

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

DISTRICT OF COLUMBIA EX REL.

PRINT CHILD(REN)'S NAME(S)

OFFICE OF THE ATTORNEY GENERAL FOR DC
CHILD SUPPORT ENFORCEMENT DIVISION
441 4TH STREET NW, 5TH FLOOR NORTH
WASHINGTON, DC 20001

PS _____

IV-D _____

Judge _____

PETITIONER,

v.

Related Cases:

PRINT THE OTHER PARENT'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

RESPONDENT

MOTION TO INTERVENE IN CHILD SUPPORT CASE

Does the Office of the Attorney General Consent to this Motion? yes no

Does the Respondent Consent to this Motion? yes no

I, _____, am the MOTHER OF THE CHILD(REN) in this case.
PRINT YOUR NAME FATHER OF THE CHILD(REN)
 OTHER _____

1. This Court has the authority to decide my request to intervene as a Petitioner in this case.

2. A support order was entered in this case on _____.

PRINT DATE OF ORDER

3. That support order requires [CHECK ALL THAT APPLY]

that the Respondent pay current child support in the amount of \$_____.

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the Respondent pay past due child support in the amount of \$_____.

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the Respondent provide medical support in this way:

other:

4. The support order was entered for the following child(ren) that I have with the Respondent (through birth or adoption):

Child's Name	Current Address	Date of Birth	Gender

5. I have an interest in this case that is not adequately protected by the existing parties, and resolution of the case without me may impair or impede my ability to protect my interest.

6. I state the following about Temporary Assistance to Needy Families (TANF): [CHECK ONE]

I am currently receiving Temporary Assistance to Needy Families (TANF).

I am not currently receiving Temporary Assistance to Needy Families (TANF).

7. I state the following about Medicaid and DC Healthy Families: [CHECK ONE]

I am currently receiving Medicaid and/or DC Healthy Families.

I am not currently receiving Medicaid and/or DC Healthy Families.

Response of District of Columbia (Optional)

TO SPEED UP A DECISION ON THIS MOTION TO INTERVENE:

BEFORE FILING IT WITH THE PATERNITY & SUPPORT CLERK’S OFFICE, TAKE IT TO THE CHILD SUPPORT ENFORCEMENT DIVISION OF THE OFFICE OF THE ATTORNEY GENERAL FOR DC (OAG/CSED) AT 441 4TH STREET NW, SUITE 650 NORTH, WASHINGTON, DC 20001, FOR COMPLETION OF THIS SECTION.

____ The District of Columbia CONSENTS to the request to intervene as Petitioner, but REMAINS as Petitioner in this case with respect to any amounts owed to the District of Columbia for child or medical support.

____ The District of Columbia OPPOSES this request to intervene for the following reason(s):

SIGNATURE OF OAG/CSED REPRESENTATIVE

PRINT NAME OF OAG/CSED REPRESENTATIVE

Request for Relief

I RESPECTFULLY REQUEST that the Court grant me permission to intervene as a Petitioner in this case.

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

I Do request an oral hearing in front of the judge on this motion.

Do NOT

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.

POINTS AND AUTHORITIES IN SUPPORT OF MOTION TO INTERVENE

In support of this Motion, I refer to:

- 1. Super. Ct. Dom. Rel. R. 7(b) and 24(a) (2003).
- 2. The record in this case.
- 3. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

ORDER

Upon consideration of the above-captioned Motion to Intervene in Child Support Case, any and all supporting argument and documentation provided, and the record herein, it is this _____ day of _____, 20_____ hereby ORDERED that

_____ **The Motion is GRANTED. The case caption shall be amended to include this Petitioner.**

_____ **The Motion is DENIED.**

SO ORDERED.

DATE

JUDGE'S SIGNATURE

Copies to:

PETITIONER OR PETITIONER'S ATTORNEY

RESPONDENT OR RESPONDENT'S ATTORNEY

STREET ADDRESS

STREET ADDRESS

CITY, STATE AND ZIP CODE

CITY, STATE AND ZIP CODE

OFFICE OF THE ATTORNEY GENERAL

OTHER PARTY IN THIS CASE

STREET ADDRESS

STREET ADDRESS

CITY, STATE AND ZIP CODE

CITY, STATE AND ZIP CODE

**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 Intervene 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