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

PRINT YOUR NAME

STREET ADDRESS

DRB_____

Judge: _____

CITY, STATE AND ZIP CODE

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

PLAINTIFF.

v.

PRINT OTHER PARTY'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DEFENDANT.

REPLY TO COUNTERCLAIM FOR CUSTODY and/or ACCESS TO CHILDREN

I, _____ _____, am the Plaintiff in this case. PRINT YOUR NAME

I state the following in reply to the Defendant's Counterclaim:

1. I AGREE with the following paragraphs of Defendant's Answer and Counterclaim:

[CHECK ALL THAT APPLY]

paragraph 1. paragraph 7. paragraph 13. \Box paragraph 2. paragraph 8. \square paragraph 14. paragraph 3. paragraph 9. paragraph 15. paragraph 4. paragraph 10. paragraph 16. paragraph 5. paragraph 17. paragraph 11. paragraph 6. paragraph 12.

2. I DISAGREE with the following paragraphs of Defendant's Answer and Counterclaim: [CHECK ALL THAT APPLY]

 \square paragraph 1. \square paragraph 7. \square paragraph 13. paragraph 8. paragraph 14. paragraph 2. paragraph 15. paragraph 3. paragraph 9. paragraph 4. paragraph 10. \square paragraph 16. paragraph 5. paragraph 11. paragraph 17. \square paragraph 6. \square paragraph 12.

Request for Relief

I RESPECTFULLY REQUEST that the Court grant what I requested in the Complaint for Custody and/or Access to Children that I already filed in this case, and deny the Defendant's Counterclaim.

I ALSO REQUEST THAT the Court award such other relief as it deems just 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

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

PHONE NUMBER

EMAIL ADDRESS

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 5 PROOF OF SERVICE FORM

IF YOU HAVE ALREADY SERVED THE OTHER PARTY WITH A COPY OF YOUR PAPERS, YOU CAN FILL OUT AND FILE THIS **PROOF OF SERVICE FORM** AT THE SAME TIME THAT YOU FILE YOUR PAPERS.

IF YOU HAVE NOT ALREADY SERVED THE OTHER PARTY WITH A COPY OF YOUR PAPERS, YOU MUST FILL OUT AND FILE THIS **PROOF OF SERVICE FORM** AFTER YOU SERVE THE OTHER PARTY.

IF THE OTHER PARTY HAS A LAWYER IN THIS CASE, YOU MUST SERVE A COPY OF THE PAPERS TO THE LAWYER. IF THE OTHER PARTY DOES NOT HAVE A LAWYER, A COPY OF THE PAPERS SHOULD BE SERVED DIRECTLY TO THE OTHER PARTY.

| 1. I certify that on | I served copies of _ | | to: |
|-----------------------------|----------------------|--------------------------------|-----|
| DATE OF SERVIC | CE | | |
| | - | NAME(S) OF PLEADING(S) | |
| the other party, | OF OTHER PARTY | | |
| the other party's attorney, | NAME OF ATTORNEY | , who represents NAME OF OT | |

2. I delivered copies of the papers by: [CHECK ONE]

handing them to the other party.

sending them to the other party by first class mail to the other party's last known address:

ADDRESS WHERE THE PAPERS WERE SENT **leaving them with a person of suitable age and discretion** who lived with the other party at: ADDRESS OR DESCRIPTION OF PLACE WHERE PAPERS WERE SERVED This place is the other party's TEMPORARY RESIDENCE. PERMANENT RESIDENCE. OTHER: _____ SPECIFY OTHER TYPE OF RESIDENCE I state the following about the person I gave the papers to (PROVIDE AS MANY DETAILS AS POSSIBLE): Their name: _____ Their approximate age: ______. Their relationship to the other party is: Spouse/partner Family member (specify): Other: _____ Roommate **leaving them at the other party's attorney's office** with the attorney, a clerk or other person in charge: PRINT NAME OF PERSON SERVED WITH PAPERS TITLE OF PERSON SERVED STREET ADDRESS CITY, STATE AND ZIP CODE sending them electronically through CaseFileXpress or some other electronic way agreed to by the other party in writing: EMAIL ADDRESS OF OTHER PARTY (IF USED) ELECTRONIC MEANS USED (FOR EXAMPLE: EMAIL, CASEFILEXPRESS)

SPECIFY HOW SERVICE WAS COMPLETED

some other way agreed to by the other party in writing:

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

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