

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

PRINT OTHER PARTY'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

PLAINTIFF,

v.

DR _____

Related Cases:

PRINT YOUR NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

SUBSTITUTE ADDRESS: CHECK BOX IF YOU
HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE
YOU FEAR HARASSMENT OR HARM.

DEFENDANT.

**CONTESTED ANSWER TO
COMPLAINT FOR CUSTODY and/or ACCESS TO CHILDREN**

AND

**COUNTERCLAIM FOR CUSTODY and/or ACCESS TO CHILDREN
Action Involving Child Support yes no**

I, _____, am the Defendant in this case.
PRINT YOUR NAME

1. I state the following about the child(ren) in this case:

Child's Full Name	Child's Date of Birth

2. I state the following about the other party's relationship to the child(ren) in this case:

[CHECK ONE]

- The other party is the biological or adoptive parent
- The other party is the child(ren)'s non-parent caretaker
- Other

3. I state the following about my relationship to the child(ren) in this case: [CHECK ONE]

- I am the biological or adoptive parent
- I am the child(ren)'s non-parent caretaker
- Other

4. With regard to this Court's authority to decide issues of child custody in this case,

[CHECK ONE]

- I AGREE that this Court has the authority to decide child custody in this case.
- I DISAGREE that this Court has the authority to decide child custody in this case, because _____.

5. The minor child(ren) currently live(s) at the following address(es) with the following person(s):

Child's Name	Current Address	Since What Date	Child Lived With (names)

6. During the last five years, or since birth for child(ren) under five years old, each child has lived at the following address(es) with the following person(s):

Child's Name	Previous Address	During What Dates	Child Lived With (names)

7. The current address of each person with whom the child(ren) lived previously:

Full Name	Current Address

8. I state the following about other cases involving the child(ren): [CHECK ONE]

There are no other cases concerning custody of, or access to, the child(ren), and there are no other cases that could affect this proceeding.

The following cases concern custody of, or access to, the child(ren), or could affect this proceeding:

custody

NAME & LOCATION OF COURT	CASE NUMBER	DATE OF ORDER, IF ANY
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abuse/neglect

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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access to children (access to children)

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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adoption

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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child support

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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divorce

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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domestic violence (civil)

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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domestic violence (criminal)

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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juvenile delinquency

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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mental health/retardation

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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paternity

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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termination of parental rights

NAME & LOCATION OF COURT	CASE NUMBER	NATURE OF PROCEEDING
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9. I state the following about other persons not named as parties to this case: [CHECK ONE]

I do not know of any other person not already named as a party to this case who is physically caring for the child(ren) or who claims a right to legal custody of, physical custody of, or access to, the child(ren).

The following person(s) not already named as a party to this case is/are physically caring for the child(ren), or claims a right to legal custody of, physical custody of, or access to the child(ren):

Name	Current Address

14. The other party has the legal obligation to contribute to the support of the eligible child(ren) in this case, including any adult disabled child(ren).

15. I state the following about Temporary Assistance to Needy Families: [CHECK ONE]

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

16. 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.

17. I state the following about child support: [CHECK ONE]

- There is no child support case or child support order.
- There is a child support case or child support order:

NAME & LOCATION OF COURT

CASE NUMBER

NATURE OF PROCEEDING

Request for Relief

I RESPECTFULLY REQUEST that [CHECK ALL THAT APPLY]

- The Court deny the other party's request for custody and/or access to children.
- The Court grant my request for custody and/or access to children.
- The Court award child support according to the Child Support Guideline of the District of Columbia and other applicable laws, including:
 - current child support (support starting today and continuing into the future)
 - retroactive child support (support for time before today)
 - medical support

AND

the Court hold a hearing on this Petition within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance to Respondent with the date and time of the hearing.

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

[CHECK ONE]

I *do not* know of any proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case.

I *do* know of proceedings in the District of Columbia or in any state or territory involving the same claim or subject matter as this case, as listed on the first page of this Complaint (“Related Cases”).

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.

I, _____, solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Answer to Complaint for 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

**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 Contested Answer to Complaint for Custody and/or Access and Counterclaim 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