL THAT APPLY]

Non-payment of current child support. Last payment received _____
PRINT DATE, IF KNOWN

Non-payment of past due child support. Last payment received _____
PRINT DATE, IF KNOWN

Non-payment of medical support and/or non-enrollment in medical insurance.

Other:

6. I state the following about Temporary Assistance to Needy Families (TANF): [CHECK ONE]

I am currently receiving Temporary Assistance to Needy Families (TANF).

I am not currently receiving Temporary Assistance to Needy Families (TANF).

7. I state the following about Medicaid and DC Healthy Families: [CHECK ONE]

I am currently receiving Medicaid and/or DC Healthy Families.

I am not currently receiving Medicaid and/or DC Healthy Families.

Request for Relief

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

Hold the other party in contempt of court for failure to provide support.

Order the other party to spend time in jail until s/he pays the amount of money (“purge amount”) set by the Court after a hearing on this Motion.

Other _____

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

I Do Do NOT request an oral hearing in front of the judge on this motion.

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.

**POINTS AND AUTHORITIES IN SUPPORT OF
MOTION FOR CONTEMPT OF CHILD SUPPORT ORDER**

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b) (2003).
2. D.C. Code § 11-944 (2001).
3. Bolden v. Bolden, 376 A.2d 430, 432 (D.C. 1977); Smith v. Smith, 427 A.2d 928, 931 (D.C. 1981).
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
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).

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.