

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

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.

PLAINTIFF,

v.

PRINT OTHER PARTY'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DEFENDANT.

REPLY TO COUNTERCLAIM FOR CUSTODY and/or ACCESS TO CHILDREN

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

I state the following in reply to the Defendant's Counterclaim:

1. I AGREE with the following paragraphs of Defendant's Answer and Counterclaim:
[CHECK ALL THAT APPLY]

- ☐ paragraph 1.
- ☐ paragraph 2.
- ☐ paragraph 3.
- ☐ paragraph 4.
- ☐ paragraph 5.
- ☐ paragraph 6.

- ☐ paragraph 7.
- ☐ paragraph 8.
- ☐ paragraph 9.
- ☐ paragraph 10.
- ☐ paragraph 11.
- ☐ paragraph 12.

- ☐ paragraph 13.
- ☐ paragraph 14.
- ☐ paragraph 15.
- ☐ paragraph 16.
- ☐ paragraph 17.

2. I DISAGREE with the following paragraphs of Defendant's Answer and Counterclaim:

[CHECK ALL THAT APPLY]

- ☐ paragraph 1.
- ☐ paragraph 2.
- ☐ paragraph 3.
- ☐ paragraph 4.
- ☐ paragraph 5.
- ☐ paragraph 6.

- ☐ paragraph 7.
- ☐ paragraph 8.
- ☐ paragraph 9.
- ☐ paragraph 10.
- ☐ paragraph 11.
- ☐ paragraph 12.

- ☐ paragraph 13.
- ☐ paragraph 14.
- ☐ paragraph 15.
- ☐ paragraph 16.
- ☐ paragraph 17.

Request for Relief

I RESPECTFULLY REQUEST that the Court grant what I requested in the Complaint for Custody and/or Access to Children that I already filed in this case, and deny the Defendant's Counterclaim.

I ALSO REQUEST THAT the Court award such other relief as it deems just 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).

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.