

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT  
Parentage & Support Branch**

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

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

Case No.: \_\_\_\_\_

IV-D: \_\_\_\_\_

JUDGE: \_\_\_\_\_

PETITIONER,

v.

\_\_\_\_\_  
PRINT THE OTHER PARENT'S NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

RESPONDENT.

**PETITION TO ESTABLISH PARENTAGE and/or FOR CHILD SUPPORT**

**Are You Asking the Court to Decide Parentage?** ☐ yes ☐ no  
**Are You Asking the Court to Decide Child Support?** ☐ yes ☐ no

I, \_\_\_\_\_, am the Petitioner in this case and I state that:  
PRINT YOUR NAME

**1. This Court is the proper place to decide my request for establishing parentage and/or child support.**

**2. I state the following about parentage:** [CHECK ALL THAT APPLY]

☐ The child(ren) were born during my marriage to the other party.

☐ The other parent is named on the child(ren)'s birth certificate(s).

- ☐ The other party and I have both signed a written statement under oath admitting parentage.
- ☐ The other parent has signed a written statement admitting parentage.
- ☐ Another state has decided parentage.
- ☐ There is a genetic test result and a certified affidavit from a laboratory indicating a 99% or greater probability of parentage.
- ☐ I may be a parent to the child.
- ☐ Other:

**3. I am asking to determine parentage for the following child(ren) that I may have with the other party (through birth or adoption):**

| Child's Name | Current Address | Date of Birth | Gender |
|--------------|-----------------|---------------|--------|
|              |                 |               |        |
|              |                 |               |        |
|              |                 |               |        |
|              |                 |               |        |

**4. Each party has the legal duty to contribute to the support of our eligible child(ren), including any adult disabled children.**

**5. I state the following about Temporary Assistance to Needy Families (TANF):** [CHECK ONE]

- ☐ I am ☐ I am *not* currently receiving Temporary Assistance to Needy Families (TANF).

**6. I state the following about Medicaid and/or DC Healthy Families:** [CHECK ONE]

- ☐ I am ☐ I am *not* currently receiving Medicaid and/or DC Healthy Families.

7. 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:** [CHECK ALL THAT APPLY]

- ☐ Hold a hearing on this Petition within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NOHODA”) to Respondent with the date and time of the hearing.
- ☐ Order genetic testing to determine parentage.
- ☐ Decide parentage for my child(ren) and order entry of the father’s name on the child(ren)’s birth certificates.
- ☐ Award support according to the Child Support Guideline of the District of Columbia and other applicable laws, including:
- ☐ current child support (support starting today and continuing into the future)
  - ☐ retroactive child support (support for time before today)
  - ☐ medical support
- ☐ Order [PRINT ANYTHING ELSE YOU WANT THIS COURT TO DO.]

**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).*

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SIGN YOUR NAME

---

DATE

---

PRINT YOUR NAME

---

PHONE NUMBER

---

HOME ADDRESS 1

---

EMAIL ADDRESS

---

HOME ADDRESS 2

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BECAUSE YOU FEAR HARASSMENT OR HARM.

## Service of Your Complaint: Domestic Relations Rule 4

You start a case by filing papers called a **complaint** at the **Family Court Central Intake Center**. When you file a **complaint**, the Family Court Central Intake Center will give you a **summons**. A **summons** is a paper that you must give to the person you are filing against. The person you file against is called an **opposing party** or other **party**. You must make sure that the **opposing party** gets a copy of the **summons** and your **complaint** and any orders. This is called **service of your complaint**. You cannot give the papers to the **opposing party** yourself; someone else must give them to the **opposing party**. **The chart below gives instructions on how to serve the complaint and summons.**

After you make sure that someone else gives the papers to the other party, you must prove to the Court that you did this. You can prove this to the Court by filing an **Affidavit of Service** form. **You must serve the papers and file an Affidavit of Service form within 60 days after you file your complaint.** If you have questions about serving these documents, go to the **Family Court Self Help Center** at DC Superior Court or visit [www.LawHelp.org/DC](http://www.LawHelp.org/DC).

Remember to always keep a copy of the papers for yourself. And, you may need to make more copies to serve the other party in a different way.

**Below are the ways you can serve your complaint and summons and prove to the Court that you did it.** All of the forms discussed below can be found at the **Family Court Self Help Center** at DC Superior Court or at [www.LawHelp.org/DC](http://www.LawHelp.org/DC).

| Type of Service   | Proof of Service   |
|---|--|
| <b>Have someone</b> who is over 18 years old and not a party to the case (NOT you): <ul style="list-style-type: none"><li>• <b>Hand a copy of the papers to the other party;</b> or</li><li>• <b>Leave a copy of the papers at the other party's home</b> with a person of suitable age and discretion who lives there (someone who you think is old enough or responsible enough to give the papers to the other party).</li></ul> | <ul style="list-style-type: none"><li>• The person who served the papers must fill out an <b>Affidavit of Service by Individual</b>.</li><li>• The completed Affidavit must be filed at the <b>Family Court Central Intake Center</b>.</li></ul>   |
| <b>Mail a copy of the papers to the other party by certified mail, return receipt requested.</b> <ul style="list-style-type: none"><li>• Send a copy of the papers to the other party's home.</li><li>• You can do this yourself at the post office. Someone else can do this for you too.</li></ul>  | <ul style="list-style-type: none"><li>• Keep the <b>return receipt</b> ("green card") if it comes back to you;</li><li>• Fill out an <b>Affidavit of Service by Certified Mail</b>; and</li><li>• File the completed Affidavit with the <b>return receipt</b> attached at the <b>Family Court Central Intake Center</b>.</li><li>• <b>Note:</b> If you do not receive a return receipt or it comes back saying your papers cannot be delivered, you will need to serve the papers a different way.</li></ul> |

|  |   |
|--|---|
| <p><b>Mail the papers to the other party by first class mail</b> (postage prepaid) and include:</p> <ul style="list-style-type: none"> <li>• An envelope addressed to you with a stamp on it (so that the other party can mail the Court's <b>Notice and Acknowledgement form</b> back to you); and</li> <li>• Two (2) copies of the Court's <b>Notice and Acknowledgment form</b> (one for the other party to keep and one for you).</li> </ul> | <ul style="list-style-type: none"> <li>• The signed <b>Notice and Acknowledgement form</b> is the proof of service.</li> <li>• The other party has 21 days from the date the letter is mailed to sign and return the Notice and Acknowledgement form to you.</li> <li>• If the other party returns the completed form, file the completed <b>Notice and Acknowledgement form</b> at the <b>Family Court Central Intake Center</b>.</li> <li>• <b>Note:</b> If the other party does not return the form, you will need to serve the papers in a different way. If this happens, you can ask the Court to order the other party to pay you back any money you spend serving the papers in another way.</li> </ul> |
|--|---|

**If you are asking for child support or to establish parentage of a child**, the **Family Court Central Intake Center** will issue you a Notice of Hearing and Order Directing Appearance (also called a NOHODA). There are special instructions for serving a NOHODA, these can be found at the Family Court Self Help Center and online at [www.ProBono.center/NOHODAIstructions](http://www.ProBono.center/NOHODAIstructions)

**If you need more than 60 days to serve the papers**, you can ask the judge to give you more time. You can ask for more time by filing a **Motion for Additional Time to Serve**. You must ask for more time to serve and a new summons before the first summons expires. If you do not do this, the **Family Court Central Intake Center** may dismiss your **complaint**. You can get a **Motion for Additional Time to Serve** at the **Family Court Self Help Center** at DC Superior Court or visit [www.LawHelp.org/DC](http://www.LawHelp.org/DC).

**If you tried but were not able to serve the other party or parties using any of the methods above**, you can ask the judge to let you serve the parties in a different way by filing a **Motion for Alternative Service**. You can get a **Motion for Alternative Service** at the **Family Court Self Help Center** at DC Superior Court or visit [www.LawHelp.org/DC](http://www.LawHelp.org/DC).



# 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  |
|--|---|---|
| <b>Full Name</b><br>(First, Middle, Last)  |   |   |
| <b>Date of Birth</b><br>(Month, Day, Year) |   |   |
| <b>Telephone Number(s)</b>                 | Home: _____<br>Cell/Mobile: _____<br>Work: _____  | Home: _____<br>Cell/Mobile: _____<br>Work: _____  |
| <b>Email Address</b>                       |   |   |
| <b>Ethnicity</b>                           | <input type="checkbox"/> Hispanic, Latino/a, or Spanish<br><input type="checkbox"/> Non-Hispanic  | <input type="checkbox"/> Hispanic, Latino/a, or Spanish<br><input type="checkbox"/> Non-Hispanic  |
| <b>Race</b><br><i>Select one or more</i>   | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><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   |
|--|--|--|
| <b>Police Department Identification Number (PDID)</b>  |  |  |
| <b>Social Security Number or Taxpayer Identification Number</b>  |  |  |
| <b>Date of Death</b> (if applicable)   |  |  |
| <b>Are you a participant of the Address Confidentiality Program managed by the Office of Victim Services and Justice Grants?</b> | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><br><b>Please attach a copy of your Authorization Card to this form. If submitting the confidential form electronically, please attach your Authorization Card via email.</b>   |  |
| <b>Interpreter Needed?</b>   | Interpreter needed for:<br><br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Amharic<br><input type="checkbox"/> ASL<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> No interpreter needed.  | Interpreter needed for:<br><br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Amharic<br><input type="checkbox"/> ASL<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> No interpreter needed.  |
| <b>ADA or Other Accommodation Needed?</b>  | <input type="checkbox"/> Assisted Listening Device<br><input type="checkbox"/> Braille<br><input type="checkbox"/> Communication Access Real-time Translation<br><input type="checkbox"/> Court Comfort Dog<br><input type="checkbox"/> Literacy Assistance<br><input type="checkbox"/> Service Animal<br><input type="checkbox"/> Visually Impaired-Large Print<br><input type="checkbox"/> Wheelchair<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Assisted Listening Device<br><input type="checkbox"/> Braille<br><input type="checkbox"/> Communication Access Real-time Translation<br><input type="checkbox"/> Court Comfort Dog<br><input type="checkbox"/> Literacy Assistance<br><input type="checkbox"/> Service Animal<br><input type="checkbox"/> Visually Impaired-Large Print<br><input type="checkbox"/> Wheelchair<br><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  |
|--|---|---|
| <b>Address</b><br><br>If your address is confidential from respondent, please give a substitute/safe address where the court can reach you |   |   |
| <b>Demographics</b>  | Race: _____ Sex: _____<br>Height: _____ Weight: _____<br>Eye Color: _____ Hair Color: _____   | Race: _____ Sex: _____<br>Height: _____ Weight: _____<br>Eye Color: _____ Hair Color: _____ |
| <b>Driver's License Number</b><br>(Optional)   |   |   |
| <b>Place of Employment and Address</b> (If applicable)   |   |   |
| <b>Additional Questions</b>  | Did the police arrest the respondent in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>When is the best time to serve the other party ( <i>when are they there</i> )? _____ (am/pm)<br><br>List any other address to serve Respondent ( <i>other than one previously listed</i> ) _____<br><br>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**

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

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

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