SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
Paternity & Support Branch

_____
PRINT THE OTHER PARENT'S NAME

_____
STREET ADDRESS

_____
CITY, STATE AND ZIP CODE

PETITIONER,

v.

_____
PRINT YOUR NAME

_____
STREET ADDRESS

_____
CITY, STATE AND ZIP CODE

☐ SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.

RESPONDENT.

PS _____

IV-D _____

Related Cases:

_____

_____

ANSWER TO PETITION TO ESTABLISH PATERNITY
and/or FOR CHILD SUPPORT

I, _____, am the Respondent in this case and answer that
PRINT YOUR NAME

1. I ◯ **ADMIT** ◯ **DENY** **that this Court has the authority to decide the Petitioner's request.**

2. I state the following about Petitioner's claim of paternity: [CHECK ALL THAT APPLY]

☐ **I ADMIT** that I am the father of the following child(ren) named in the Petition:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

☐ **I DENY** that I am the father of the following child(ren) named in the Petition:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

☐ **I DO NOT HAVE ENOUGH INFORMATION to admit or deny** that I am the father of the following child(ren) named in the Petition:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

3. I state the following about the Petitioner's request for support: [CHECK ALL THAT APPLY]

☐ The following child(ren) is (are) not living with the Petitioner:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

☐ The following child(ren) is (are) no longer living:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

☐ The following child(ren) is (are) over 21 years of age:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

☐ The following child(ren), although under 21 years of age, is (are) emancipated because of self-supporting employment, active military duty and/or marriage:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

☐ I am currently supporting my other child(ren) (through birth or adoption):

☐ living in my home

CHILD'S NAME	DATE OF BIRTH

☐ through court-ordered child support payments:

CHILD'S NAME	DATE OF BIRTH	COURT NAME & CASE NUMBER

☐ I am currently incarcerated and I state the following about my incarceration:

CASE NAME AND NUMBER _____

COURT NAME AND LOCATION _____

PLACE OF INCARCERATION _____

START DATE _____

ANTICIPATED END DATE _____

☐ I am unable to pay support because:

- ☐ I am disabled and have no income.
- ☐ I lost my job and have no income.
- ☐ Other:

_____

_____

☐ Some or all of the child(ren) have medical insurance through:

☐ Petitioner or Petitioner's employer:

_____

_____

PRINT CHILD(REN)'S NAME(S)

☐ Respondent or Respondent's employer:

_____

_____

PRINT CHILD(REN)'S NAME(S)

☐ Medicaid or DC Healthy Families:

_____

_____

PRINT CHILD(REN)'S NAME(S)

☐ I do not have my own medical insurance and/or I do not have medical insurance through my employer.

☐ I have been supporting the following child(ren):

CHILD'S NAME	WAYS YOU BEEN SUPPORTING THIS CHILD

☐ Other:

_____

_____

Request for Relief

I RESPECTFULLY REQUEST that [CHECK ALL THAT APPLY]

☐ The Court dismiss the Petition to Establish Paternity and/or for Child Support.

☐ The Court order a genetic test to determine paternity for the following child(ren) named in the Petition:

_____

_____

_____.

PRINT CHILD(REN)'S NAME(S)

☐ The Court consider the child(ren)'s needs, my ability to pay, and all other relevant factors under the Child Support Guideline of the District of Columbia and other applicable laws in setting the kind and amount of support.

☐ The Court order _____

_____

_____.

PRINT ANYTHING ELSE YOU WANT THIS COURT TO DO.

I ALSO REQUEST that the Court award any other relief it considers fair and proper.

[CHECK ONE]

☐ I *do not* know of any proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case.

☐ I *do* know of proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case, as listed on the first page of this Answer ("Related Cases").

Respectfully Submitted,

_____
SIGN YOUR NAME

_____
STREET ADDRESS

_____
CITY, STATE AND ZIP CODE

_____
TELEPHONE NUMBER

☐ SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.

I, _____, solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Petition to Establish Paternity and/or For Child Support and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

_____
SIGN YOUR NAME

_____
DATE

_____
PRINT YOUR NAME

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT

_____
PRINT PETITIONER'S/PLAINTIFF'S NAME

Case No. _____

PETITIONER/PLAINTIFF,

v.

_____
PRINT RESPONDENT'S/DEFENDANT'S NAME

RESPONDENT/DEFENDANT.

RULE 5
CERTIFICATE OF SERVICE

IF YOU HAVE ALREADY SERVED THE OTHER PARTY, YOU CAN FILL OUT AND FILE THIS CERTIFICATE OF SERVICE ON THE SAME DAY YOU FILE YOUR PAPERS.

IF YOU HAVE NOT ALREADY SERVED THE OTHER PARTY, YOU MUST FILL OUT AND FILE THIS CERTIFICATE OF SERVICE AFTER YOU SERVE THE OTHER PARTY.

I certify that I served a copy of my Answer to Petition to Establish Paternity and/or for Child Support to the other party or the other party's attorney on _____.
PRINT DATE OF SERVICE

The papers were delivered [CHECK ONE]

☐ **by handing it to the other party**

☐ **by first class mail to:**

_____
PRINT NAME OF PERSON SERVED WITH PAPERS

_____
STREET ADDRESS CITY, STATE AND ZIP CODE

☐ **by fax to:**

_____
PRINT NAME OF PERSON SERVED WITH PAPERS

_____
FAX NUMBER

☐ **by leaving a copy at the other party's workplace** with a clerk or person in charge, or because there was no one in charge, by leaving it in a conspicuous place:

_____
PRINT NAME OF PERSON SERVED WITH PAPERS

_____
STREET ADDRESS CITY, STATE AND ZIP CODE

☐ **by leaving a copy at the other party's home** with a person of suitable age and discretion who lives there:

_____
PRINT NAME OF PERSON SERVED WITH PAPERS

_____
STREET ADDRESS CITY, STATE AND ZIP CODE

_____ _____
SIGN YOUR NAME DATE

RULE 4(a)(2) and DC CODE §46-206
CERTIFICATE OF SERVICE

WHEN YOU FILE YOUR PETITION OR MOTION TO MODIFY, THE FAMILY COURT CENTRAL INTAKE CENTER WILL ISSUE A **NOTICE OF HEARING AND ORDER DIRECTING APPEARANCE** (NHODA) THAT YOU MUST SERVE ON THE OTHER PARTY WITH A COPY OF YOUR PETITION OR MOTION.

YOU MUST SERVE THE OTHER PARTY BEFORE THE HEARING DATE GIVEN ON YOUR NHODA.

HERE ARE THE WAYS YOU CAN SERVE THIS PETITION OR MOTION TO MODIFY AND THE NHODA:

- **by having someone else,** who is over 18 years old and not a party to the case (NOT you), **hand it to the other party;** or

- **by having someone else,** who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's home** with a person of suitable age and discretion who lives there; or

- **by having someone else,** who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's workplace** with a person of suitable age and discretion; or

- **by mailing it to the other party** by certified mail, return receipt requested and by first-class mail on the same day.

  IF THE RETURN RECEIPT ("GREEN CARD") COMES BACK TO YOU, AND IT IS SIGNED BY THE OTHER PARTY OR BY A PERSON OF SUITABLE AGE AND DISCRETION WHO LIVES WITH THE OTHER PARTY, FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER. IF THE RETURN RECEIPT ("GREEN CARD") DOES NOT COME BACK TO YOU, BUT THE FIRST-CLASS MAIL ALSO DOES NOT COME BACK TO YOU, THE SERVICE IS STILL OKAY.

AFTER YOU SERVE THE OTHER PARTY, YOU MUST COMPLETE THE CERTIFICATE OF SERVICE PORTION FOUND AT THE BOTTOM OF THE NHODA AND FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER.