

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

REQUEST FOR ORAL HEARING

Notice is hereby given that I, _____, request an oral hearing regarding the Petition Post Appointment for _____ filed by _____.

Date

Signature

Typed Name

Address (Actual address/not Post Office Box)

Telephone number

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20_____, a copy of the foregoing

_____ was served by first class mail, postage prepaid, upon the parties to the above captioned case, persons granted permission to participate, and persons who requested notice. (List each person by name and complete address. Use the "tab" key to move from box to box. Attach an additional sheet of paper if necessary. An example is given.)

Jane Doe

Department of Human Services

2342 City Street, NW

Washington, DC 20000

Signature