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]