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

_____
PRINT PLAINTIFF'S NAME

PLAINTIFF,   _____ DRB _____

v.

_____   JUDGE: _____
PRINT DEFENDANT'S NAME

DEFENDANT.

MOTION FOR CONTEMPT
Does the Other Party Consent to this Motion? ☐ yes ☐ no

I, _____, am the ☐ PLAINTIFF   in this case.
PRINT YOUR NAME   ☐ DEFENDANT

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

2. An Order was entered in this case on _____
                                          DATE OF ORDER

3. The other party has violated the following part of the Order: [CHECK ALL THAT APPLY]

☐ Legal Custody
☐ Physical Custody
☐ Visitation
☐ Alimony
☐ Distribution of marital property
☐ Distribution of marital debt
☐ Other: _____

4. This is how the other party violated the Order:

Request for Relief

I RESPECTFULLY REQUEST that [CHECK ALL THAT APPLY]

☐ The Court grant my Motion for Contempt and enter appropriate sanctions.

☐ The Court issue a Notice of Motion at the time I file this Motion for Contempt.
[CHECK THIS BOX IF YOU ARE FILING THIS MOTION **60 DAYS OR MORE AFTER THE FINAL ORDER** IN THIS CASE]

☐ The Court issue a Notice of Hearing and Order Directing Appearance (NOHODA).
[CHECK THIS BOX ONLY **IF YOU WANT THE COURT TO HAVE THE POWER TO ISSUE A BENCH WARRANT** IF THE OTHER PARTY DOES NOT APPEAR AT THE HEARING ON THIS MOTION]

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

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

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

In support of this Motion, I refer to:

1.   Super. Ct. Dom. Rel. R. 4(a)(1), 7(b)(1)(A), and 70.

2.   D.C. Code §§ 11-944, 15-320, 16-911(a) and 16-916(d).

3.   The record in this case.

4.   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

PLAINTIFF,

v.

_____
PRINT DEFENDANT'S NAME

DEFENDANT.

_____ DRB _____

JUDGE: _____

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.