

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____	ADM	_____
_____	INT	_____
_____	IDD	_____
_____	SEB	_____
_____	GDN	_____
_____	TRP	_____
_____	CON	_____
_____	FEP	_____

Estate of

Minor/Ward/Deceased

PRAECIPE

The Clerk of the Court will please _____

Signature of attorney

Signature

Typed name of attorney

Typed name

Address (actual address/not Post Office Box)

Address (actual address/not Post Office Box)

Telephone number

Telephone number

Email address

Email address

Unified Bar number

Bar number (if filer is an attorney)

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature