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

_____
PRINT PLAINTIFF'S NAME

PLAINTIFF,

v.

_____
PRINT DEFENDANT'S NAME

DEFENDANT.

_____DRB _____

RELATED CASES:

OPPOSITION TO MOTION

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

1. I respectfully ask that this Court deny the other party's Motion.

_____
PRINT NAME OF THE MOTION YOU OPPOSE

2. I would like this Court to deny the other party's Motion because:

Request for Relief

I RESPECTFULLY REQUEST that the Court deny the other party's Motion 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

_____
DATE

_____
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.

POINTS AND AUTHORITIES IN SUPPORT OF OPPOSITION TO MOTION

In support of this Opposition to Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b).
2. The record in this case.
3. 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

_____DRB _____

PETITIONER/PLAINTIFF,

RELATED CASES:

v.

_____
PRINT RESPONDENT'S/DEFENDANT'S NAME

RESPONDENT/DEFENDANT.

RULE 5
CERTIFICATE OF SERVICE

I certify that I served a copy of my Opposition to Motion to the other party or the other party's attorney on _____.
DATE OF SERVICE

The papers were delivered: [CHECK ONE]

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

☐ **by first class mail:**

☐ **by fax:**

☐ **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:

☐ **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/FAX # CITY, STATE AND ZIP CODE

_____ _____
SIGN YOUR NAME DATE