

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
Parentage & Support Branch**

DISTRICT OF COLUMBIA EX REL.

PRINT CHILD(REN)'S NAME(S)

OFFICE OF THE ATTORNEY GENERAL FOR DC
CHILD SUPPORT ENFORCEMENT DIVISION
441 4TH STREET NW, 5TH FLOOR NORTH
WASHINGTON, DC 20001

PS _____

IV-D _____

Judge _____

PETITIONER,

v.

PRINT THE OTHER PARENT'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

RESPONDENT.

MOTION TO INTERVENE IN CHILD SUPPORT CASE

Does the Office of the Attorney General Consent to this Motion? yes no

Does the Respondent Consent to this Motion? yes no

I, _____, am the MOTHER OF THE CHILD(REN) in this case.
PRINT YOUR NAME FATHER OF THE CHILD(REN)
 OTHER _____

1. This Court has the authority to decide my request to intervene as a Petitioner in this case.

2. A support order was entered in this case on _____.
PRINT DATE OF ORDER

3. That support order requires [CHECK ALL THAT APPLY]

that the Respondent pay current child support in the amount of \$_____.

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

- that the Respondent pay past due child support in the amount of \$_____.
- Monthly
 - Semi-monthly (twice each month)
 - Bi-weekly (every two weeks)
 - Weekly

that the Respondent provide medical support in this way:

other:

4. The support order was entered for the following child(ren) that I have with the Respondent (through birth or adoption):

Child's Name	Current Address	Date of Birth	Gender

5. I have an interest in this case that is not adequately protected by the existing parties, and resolution of the case without me may impair or impede my ability to protect my interest.

6. I state the following about Temporary Assistance to Needy Families (TANF): [CHECK ONE]

I am currently receiving Temporary Assistance to Needy Families (TANF).

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

7. 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.

8. I do / 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. Please list s docket number for cases involving the same claim or subject matter.

Court	Case Number	Case Type

Response of District of Columbia (Optional)

TO SPEED UP A DECISION ON THIS MOTION TO INTERVENE:

BEFORE FILING IT WITH THE PARENTAGE & SUPPORT CLERK’S OFFICE, TAKE IT TO THE CHILD SUPPORT ENFORCEMENT DIVISION OF THE OFFICE OF THE ATTORNEY GENERAL FOR DC (OAG/CSED) AT 441 4TH STREET NW, SUITE 650 NORTH, WASHINGTON, DC 20001, FOR COMPLETION OF THIS SECTION.

The District of Columbia **CONSENTS** to the request to intervene as Petitioner, but **REMAINS** as Petitioner in this case with respect to any amounts owed to the District of Columbia for child or medical support.

The District of Columbia **OPPOSES** this request to intervene for the following reason(s):

SIGNATURE OF OAG/CSED REPRESENTATIVE

PRINT NAME OF OAG/CSED REPRESENTATIVE

Request for Relief

I RESPECTFULLY REQUEST that the Court grant me permission to intervene as a Petitioner in this case.

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

I Do request an oral hearing in front of the judge on this motion.
 DO NOT

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

DATE

PRINT YOUR NAME

PHONE NUMBER

HOME ADDRESS 1

EMAIL ADDRESS

HOME ADDRESS 2

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

POINTS AND AUTHORITIES IN SUPPORT OF MOTION TO INTERVENE

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b) and 24(a) (2003).
2. The record in this case.
3. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

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

PRINT PLAINTIFF'S NAME

_____ DRB _____

PLAINTIFF,

JUDGE: _____

v.

PRINT DEFENDANT'S NAME

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.

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.

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