SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
Domestic Relations Branch

_____
PRINT PLAINTIFF'S NAME

PLAINTIFF, DR _____

v.

_____ Judge _____
PRINT DEFENDANT'S NAME

DEFENDANT.

MOTION FOR TEMPORARY CUSTODY and/or ACCESS TO CHILDREN
Does the Other Party Consent to this Motion? ☐ yes ☐ no

I, _____, am the ☐ PLAINTIFF in this case.
PRINT YOUR NAME ☐ DEFENDANT

1. I believe it is in the best interests of the child(ren) for temporary custody to be as follows: [CHECK ONE]

☐ According to our written agreement.

☐ Joint legal custody & joint physical custody to me and the other party.

☐ Joint legal custody & sole physical custody.
[Sole *physical* custody ☐ TO ME
☐ TO THE OTHER PARTY]

☐ Sole legal custody & joint physical custody.
[Sole *legal* custody ☐ TO ME
☐ TO THE OTHER PARTY]

☐ Sole legal custody & sole physical custody.
[Sole *legal and physical* custody ☐ TO ME
☐ TO THE OTHER PARTY]

The presumption in favor of joint custody does not apply because there has been:

☐ an Intrafamily offense.
☐ child abuse.
☐ child neglect.
☐ parental kidnapping.

OR

☐ because joint custody is not in the best interest of the child(ren).

2. I believe it is in the best interests of the child(ren) for the other party to be with the child(ren) in this way:

☐ The other party and I will agree to a reasonable schedule.
☐ A specific schedule needs to be set.
☐ The other party's access to the children needs to be supervised.
☐ The other party should have no access to the children at all.

3. My reasons for asking this Court to do this are

Request for Relief

I RESPECTFULLY REQUEST that the Court award temporary custody of the child(ren) as requested above until the Court issues a final custody order in this case.

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

I ☐ DO / ☐ DO NOT request an oral hearing in front of the judge on this motion.

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.

If by consent:

_____ _____
OTHER PARTY'S SIGNATURE DATE

I, _____, solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Motion for Temporary Custody and/or Access to Children 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

POINTS AND AUTHORITIES IN SUPPORT OF MOTION FOR TEMPORARY CUSTODY and/or ACCESS TO CHILDREN

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b).
2. D.C. Code §§ 16-911(a)(5) and 16-914.
3. The record in this case.
4. The attached supporting document(s), if any.

   [LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

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 Motion for Temporary Custody and/or Access to Children 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

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT

_____,	:	
Plaintiff,	:	**Case No: _____**
v.	:	**Judge: _____**
_____,	:	
Defendant.	:	

ORDER

Upon consideration of the Motion to _____ filed by the Plaintiff/Defendant and any opposition thereto, it is, this _____ day of _____, 20___, HEREBY

ORDERED, that the Motion is granted; and it is further

ORDERED, that

_____
JUDGE

cc:

_____
Plaintiff's name

_____
Plaintiff's address

_____

_____
Defendant's name

_____
Defendant's address

_____