

**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.

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,

_____ DRB _____

Related Cases:

PRINT OTHER PARTY'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

OTHER DEFENDANT.

**ANSWER CONSENTING TO THIRD PARTY CUSTODY ORDER -
REVOCABLE AT WILL**

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

1. I agree with ALL of the statements regarding custody, numbered 1 - 13 in Plaintiff's Complaint for Custody and/or Access to Children.
2. *(If applicable)* I agree with the statements regarding child support, numbered 14 in Plaintiff's Complaint for Custody and/or Access to Children.
3. I understand the custody and visitation arrangement that Plaintiff is requesting and I consent to it.

4. I reserve the right to revoke my consent at any time.

- If I decide that I want custody of the child[ren] in this case, I can file a revocation of consent with the Court and serve it on the other parties;
- I understand that Plaintiff has the same right to revoke her/his consent;
- If I or Plaintiff file a revocation of consent, the award of custody to Plaintiff will be immediately vacated and of no further effect; AND
- I understand that if I revoke my consent, Plaintiff could ask the Court to issue a new custody order for the child[ren] at that time.

5. I agree to this custody arrangement voluntarily.

6. I also state that THERE ARE NO CONTESTED ISSUES for this Court to decide.

Request for Relief

I RESPECTFULLY REQUEST that the Court grant ALL the relief requested in Plaintiff's Complaint for Custody and/or Access to Children.

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 Answer ("Related Cases").

Respectfully Submitted,

SIGN YOUR NAME

DATE (mm/dd/yyyy)

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

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**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
PROOF 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.

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

I certify that on _____ I served a copy of _____ to:

DATE OF SERVICE

TITLE OF PLEADING

**the other party, or
the other party's attorney.**

The papers were delivered by: [CHECK ONE]

handing it to them

first class mail to their last known address;

STREET ADDRESS

CITY, STATE AND ZIP CODE

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

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

PRINT NAME OF PERSON SERVED WITH PAPERS

STREET ADDRESS

CITY, STATE AND ZIP CODE

sending it electronically through CaseFileExpress or some other electronic means agreed to by the other party in writing:

SPECIFY

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

SPECIFY

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 SCR-Dom. Rel. 2(c)(1)(B).

Respectfully Submitted,

SIGN YOUR NAME

DATE(mm/dd/yyyy)

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

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