

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

PRINT PETITIONER'S/PLAINTIFF'S NAME

PETITIONER/PLAINTIFF,

v.

Case No. _____

Judge _____

PRINT RESPONDENT'S/DEFENDANT'S NAME

RESPONDENT/DEFENDANT.

REQUEST FOR CONTINUANCE

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

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

1. I respectfully ask this Court to continue the hearing scheduled for _____
DATE OF HEARING

2. I would like this Court to continue the hearing because: [EXPLAIN REASON.]

3. [YOU MUST GIVE **AT LEAST ONE DATE** TO WHICH YOU AND THE OTHER PARTY AGREE, EVEN IF THE OTHER PARTY DOES NOT WANT THE CONTINUANCE]

I would like the Court to set the hearing on one of the following dates:

☐ The following new date(s) are agreeable to both the other party and to me, if they are also agreeable to the Court:

AGREEABLE DATE

AGREEABLE DATE

AGREEABLE DATE

☐ I was able to reach the other party or his/her attorney, but s/he refused to agree to a new date. The following dates are agreeable to me, if they are also agreeable to the Court:

AGREEABLE DATE AGREEABLE DATE AGREEABLE DATE

☐ I tried but was unable to reach the other party. The following dates are agreeable to me, if they are also agreeable to the Court:

AGREEABLE DATE AGREEABLE DATE AGREEABLE DATE

Request for Relief

I RESPECTFULLY REQUEST that the Court grant my Request for Continuance.

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

In support of this Request, I refer to:

1. Super. Ct. Gen. Fam. R. G.
2. The record in this case.
3. 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.

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SIGN YOUR NAME

DATE

PRINT YOUR NAME

PHONE NUMBER

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EMAIL ADDRESS

HOME ADDRESS 2

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BECAUSE YOU FEAR HARASSMENT OR HARM.