

Superior Court of the District of Columbia 500 Indiana Avenue, NW, Washington, D.C. 20001 (202) 879-1010 | www.dccourts.gov

Case Caption:		Case Number:			
	Division or Office:				
		Judge:			
		ON TO APPEAR IN-PER orm for Civil Division and Famil			
Name of Person Filing M		g to appear in-person for the	remote hearing sched	duled	
on	at	AM/PM in co	ourtroom	for the	
Date		Time			
Date:		Party / Attorney/Other Co	urt Participant Name (F	Please Print):	
		Address:			
		Signature:			
		Email Address:			
		Telephone No.:	Attorney I	Bar No.:	

CERTIFICATE OF SERVICE

☐ I hereby certify this	, that a copy of this motion was served by:	
Date		
\square hand-delivery \square e-service \square mail on the other pa	arties or court participants in this case or their attorneys	
listed below:		
Name	Name	
Email Address	Email Address	
Phone Number	Phone Number	
Physical Address	Physical Address	
SIGNATURE AND ADDRESS OF FILING P.	ARTY/OTHER COURT PARTICIPANT/ATTORNEY	
Date	Signature	
Printed Name	Bar Number	
Email Address	Phone Number	
Physical Address		