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. : | N-\_\_\_\_\_\_\_\_, N-\_\_\_\_\_\_\_ | | Date: | |  |
|  | | | |  | |
| Social File No.: | | \_\_\_JSF\_\_\_\_\_, \_\_JSF\_\_\_, | [JUDGE NAME] | | |

|  |
| --- |
|  |
| In the Matter of |
|  |
| [CHILD(REN)’S FULL NAME(S)] |
| *(Respondents).* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The clerk of said court will please note: | | |  | | | | |
| Please enter the appearance of [ATTORNEY NAME] of [FIRM] on behalf of [PETITIONER/PLAINTIFF]. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Attorney’s Name: (Please Print) | | | | Attorney’s Name: (Please Print) | | | |
|  | x | Plaintiff or Petitioner | |  | |  | Defendant |
|  |  |  | |  | |  |  |
|  |  |  | |  | |  | Respondent |
|  | | | |  | | | |
| Mailing Address: | | | | Mailing Address: | | | |
| E-Mail Address: | | | | E-Mail Address | | | |
| Attorney’s Signature: | | | | Attorney’s Signature: | | | |
| Registration No.  D.C. 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 was e-served via Case FileXpress upon the following individuals on this \_\_\_\_\_ day of [MONTH] [YEAR]:

[AAG NAME], Esq.

Assistant Attorney General

200 I Street S.E.

Washington, D.C. 20003

[SOCIAL WORKER NAME]

Ongoing Social Worker

Child and Family Services Agency

200 I Street S.E.

Washington, D.C. 20003

[GAL NAME], Esq.

[ADDRESS]

[PHONE/FAX]

[EMAIL]

Guardian *ad Litem*

[ATTY NAME], Esq.

[ADDRESS]

Counsel for Mother

[ATTY NAME], Esq.

[ADDRESS]

Counsel for Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ATTORNEY NAME] (D.C. Bar No. [#######]

[FIRM]

[ADDRESS]

[CITY, STATE ZIP]

[PHONE/FAX]

[EMAIL]

*Counsel for* [CLIENT’S INITIALS]