

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

PRINT YOUR NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DRB

☐ **SUBSTITUTE ADDRESS:** CHECK BOX IF
YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS
BECAUSE YOU FEAR HARASSMENT OR HARM.

JUDGE: _____

PLAINTIFF,

v.

PRINT YOUR SPOUSE'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DEFENDANT.

COMPLAINT FOR LEGAL SEPARATION
Action Involving Child Support ☐ yes ☐ no

I, _____, am the Plaintiff in this case and state that
PRINT YOUR NAME

1. This Court is the proper place to decide my request for legal separation and related issues because: [CHECK ALL THAT APPLY]

☐ I have been a resident of the District of Columbia for more than six months immediately before filing this Complaint.

☐ My spouse has been a resident of the District of Columbia for more than six months immediately before filing this Complaint.

2. My spouse and I were married [CHECK ONE]

☐ by ceremony on _____, in _____.
DATE CITY AND STATE

☐ by common law on or about _____, in _____.
DATE CITY AND STATE

3. My spouse and I separated on or about _____.
DATE

4. I state the following about the separation: [CHECK ALL THAT APPLY]

☐ The separation has been **mutual and voluntary, and without cohabitation.**

☐ The separation has continued without interruption or cohabitation for a period of **one year or more** immediately before filing this Complaint.

5. I state the following with regard to my married name: [CHECK ONE]

☐ I did not change my name when I married my spouse.

☐ I changed my name when I married my spouse. I do not wish to return to a former name.

☐ I changed my name when I married my spouse and I now wish to return to my birth name or another legal name I used before my marriage. I have no illegal or fraudulent reason for making this request. The former name I want restored is:

PRINT NAME YOU WOULD LIKE THE COURT TO RESTORE

Marital Property & Marital Debt

6. I state the following about property from my marriage: [CHECK ONE]

☐ My spouse and I have no marital property.

☐ My spouse and I have an agreement resolving all of our marital property issues and I am not asking the Court to divide or distribute any marital property.

☐ My spouse and I have a written agreement resolving all of our marital property issues and I am not asking the Court to divide or distribute any marital property.

☐ My spouse and I have marital property that I am asking the Court to divide or distribute, and I have completed and attached the additional information required on Attachment A, which I incorporate into this Complaint.

☐ I am not sure if my spouse and I have marital property.

7. I state the following about debt from my marriage: [CHECK ONE]

☐ My spouse and I have no marital debt.

☐ My spouse and I have an agreement resolving all of our marital debt issues and I am not asking the Court to assign responsibility for any marital debt.

☐ My spouse and I have a written agreement resolving all of our marital debt issues and I am not asking the Court to assign responsibility for any marital debt.

☐ My spouse and I have marital debt that I am asking the Court to assign responsibility for, and I have completed and attached the additional information required on Attachment A, which I incorporate into this Complaint.

☐ I am not sure if my spouse and I have marital debt.

Alimony

8. I state the following about my need for alimony from my spouse: [CHECK ONE]

☐ I need permanent and/or temporary alimony from my spouse and I believe my spouse has the ability to pay alimony to me.

☐ I do not want my spouse to pay alimony to me.

Custody

9. I state the following about our child(ren) who are under the age of 18: [CHECK ONE]

☐ My spouse and I do not have any children together (through birth or adoption) who are under the age of 18.

☐ My spouse and I do have children together (through birth or adoption) who are under the age of 18, but I am not asking the court to decide custody at this time.

☐ My spouse and I do have children together (through birth or adoption) who are under the age of 18, and we have a written agreement about custody; I am not asking the court to decide custody at this time.

☐ My spouse and I do have children together (through birth or adoption) who are under the age of 18, and I am asking the court to decide custody. I have completed and attached the additional information required on Attachment B, which I incorporate into this Complaint.

Child Support

10. I state the following about my request for child support: [CHECK ONE]

☐ My spouse and I do not have any children together (through birth or adoption), or our children together are over the age of 21 years and are not adult disabled children.

☐ My spouse and I do have children together (through birth or adoption) who are under the age of 21 or who are adult disabled children, but I am not asking the Court to award child support at this time.

☐ My spouse and I do have children together (through birth or adoption) who are under the age of 21 or who are adult disabled children, and we have an agreement regarding child support; that agreement is consistent with the Child Support Guideline of the District of Columbia and/or it is fair and just.

☐ My spouse and I do have children together (through birth or adoption) who are under the age of 21 or who are adult disabled children, and I am asking the Court to award child support, *and* I have completed and attached the additional information required on Attachment C, which I incorporate into this Complaint.

Attachments

11. I have included the following attachment(s): [CHECK ALL THAT APPLY]

- ☐ No attachments
- ☐ Attachment A (Marital Property and/or Marital Debt)
- ☐ Attachment B (Child Custody)
- ☐ Attachment C (Child Support)

12. I do ☐ / do *not* ☐ know of any proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case. Please list state, court, and docket number for cases involving the same claim or subject matter.

Court	Case Number	Case Type

Request for Relief

I RESPECTFULLY REQUEST that the Court grant me a Legal Separation and [CHECK ALL THAT APPLY]

- ☐ Divide marital property and/or assign marital debts in a manner that is equitable, just and reasonable.
- ☐ Award alimony in a manner that is fair and just, including: [CHECK ALL THAT APPLY]
- ☐ temporary alimony
 - ☐ permanent alimony
- ☐ Award custody in the best interests of the child(ren).
- ☐ Hold a hearing on my request for child support within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NOHODA”) to the other parent with the date and time of the hearing.
- ☐ Award child support according to the Child Support Guideline of the District of Columbia and other applicable laws, including: [CHECK ALL THAT APPLY]
- ☐ current child support (support starting today and continuing into the future)
 - ☐ retroactive child support (support for time before today)
 - ☐ medical support
- ☐ Note that we have an agreement. I request that the Court: [CHECK ONE]
- ☐ *include* our agreement as a part of its order.
 - ☐ *not include* our agreement as a part of its order.
- ☐ Restore me to my former name.

I ALSO REQUEST that the Court award any other relief it considers fair 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
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BECAUSE YOU FEAR HARASSMENT OR HARM.



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

500 INDIANA AVENUE, NW, WASHINGTON, D.C. 20001

(202) 879-1010 | <https://www.dccourts.gov>

CONFIDENTIAL INFORMATION FORM

*(This form will be returned to the filer or destroyed immediately
after the information is entered into the Court's case management system)*

Case Caption: _____ Case No.: _____

	Plaintiff/Petitioner	Defendant/Respondent
Full Name (First, Middle, Last)		
Date of Birth (Month, Day, Year)		
Telephone Number(s)	Home: _____ Cell/Mobile: _____ Work: _____	Home: _____ Cell/Mobile: _____ Work: _____
Email Address		
Ethnicity	<input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Non-Hispanic
Race <i>Select one or more</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other

Pursuant to Superior Court of the District of Columbia Administrative Order 15-14, a party filing a case in the Superior Court shall submit this form with any initial pleading except for a charging document. Any date of birth, social security number, or driver's license number provided on the Information Sheet shall be kept confidential, shall not be made part of any public record, and shall be used only for the Superior Court's internal business purposes. The Confidential Form shall not be retained in the case file and shall be shredded or otherwise destroyed within a reasonable time after the case is entered into the case management system. If any identifying information becomes available after the case has been initiated, the party must submit an updated Confidential Form.

	Plaintiff/Petitioner	Defendant/Respondent
Police Department Identification Number (PDID)		
Social Security Number or Taxpayer Identification Number		
Date of Death (if applicable)		
Are you a participant of the Address Confidentiality Program managed by the Office of Victim Services and Justice Grants?	<input type="checkbox"/> YES <input type="checkbox"/> NO Please attach a copy of your Authorization Card to this form. If submitting the confidential form electronically, please attach your Authorization Card via email.	
Interpreter Needed?	Interpreter needed for: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed.	Interpreter needed for: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed.
ADA or Other Accommodation Needed?	<input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____

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DOMESTIC VIOLENCE CASES only

Please indicate if any of the information below is **CONFIDENTIAL** from the defendant/respondent.

	Plaintiff/Petitioner	Defendant/Respondent
Address If your address is confidential from respondent, please give a substitute/safe address where the court can reach you		
Demographics	Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____	Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Driver's License Number (Optional)		
Place of Employment and Address (If applicable)		
Additional Questions	Did the police arrest the respondent in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No When is the best time to serve the other party (<i>when are they there</i>)? _____ (am/pm) List any other address to serve Respondent (<i>other than one previously listed</i>) _____ What is the best time to reach you (<i>when are you able to pick up a call</i>)? _____ (am/pm)	

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FAMILY COURT CASES only

	Plaintiff/Petitioner	Defendant/Respondent
Driver's License Number		
Child's Name	Name(s) of Child(ren): <hr/> <hr/> <hr/> <hr/>	Name(s) of Child(ren): <hr/> <hr/> <hr/> <hr/>
Other's Name and Relationship	Name: _____ Relationship: _____	Name: _____ Relationship: _____
Type of case you are filing		
List other cases you have in this Court	Case Type: _____ Case Number: _____	Case Type: _____ Case Number: _____
List cases you have in another Court	Case Type: _____ Case Number: _____	Case Type: _____ Case Number: _____
Do you have an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____

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Are you afraid of the party that you are filing against?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you fear for your safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have children, do you fear for their safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your children been hurt, harmed or threatened to be hurt or harmed by the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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