

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

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.

PLAINTIFF,

v.

PRINT OTHER PARTY'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DEFENDANT 1.

_____DRB_____

JUDGE: _____

PRINT OTHER PARTY'S NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

DEFENDANT 2.

**COMPLAINT FOR THIRD PARTY CUSTODY and/or VISITATION
Action Involving Child Support yes no**

I, _____, am the Plaintiff in this case, and I am asking the
PRINT YOUR NAME

Court for [CHECK ONE] custody (I want responsibility for raising the child(ren))

visitation (I want the opportunity to visit with the child(ren))

1. The child(ren) in this case:

Child's Full Name	Child's Date of Birth	Gender

2. My relationship to the child(ren) in this case: [CHECK ONE]

- I am or seek to be the caretaker. My relationship to the child(ren) is: _____ (e.g. grandparent, brother, aunt, etc.).
or
- Other _____.

3. The other party's/parties' relationship to the child(ren) in this case:

_____: [CHECK ONE]
PRINT FIRST OTHER PARTY'S NAME

- The above party is the biological or adoptive parent.
or
- The above party is the caretaker. His/Her relationship to the child(ren) is _____ (e.g. grandparent, brother, aunt, etc.)
or
- Other _____.

_____: [CHECK ONE]
PRINT SECOND OTHER PARTY'S NAME (IF APPLICABLE)

- The above party is the biological or adoptive parent.
or
- The above party is the caretaker. His/Her relationship to the child(ren) is _____ (e.g. grandparent, brother, aunt, etc.)
or
- Other _____.

4. I have standing to bring this action because: [CHECK ALL THAT APPLY]

- The parent who is or has been the primary caretaker of the child within the past 3 years consents to my complaint.
- I have lived in the same household as the child for at least 4 of the last 6 months or, if the child is under the age of 6 months, for at least half of the child's life; and I have primarily assumed the duties and obligations for which a parent is legally responsible, including providing the child with food, clothing, shelter, education, financial support, and other care to meet the child's needs.
- I am living with the child and I need custody to prevent harm to the child, because, [PROVIDE SPECIFIC REASONS]:
- Other:

5. This Court is the proper place to decide issues of child custody because: [CHECK ONE]

- Home State.** The District of Columbia is the child(ren)'s "home state" because the child(ren) currently live(s) in the District of Columbia *AND* has/have lived in the District of Columbia for at least six months immediately before filing this Complaint.
- Home State.** The child(ren) do not currently live in the District of Columbia, *BUT* the District of Columbia was the "home state" *AND* the child(ren) has/have been away from the District of Columbia for less than six months before the filing of this Complaint *AND* a parent or a person acting as a parent continues to live in the District of Columbia.
- Significant Connections.** There is no "home state" or the "home state" has declined to exercise jurisdiction on the grounds that the District of Columbia is the more appropriate forum *AND* the child(ren) and at least one parent or person acting as a parent has a significant connection with the District of Columbia *AND* there is substantial evidence available in the District of Columbia concerning the child(ren)'s care, protection, training and personal relationships.
- More Appropriate Court.** All courts with jurisdiction have declined to exercise their jurisdiction in favor of the District of Columbia because this is the more appropriate Court to determine custody of the child(ren).

No Other Court. There is no other court with jurisdiction to determine custody of the child(ren).

Temporary Emergency Jurisdiction. The District of Columbia is not the “home state” *BUT* the child(ren) is/are present in the District of Columbia *AND* the child(ren) has/have been abandoned *OR* it is necessary in an emergency to protect the child(ren) because the child(ren), or a sibling or parent of the child(ren), is/are subjected to or threatened with mistreatment or abuse.

6. The minor child(ren) currently live(s) at the following address(es) with the following person(s): [USE ONLY ONE ENTRY FOR MULTIPLE CHILDREN LIVING AT THE SAME ADDRESS]

Child(ren)’s Name(s)	Current Address	Since What Date	Child Lives With (names)

7. Over the last five years, the child(ren) have lived in the following places, with the following persons: [USE ONLY ONE ENTRY FOR MULTIPLE CHILDREN WHO PREVIOUSLY LIVED AT THE SAME ADDRESS]

Child(ren)’s Name(s)	Previous Address	During What Dates	Child(ren) Lived With (name and current address)

8. The following people, who are not parties to this case, have physical custody of, or claim rights of legal or physical custody of, or visitation with the child(ren):

Name	Current Address

9. I was was not a party or witness or participant of any kind in any other proceeding concerning the custody of or visitation with the child(ren).

10. Legal Custody. I am a fit and proper person to have legal custody of the minor child(ren) and make decisions about their well-being, and I believe that it is in the best interest of the minor child(ren) that I be awarded: [CHECK ONE]

- joint legal custody with: _____
PRINT NAME OF PARTY/PARTIES
- sole legal custody

11. Physical Custody. I am a fit and proper person to have physical custody of the minor child(ren) and to have responsibility and control of the child(ren), and I believe that it is in the best interest of the minor child(ren) that I be awarded: [CHECK ONE]

- joint physical custody with: _____
PRINT NAME OF PARTY/PARTIES
- sole physical custody
- visitation

12. I state the following about visitation: [CHECK ALL THAT APPLY]

- We can work out a visitation schedule on our own.
- We need a specific schedule of visitation
- Any visitation should be supervised because _____.
- The other party should not receive any visitation because _____.

13. I state the following about child support: [CHECK ONE]

- I am I am not seeking child support on behalf of the child(ren).

14. 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

Request for Relief

I RESPECTFULLY REQUEST that the Court: [CHECK ALL THAT APPLY]

Grant me: sole physical custody
 joint physical custody with _____
PRINT NAME OF PARTY/PARTIES

Grant me: sole legal custody
 joint legal custody with _____
PRINT NAME OF PARTY/PARTIES

Allow _____ to visit with the child(ren).
PRINT NAME OF PARTY/PARTIES

Allow only supervised visitation for _____.
PRINT NAME OF PARTY/PARTIES

Allow no visitation for _____.
PRINT NAME OF PARTY/PARTIES.

Award child support according to the Child Support Guideline of the District of Columbia and other applicable laws, including:
 current child support (support starting today and continuing into the future)
 retroactive child support (support for time before today)
 health insurance

Hold a hearing on my request for child support within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NOHODA”) to the other party with the date and time of the hearing.

Note that we have a written agreement.
Please: *include* our written agreement as a part of its order.
 do not include our written agreement as a part of its order.

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

DATE

PRINT YOUR NAME

PHONE NUMBER

HOME ADDRESS 1

EMAIL ADDRESS

HOME ADDRESS 2

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BECAUSE YOU FEAR HARASSMENT OR HARM.



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
 500 INDIANA AVENUE, NW, WASHINGTON, D.C. 20001
 (202) 879-1010 | <https://www.dccourts.gov>

CONFIDENTIAL INFORMATION FORM

*(This form will be returned to the filer or destroyed immediately
 after the information is entered into the Court's case management system)*

Case Caption: _____ Case No.: _____

	Plaintiff/Petitioner	Defendant/Respondent
Full Name (First, Middle, Last)		
Date of Birth (Month, Day, Year)		
Telephone Number(s)	Home: _____ Cell/Mobile: _____ Work: _____	Home: _____ Cell/Mobile: _____ Work: _____
Email Address		
Ethnicity	<input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic, Latino/a, or Spanish <input type="checkbox"/> Non-Hispanic
Race <i>Select one or more</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other

Pursuant to Superior Court of the District of Columbia Administrative Order 15-14, a party filing a case in the Superior Court shall submit this form with any initial pleading except for a charging document. Any date of birth, social security number, or driver's license number provided on the Information Sheet shall be kept confidential, shall not be made part of any public record, and shall be used only for the Superior Court's internal business purposes. The Confidential Form shall not be retained in the case file and shall be shredded or otherwise destroyed within a reasonable time after the case is entered into the case management system. If any identifying information becomes available after the case has been initiated, the party must submit an updated Confidential Form.

	Plaintiff/Petitioner	Defendant/Respondent
Police Department Identification Number (PDID)		
Social Security Number or Taxpayer Identification Number		
Date of Death (if applicable)		
Are you a participant of the Address Confidentiality Program managed by the Office of Victim Services and Justice Grants?	<input type="checkbox"/> YES <input type="checkbox"/> NO Please attach a copy of your Authorization Card to this form. If submitting the confidential form electronically, please attach your Authorization Card via email.	
Interpreter Needed?	Interpreter needed for: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed.	Interpreter needed for: <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____ <input type="checkbox"/> No interpreter needed.
ADA or Other Accommodation Needed?	<input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assisted Listening Device <input type="checkbox"/> Braille <input type="checkbox"/> Communication Access Real-time Translation <input type="checkbox"/> Court Comfort Dog <input type="checkbox"/> Literacy Assistance <input type="checkbox"/> Service Animal <input type="checkbox"/> Visually Impaired-Large Print <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____

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DOMESTIC VIOLENCE CASES only

Please indicate if any of the information below is **CONFIDENTIAL** from the defendant/respondent.

	Plaintiff/Petitioner	Defendant/Respondent
<p>Address</p> <p>If your address is confidential from respondent, please give a substitute/safe address where the court can reach you</p>		
<p>Demographics</p>	<p>Race:_____ Sex:_____</p> <p>Height:_____ Weight:_____</p> <p>Eye Color:_____ Hair Color: _____</p>	<p>Race:_____ Sex:_____</p> <p>Height:_____ Weight:_____</p> <p>Eye Color:_____ Hair Color: _____</p>
<p>Driver's License Number (Optional)</p>		
<p>Place of Employment and Address (If applicable)</p>		
<p>Additional Questions</p>	<p>Did the police arrest the respondent in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When is the best time to serve the other party (<i>when are they there</i>)?_____ (am/pm)</p> <p>List any other address to serve Respondent (<i>other than one previously listed</i>) _____</p> <p>What is the best time to reach you (<i>when are you able to pick up a call</i>)?_____ (am/pm)</p>	

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FAMILY COURT CASES only

	Plaintiff/Petitioner	Defendant/Respondent
Driver's License Number		
Child's Name	Name(s) of Child(ren): _____ _____ _____	Name(s) of Child(ren): _____ _____ _____
Other's Name and Relationship	Name: _____ Relationship: _____	Name: _____ Relationship: _____
Type of case you are filing		
List other cases you have in this Court	Case Type: _____ Case Number: _____	Case Type: _____ Case Number: _____
List cases you have in another Court	Case Type: _____ Case Number: _____	Case Type: _____ Case Number: _____
Do you have an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the attorney's name? _____

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Are you afraid of the party that you are filing against?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you fear for your safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have children, do you fear for their safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your children been hurt, harmed or threatened to be hurt or harmed by the other party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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