

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

PRINT YOUR NAME

_____ DRB _____

PLAINTIFF,

Judge: _____

v.

PRINT THE OTHER PERSON'S NAME

DEFENDANT.

**MOTION FOR ENTRY OF DEFAULT JUDGMENT AND
AFFIDAVIT IN COMPLIANCE WITH SERVICEMEMBERS CIVIL
RELIEF ACT OF 2003**

I, _____, am the Plaintiff in this case and state that:
PRINT YOUR NAME

1. The Defendant was served with the Summons and Complaint in this case on _____
and proof of service was filed in the Clerk's office on _____.
DATE DATE
2. The Clerk of Court entered a default against the Defendant on _____.
DATE

IMPORTANT NOTE: If the Defendant did not appear for any hearings in this case, please complete paragraph 3 below. (If the Defendant attended a prior hearing in this case, you do not need to complete paragraph 3.)

3. I state the following about my efforts to comply with the Servicemembers Civil Relief Act of 2003:
 I *do* have personal knowledge that the Defendant is *not* currently in the armed forces of the United States and is *not* a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service. Further, to the best of my information and belief, the Defendant has *not* received notice of induction or notice to report for military service. I know the Defendant is not in the military based on the following facts:

I *do not* have personal knowledge of the Defendant's service obligations, but I have checked with the Defense Manpower Data Center, and verified that Defendant is *not* enlisted for service in its armed forces or a commissioned division and is also *not* a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service.

Request for Relief

I RESPECTFULLY REQUEST that the Court grant my Motion and schedule this matter for a default hearing.

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

I declare under penalty of perjury that the foregoing is true and correct.

If this document is to be signed outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands, and any territory or insular possession subject to the jurisdiction of the United States, additional requirements must be met prior to signing. See Super. Ct. Dom. Rel. R. 2(c)(1)(B).

SIGN YOUR NAME

PRINT YOUR NAME

HOME ADDRESS 1

HOME ADDRESS 2

DATE

PHONE NUMBER

EMAIL ADDRESS

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

DETERMINING THE DEFENDANT'S MILITARY STATUS

A. If you have the Defendant's Social Security Number and Internet Access

Go to the Defense Manpower Data Center site (<https://scra.dmdc.osd.mil/scra/#/home>) to confirm that the Defendant is not in the forces of the United States, a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service. You will be required to enter the last name and Social Security number of the individual. The form will also ask for a first name, middle initial and date of birth to aid in the search.

B. If you do not have Internet Access or the Defendant's Social Security Number

Make your request by mail. You can use the Defendant's date of birth if you do not have the social security number. Send your request with a self-addressed stamped envelope to:

Defense Manpower Data Center

Attn: Military Verification

1600 Wilson Blvd., Suite 400

Arlington, VA 22209-2593

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PLAINTIFF,

JUDGE: _____

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DEFENDANT.

**RULE 5
PROOF OF SERVICE FORM**

IF YOU HAVE ALREADY SERVED THE OTHER PARTY WITH A COPY OF YOUR PAPERS, YOU CAN FILL OUT AND FILE THIS PROOF OF SERVICE FORM AT THE SAME TIME THAT YOU FILE YOUR PAPERS.

IF YOU HAVE NOT ALREADY SERVED THE OTHER PARTY WITH A COPY OF YOUR PAPERS, YOU MUST FILL OUT AND FILE THIS PROOF OF SERVICE FORM AFTER YOU SERVE THE OTHER PARTY.

IF THE OTHER PARTY HAS A LAWYER IN THIS CASE, YOU MUST SERVE A COPY OF THE PAPERS TO THE LAWYER. IF THE OTHER PARTY DOES NOT HAVE A LAWYER, A COPY OF THE PAPERS SHOULD BE SERVED DIRECTLY TO THE OTHER PARTY.

1. I certify that on _____ I served copies of _____ to:

DATE OF SERVICE

NAME(S) OF PLEADING(S)

the other party, _____ **or**
NAME OF OTHER PARTY

the other party's attorney, _____, who represents _____.
NAME OF ATTORNEY NAME OF OTHER PARTY

2. I delivered copies of the papers by: [CHECK ONE]

handing them to the other party.

sending them to the other party by first class mail to the other party's last known address:

ADDRESS WHERE THE PAPERS WERE SENT

leaving them with a person of suitable age and discretion who lived with the other party at:

ADDRESS OR DESCRIPTION OF PLACE WHERE PAPERS WERE SERVED

This place is the other party's TEMPORARY RESIDENCE.

PERMANENT RESIDENCE.

OTHER: _____

SPECIFY OTHER TYPE OF RESIDENCE

I state the following about the person I gave the papers to (PROVIDE AS MANY DETAILS AS POSSIBLE):

Their name: _____

Their approximate age: _____

Their relationship to the other party is:

Spouse/partner

Family member (specify): _____

Roommate

Other: _____

leaving them at the other party's attorney's office with the attorney, a clerk or other person in charge:

PRINT NAME OF PERSON SERVED WITH PAPERS

TITLE OF PERSON SERVED

STREET ADDRESS

CITY, STATE AND ZIP CODE

sending them electronically through CaseFileXpress or some other electronic way agreed to by the other party in writing:

EMAIL ADDRESS OF OTHER PARTY (IF USED)

ELECTRONIC MEANS USED (FOR EXAMPLE: EMAIL, CASEFILEXPRESS)

some other way agreed to by the other party in writing:

SPECIFY HOW SERVICE WAS COMPLETED

I declare under penalty of perjury that the foregoing is true and correct.

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See Super. Ct. Dom. Rel. R. 2(c)(1)(B).

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