



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
500 INDIANA AVENUE, N.W.
WASHINGTON, D.C. 20001**

(Office use only)
Application No.: _____

APPLICATION FOR SPECIAL ORDER TO INSPECT/COPY COURT RECORDS

Please complete sections I through III

SECTION I. APPLICANT		Date of Application:	
Name of Applicant:		Name of Firm or Affiliation:	
Phone Number:		Address:	
SECTION II. CASE INFORMATION			
Name of case(s) requested:		Date of Birth:	
Jacket number(s):		Social File Number(s):	
I hereby make application for inspection/copying of the <input type="checkbox"/> case and / or <input type="checkbox"/> social records in the above case(s) for the following reason(s): _____ _____			
SECTION III. DECLARATION OF CONFIDENTIALITY			
I certify that I will not disclose, publish or use the record or information contained therein for any purpose other than that for which the record or information is being provided and that the information obtained from the records will not be used in a manner that is reasonably likely to identify the respondent or the respondent's family. Unlawful disclosure of information contained in confidential records is a misdemeanor and subject to fines.			
Signature of APPLICANT:		Date:	
SECTION IV. SPECIAL ORDER (To be completed by Judicial Officer)			
It appears to the Family Court that this Application for Inspection/Copy of the records indicated above <input type="checkbox"/> is or <input type="checkbox"/> is not in accord with the provisions of Superior Court rules on inspection/copy of records and that the best interest of the public and / or the welfare of the child will best be served by its <input type="checkbox"/> approval or <input type="checkbox"/> denial. Elaboration: _____ _____			
THEREFORE IT IS HEREBY ORDERED that this application is <input type="checkbox"/> granted, <input type="checkbox"/> denied, or <input type="checkbox"/> granted in part and denied in part.			
Signature of JUDGE:		Date:	
SECTION V. COPIES (To be completed by court staff)		Deputy Clerk allowing inspection:	
Item Requested	No of copies	Charge per copy	Fee
TOTALS			
SECTION VI. APPLICATION WITHDRAWN BY APPLICANT (To be completed by court staff)		Application withdrawn: <input type="checkbox"/> (if applicable) Date withdrawn: _____	