SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

**FAMILY COURT**

**Domestic Relations Office**

**Paternity and Support Office**

**PRAECIPE**

**Juvenile and Neglect Office**

**Mental Health and Habilitation Office**

**Counsel for Child Abuse and Neglect**

|  |  |  |  |
| --- | --- | --- | --- |
| Jacket No. : | [XXXX]-DRB-[XXX] | Date: | [DATE] |
|  | [JUDGE NAME] |

|  |
| --- |
| [NAME of CLIENT - THIRD PARTY PLAINTFF OR PLAINTIFF-INTERVENOR] |
| *(Plaintiff or Petitioner)*   |
| vs. |
| [NAME OF DEFENDANT MOTHER] and [NAME OF DEFENDANT FATHER] |
| *(Defendant or Respondent)*  |

|  |
| --- |
| **The Clerk of the Court will please note the following:** Please enter the appearance of [ATTORNEY NAME] of [FIRM NAME] as counsel for [THIRD PARTY PLAINTFF OR PLAINTIFF-INTERVENOR, NAME] |
| Attorney’s Name: (Please Print) | Attorney’s Name: (Please Print) |
|  |  |  Plaintiff or Petitioner |  |  |  Defendant |
|  |  |  |  |  |  |
|  |  |  Government |  |  |  Respondent |
|  |  |
| Mailing Address:  |  |
| E-Mail Address:  | E-Mail Address |
| Attorney’s Signature: | Attorney’s Signature: |
| Registration No. (Bar No.) | Telephone No.  Fax | Registration No. | Telephone No.  |

Form FD-358/Apr.02

# Certificate of Service

I hereby certify that true and correct copies of the foregoing praecipe of appearance were [e-served via Case FileXpress OR mailed by first-class mail, postage pre-paid, upon the following individuals on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 2013:

[BIO MOM ***OR*** BIO MOM ATTY, IF REPRESENTED]

[FIRM]

[ADDRESS]

[CITY, STATE ZIP]

*Birth Mother* [or *Counsel for Birth Mother*]

[BIO DAD ***OR*** BIO DAD ATTY, IF REPRESENTED]

[FIRM]

[ADDRESS]

[CITY, STATE ZIP]

*Birth Father* [or *Counsel for Birth Father*]

[OTHER PARTY NAME OR COUNSEL NAME]

[FIRM]

[ADDRESS]

[CITY, STATE ZIP]

*Counsel for* [OTHER PARTY]

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

[ATTORNEY NAME]

 *Guardian ad litem*