### SUPERIOR COURT OF THE DISTRICT OF COLUMBIA **FAMILY COURT**

#### **Domestic Relations Branch**

			DRB	
PRINT PLAINTIFF'S NAME				
	PLAINTIFF,			
v.	,		JUDGE:	
PRINT DEFENDANT'S NAM	IE .			
	DEFENDANT.			
		MOTIO		
Doe	s the Other Party C	onsent to	this Motion? <b>L</b>	_ yes no
		_, am the	PLAINTIFF	in this case.
PRINT YOUR NAME			DEFENDANT	
I respectfully ask	this Court to:			

I,

## **Request for Relief**

I RESPECTFULI	LY REQUEST that the Co	urt grant my Motion.
I ALSO REQUES	T that the Court award a	ny other relief it considers fair and proper.
I Do Do Not	request an oral hearing i	n front of the judge on this motion.
I declare under pena	alty of perjury that the foreg	going is true and correct.
Rico, the United Sta	ntes Virgin Islands, and any Inited States, additional requ	graphic boundaries of the United States, Puerto territory or insular possession subject to the uirements must be met prior to signing.
SIGN YOUR NAME		DATE
PRINT YOUR NAME		PHONE NUMBER
HOME ADDRESS 1		EMAIL ADDRESS
HOME ADDRESS 2		
SUBSTITUTE ADDR	RESS: CHECK BOX IF YOU	

DC Bar Pro Bono Center (revised 04/2020)

HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.

#### POINTS AND AUTHORITIES IN SUPPORT OF MOTION

In support of this Motion, I refer to:

- 1. Super. Ct. Dom. Rel. R. 7(b).
- 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		
	PROOF OF SER	VICE FORM	
THIS PROOF OF SERVICE	E FORM AT THE SAME TIME THAT YO	A COPY OF YOUR PAPERS, YOU CAN FILD OU FILE YOUR PAPERS.  ITH A COPY OF YOUR PAPERS, YOU MU	
	F SERVICE FORM AFTER YOU SERVE		ST FILL OUT
		IUST SERVE A COPY OF THE PAPERS TO OF THE PAPERS SHOULD BE SERVED D	
1. I certify that on	I served copies of	of	to:
Γ	OATE OF SERVICE		
		NAME(S) OF PLEADING(S)	_
the other party, _	Name of Other Party	or	
the other party's	attorney,	, who representsNAME OF OT	·
	NAME OF ATTORNEY	NAME OF OT	HER PARTY

sending them to the other pa	arty by first class mail to the other party's last known address:
ADDRESS WHERE THE PAPERS WERE SEN	·NT
leaving them with a person	of suitable age and discretion who lived with the other party at:
Address or Description of Place W	VHERE PAPERS WERE SERVED
This place is the other party's	TEMPORARY RESIDENCE.  PERMANENT RESIDENCE.
	OTHER:  SPECIFY OTHER TYPE OF RESIDENCE
Their approximate age: Their relationship to the othe Spouse/partner	
Their relationship to the othe  Spouse/partner  Roommate	er party is:
Their relationship to the othe Spouse/partner Roommate leaving them at the other pa	r party is:  Family member (specify):  Other:  arty's attorney's office with the attorney, a clerk or other person in contact or other person.
Their relationship to the othe  Spouse/partner  Roommate  leaving them at the other pa  PRINT NAME OF PERSON SERVED WITH	r party is:  Family member (specify):  Other:  arty's attorney's office with the attorney, a clerk or other person in contact or other person.
Their relationship to the othe Spouse/partner Roommate leaving them at the other partner PRINT NAME OF PERSON SERVED WITH	r party is:  Family member (specify):  Other:  arty's attorney's office with the attorney, a clerk or other person in contact or other person.
Their relationship to the othe Spouse/partner Roommate    Roommate   leaving them at the other partner     Print Name of Person Served with	PAPERS  Family member (specify):  Other:  arty's attorney's office with the attorney, a clerk or other person in company.
Their relationship to the othe  Spouse/partner Roommate leaving them at the other pa PRINT NAME OF PERSON SERVED WITH TITLE OF PERSON SERVED STREET ADDRESS sending them electronically	Papers  City, State and Zip Code  City, State and Zip Code  y through CaseFileXpress or some other electronic way agreed to
Their relationship to the othe  Spouse/partner Roommate leaving them at the other pa PRINT NAME OF PERSON SERVED WITH TITLE OF PERSON SERVED STREET ADDRESS sending them electronically other party in writing:	PAPERS  CITY, STATE AND ZIP CODE  Ty through CaseFileXpress or some other electronic way agreed to  USED)

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.	