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 SERVICES
Does the Other Party Consent to this Motion? ☐ yes ☐ no

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

1. I respectfully ask this Court to

[CHECK ONLY THE SERVICES YOU ARE ASKING THE COURT TO ORDER]

☐ **Home Study:** Order that the D.C. Superior Court Social Services Division conduct a Home Study to determine the suitability of the home environment(s) in which the minor child(ren) may live for all or part of the time.

☐ **G.A.L.:** Appoint a Guardian ad Litem on behalf of the minor child(ren) or the person with a mental disability who is a party to or subject of this suit.

☐ **Mental Health Evaluation:** Order a Mental Health Evaluation of:
- ☐ PLAINTIFF
- ☐ DEFENDANT
- ☐ CHILD

☐ **Drug Testing:** Order Drug Testing through the DC Superior Court Pre-Trial Services Division for:
- ☐ PLAINTIFF
- ☐ DEFENDANT

2. There is good cause to grant my request because

Request for Relief

I RESPECTFULLY REQUEST that the Court grant my Motion for Services.

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 AND PHONE BECAUSE YOU FEAR HARASSMENT OR HARM.

POINTS AND AUTHORITIES IN SUPPORT OF MOTION FOR SERVICES

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b).
2. Super. Ct. Dom. Rel. R. 17(c) and 35.
3. D.C. Code § 16-918(b).
4. The record in this case.
5. 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 Court Services 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
Domestic Relations Branch

_____,	:	
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

_____