

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

\_\_\_\_\_  
PRINT PETITIONER'S/PLAINTIFF'S NAME

PETITIONER/PLAINTIFF,

v.

\_\_\_\_\_  
PRINT RESPONDENT'S/DEFENDANT'S NAME

RESPONDENT/DEFENDANT.

PS \_\_\_\_\_

DR \_\_\_\_\_

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

Judge \_\_\_\_\_

**MOTION FOR CONTEMPT OF CHILD SUPPORT ORDER**

**Does the Other Party Consent to this Motion?  yes  no**

I, \_\_\_\_\_, am the  PLAINTIFF/PETITIONER in this case.  
PRINT YOUR NAME  DEFENDANT/RESPONDENT

1. This Court has the authority to decide my request for a finding of contempt.
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 other party pay current child support in the amount of \$ \_\_\_\_\_

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the other party pay past due child support in the amount of \$ \_\_\_\_\_

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the other party provide medical support in this way:

other:

4. The support order was entered for the following child(ren) that I have with the other party (through birth or adoption):

Child's Name	Current Address	Date of Birth	Gender

5. Since the support order was entered, the other party has been able to comply with the order, but has failed to comply with it as follows [CHECK ALL THAT APPLY]

Non-payment of current child support. Last payment received \_\_\_\_\_  
PRINT DATE, IF KNOWN

Non-payment of past due child support. Last payment received \_\_\_\_\_  
PRINT DATE, IF KNOWN

- Non-payment of medical support and/or non-enrollment in medical insurance.
- Other:

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.

### Request for Relief

**I RESPECTFULLY REQUEST that the Court** [CHECK ALL THAT APPLY]

- Hold the other party in contempt of court for failure to provide support.
- Order the other party to spend time in jail until s/he pays the amount of money (“purge amount”) set by the Court after a hearing on this Motion.
- Other

**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 solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing Motion for Contempt and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

Respectfully Submitted,

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SIGN YOUR NAME

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STREET ADDRESS

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CITY, STATE AND ZIP CODE

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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 FOR CONTEMPT OF CHILD SUPPORT ORDER**

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b) (2003).
2. D.C. Code § 11-944 (2001).
3. Bolden v. Bolden, 376 A.2d 430, 432 (D.C. 1977); Smith v. Smith, 427 A.2d 928, 931 (D.C. 1981).
4. The record in this case.
5. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

**CERTIFICATE OF SERVICE  
for Motions for Contempt of Court**

HOW YOU SERVE THIS MOTION FOR CONTEMPT ON THE OTHER PARTY DEPENDS ON WHETHER YOU REQUESTED AND RECEIVED A NOTICE OF MOTION OR NOTICE OF HEARING AND ORDER DIRECTING APPEARANCE (NHODA) WHEN YOU FILED YOUR MOTION FOR CONTEMPT.

**“Notice of Motion” Service:  
How to Serve if the Final Order in this Case Was Issued 60 or More Days Ago**

IF YOU REQUESTED AND RECEIVED A NOTICE OF MOTION WHEN YOU FILED THIS MOTION FOR CONTEMPT, YOU MUST SERVE THE NOTICE OF MOTION ON THE OTHER PARTY WITH A COPY OF THIS MOTION.

YOU MUST SERVE THE OTHER PARTY BEFORE THE HEARING ON YOUR MOTION.

AFTER YOU SERVE THE OTHER PARTY, YOU MUST COMPLETE THE CERTIFICATE OF SERVICE PORTION FOUND AT THE BOTTOM OF THE NOTICE OF MOTION AND FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER.

**“NHODA” Service:  
How to Serve if You Want the Court to Be Able to Issue a Bench Warrant**

IF YOU REQUESTED AND RECEIVED A NHODA WHEN YOU FILED THIS MOTION FOR CONTEMPT, YOU MUST PERSONALLY SERVE THE NHODA ON THE OTHER PARTY WITH A COPY OF THIS MOTION.

YOU MUST SERVE THE OTHER PARTY BEFORE THE HEARING ON YOUR MOTION.

**AFTER YOU SERVE THE OTHER PARTY, YOU MUST COMPLETE THE CERTIFICATE OF SERVICE PORTION FOUND AT THE BOTTOM OF THE NHODA AND FILE IT WITH THE DOMESTIC RELATIONS CLERK’S OFFICE.**

**“Rule 5” Service:  
How to Serve if Your Case is Still Open and  
You Do Not Care if the Court is Able to Issue a Bench Warrant**

**I certify that I served a copy of my Motion for Contempt 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

