SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT

_____ PRINT PETITIONER'S/PLAINTIFF'S NAME	DR _____
PETITIONER/PLAINTIFF,	PS _____
v.	IV-D _____
_____ PRINT RESPONDENT'S/DEFENDANT'S NAME	Judge _____
RESPONDENT/DEFENDANT.	Judge _____

MOTION TO CONSOLIDATE CASES
Does the Other Party Consent to this Motion? ☐ yes ☐ no

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

1. This Court has the authority to decide my request to consolidate cases.

2. I am asking the Court to consolidate this case with other case(s) in the District of Columbia:

   a. _____ [CASE NAME AND NUMBER]

   b. _____ [CASE NAME AND NUMBER]

   c. _____ [CASE NAME AND NUMBER]

3. This Court should consolidate the cases because [CHECK ALL THAT APPLY]

   ☐ The cases involve the same subject matter.
   ☐ The cases involve the same parties.
   ☐ The cases involve members of the same family or household.

Request for Relief

I RESPECTFULLY REQUEST that the Court consolidate these cases.

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 NUMBER 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 Motion to Consolidate Cases 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 TO CONSOLIDATE CASES

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b) and 42(a) (2003).

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

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 to Consolidate Cases 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

_____