SUPERIOR COURT OF THE DISTRICT OF COLUMBIA FAMILY COURT

Domestic Relations Branch

PRINT YOUR SPOUSE'S NAME	
STREET ADDRESS	DRB
CITY, STATE AND ZIP CODE	
,	
PLAINTIFF,	
v.	
PRINT YOUR NAME	JUDGE:
STREET ADDRESS	
CITY, STATE AND ZIP CODE	
HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.	
DEFENDANT.	
	ENT ANSWER TO DDY and/or ACCESS TO CHILDREN
I,	, am the Defendant in this case.
PRINT YOUR NAME	
1. I agree with ALL of the statements Complaint for Custody and/or Access to Cl	regarding custody, numbered 1 - 13 in Plaintiff's hildren.
2. (If applicable) I agree with ALL of the in Plaintiff's Complaint for Custody and/or	statements regarding child support, numbered 14 - 17 Access to Children.

3. I also state that THERE ARE NO CONTESTED ISSUES for this Court to decide.

Court	Case Number	Case Type
	Request for Relief	
	EST that the Court grant ALL t	he relief requested in Plaint
		he relief requested in Plaint
omplaint for Custody and/or		
omplaint for Custody and/or	Access to Children.	
mplaint for Custody and/or	Access to Children.	
mplaint for Custody and/or LSO REQUEST that the	Access to Children.	considers fair and proper.
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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 p	arty by first class mail to the other party's last known address:
ADDRESS WHERE THE PAPERS WERE SE	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 name: Their approximate age:	···································
Their relationship to the other	er party is:
Their relationship to the othe Spouse/partner Roommate	
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 partner 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 other Spouse/partner Roommate leaving them at the other partner 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.	