

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

PRINT PLAINTIFF'S NAME

PLAINTIFF,

v.

_____ DRB _____

Judge _____

PRINT DEFENDANT'S NAME

DEFENDANT.

**MOTION FOR TEMPORARY ALIMONY
Does the Other Party Consent to this Motion? yes no**

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

1. I live at _____
STREET ADDRESS CITY, STATE AND ZIP CODE

by myself; or

with the following children and/or adults:

2. I am _____ **years old and I am currently** [CHECK ONE]

not employed;

employed by _____ and earning \$ _____ per _____

3. My spouse lives at _____
STREET ADDRESS CITY, STATE AND ZIP CODE

4. My spouse is currently [CHECK ONE]

not employed.

employed by _____ and earning \$_____ per _____

I do not know about my spouse's employer and earnings.

5. Right now, my spouse is providing the following support to me: [CHECK ONE]

none.

pays some expenses, including rent or house payment
 utilities
 food
 other.

pays me \$_____ per _____

other _____

6. There is a history of physical, emotional or financial abuse by my spouse against me.

7. I need alimony because: _____.

Request for Relief

I RESPECTFULLY REQUEST that:

1. The Court require my spouse to pay me temporary alimony, in a manner that is equitable, just and reasonable, until the time the Court enters a final order or judgment of divorce.

2. The Court make the temporary alimony retroactive to the date I filed this Motion and require that any past amount be paid to me in such a way as the Court determines is fair and reasonable.

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.

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 FOR TEMPORARY ALIMONY**

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b).
2. D.C. Code §§ 16-911(a)(1) and 16-913(d).
3. The record in this case.
4. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

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_____ DRB _____

PLAINTIFF,

JUDGE: _____

v.

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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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SIGN YOUR NAME

DATE

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PHONE NUMBER

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EMAIL ADDRESS

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