

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

\_\_\_\_\_  
PRINT PETITIONER'S/PLAINTIFF'S NAME

PETITIONER/PLAINTIFF,  
v.

\_\_\_\_\_  
PRINT RESPONDENT'S/DEFENDANT'S NAME

RESPONDENT/DEFENDANT.

DR \_\_\_\_\_

PS \_\_\_\_\_

IV-D \_\_\_\_\_

Judge \_\_\_\_\_

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]

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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