

**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