

DISTRICT OF COLUMBIA EX REL.

\_\_\_\_\_

PRINT CHILD(REN)'S NAME(S)

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

PS \_\_\_\_\_

IV-D \_\_\_\_\_

Judge \_\_\_\_\_

PETITIONER,

v.

Related Cases:

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.

**Response of District of Columbia (Optional)**

**TO SPEED UP A DECISION ON THIS MOTION TO INTERVENE:**

**BEFORE FILING IT WITH THE PATERNITY & 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 4<sup>TH</sup> 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  Do NOT request an oral hearing in front of the judge on this motion.

Respectfully Submitted,

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSTITUTE ADDRESS:** CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS AND PHONE NUMBER 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]

**ORDER**

Upon consideration of the above-captioned Motion to Intervene in Child Support Case, any and all supporting argument and documentation provided, and the record herein, it is this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ hereby ORDERED that

**The Motion is GRANTED. The case caption shall be amended to include this Petitioner.**

**The Motion is DENIED.**

**SO ORDERED.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JUDGE'S SIGNATURE

Copies to:

\_\_\_\_\_  
**PETITIONER OR PETITIONER'S ATTORNEY**

\_\_\_\_\_  
**RESPONDENT OR RESPONDENT'S ATTORNEY**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
**OFFICE OF THE ATTORNEY GENERAL**

\_\_\_\_\_  
**OTHER PARTY IN THIS CASE**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**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  
CERTIFICATE 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.**

**I certify that I served a copy of my Motion to Intervene to the other party or the other party's attorney on \_\_\_\_\_.**  
PRINT DATE OF SERVICE

**The papers were delivered [CHECK ONE]**

**by handing it to the other party**

**by first class mail to:**

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**by fax to:**

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
FAX NUMBER

**by leaving a copy at the other party's workplace** with a clerk or person in charge, or because there was no one in charge, by leaving it in a conspicuous place:

\_\_\_\_\_  
PRINT NAME OF PERSON SERVED WITH PAPERS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**by 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

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
DATE



