

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

PRINT YOUR NAME

_____ DRB _____

PLAINTIFF,

Judge: _____

v.

PRINT THE OTHER PERSON'S NAME

DEFENDANT.

**MOTION FOR ENTRY OF DEFAULT JUDGMENT AND
AFFIDAVIT IN COMPLIANCE WITH SERVICEMEMBERS CIVIL
RELIEF ACT OF 2003**

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

1. The Defendant was served with the Summons and Complaint in this case on _____
DATE
and proof of service was filed in the Clerk's office on _____.
DATE
2. The Clerk of Court entered a default against the Defendant on _____.
DATE

IMPORTANT NOTE: If the Defendant did not appear for any hearings in this case, please complete paragraph 3 below. (If the Defendant attended a prior hearing in this case, you do not need to complete paragraph 3.)

3. I state the following about my efforts to comply with the Servicemembers Civil Relief Act of 2003:

I *do* have personal knowledge that the Defendant is *not* currently in the armed forces of the United States and is *not* a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service. Further, to the best of my information and belief, the Defendant has *not* received notice of induction or notice to report for military service.

I know the Defendant is not in the military based on the following facts:

I *do not* have personal knowledge of the Defendant's service obligations, but I have checked with the Defense Manpower Data Center, and verified that Defendant is *not* enlisted for service in its armed forces or a commissioned division and is also *not* a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service.

Request for Relief

I RESPECTFULLY REQUEST that the Court grant my Motion and schedule this matter for a default hearing.

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

PRINT YOUR NAME

HOME ADDRESS 1

HOME ADDRESS 2

DATE

PHONE NUMBER

EMAIL ADDRESS

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

DETERMINING THE DEFENDANT'S MILITARY STATUS

A. If you have the Defendant's Social Security Number and Internet Access

Go to the Defense Manpower Data Center site (<https://scra.dmdc.osd.mil/scra/#/home>) to confirm that the Defendant is not in the forces of the United States, a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service. You will be required to enter the last name and Social Security number of the individual. The form will also ask for a first name, middle initial and date of birth to aid in the search.

B. If you do not have Internet Access or the Defendant's Social Security Number

Make your request by mail. You can use the Defendant's date of birth if you do not have the social security number. Send your request with a self-addressed stamped envelope to:

Defense Manpower Data Center

Attn: Military Verification

1600 Wilson Blvd., Suite 400

Arlington, VA 22209-2593