

# CONFIDENTIAL FORM

Pursuant to Superior Court of the District of Columbia Administrative Order 15-14, a party filing a case in the Superior Court shall complete and submit this form with any initial pleading except for a charging document.

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## Superior Court of the District of Columbia CIVIL DIVISION

Check one:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Civil Actions Branch</b><br>500 Indiana Ave., N.W.<br>Room 5000<br>Washington, DC 20001<br>Telephone: (202) 879-1133 | <input type="checkbox"/> <b>Landlord &amp; Tenant Branch</b><br>510 4 <sup>th</sup> Street, N.W.<br>Room 110<br>Washington, DC 20001<br>Telephone: (202) 879-4879 | <input type="checkbox"/> <b>Small Claims &amp; Conciliation Branch</b><br>510 4 <sup>th</sup> Street, N.W.<br>Room 120<br>Washington, DC 20001<br>Telephone: (202) 879-1120 |
|--|---|---|

\_\_\_\_\_  
Plaintiff

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Defendant

Plaintiff's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Plaintiff's Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Email address of Plaintiff: \_\_\_\_\_

Email address of Plaintiff's Attorney: \_\_\_\_\_

Defendant's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Defendant's Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Email address of Defendant: \_\_\_\_\_

Email address of Defendant's Attorney: \_\_\_\_\_

Driver's license and birthdates will be recorded in a secure Court database and the information will be available only to authorized Court personnel.