

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
Domestic Relations Branch**

PRINT YOUR NAME

PLAINTIFF,

v.

PRINT THE OTHER PERSON'S NAME

DEFENDANT.

DRB

RELATED CASES:

**AFFIDAVIT IN SUPPORT OF DEFAULT AND COMPLIANCE WITH
SERVICEMEMBERS CIVIL RELIEF ACT OF 2003**

I, _____, am the Plaintiff in this case and state that:
PRINT YOUR NAME

1. The Defendant was served with the Summons and Complaint in this case on _____
and proof of service was filed in the Clerk's office on _____.
DATE DATE

2. The Defendant has not filed an Answer with the Court, has not otherwise appeared in this case

and the time for filing an Answer has now expired.

3. There has been compliance with the Servicemembers Civil Relief Act of 2003 as follows:

☐ I *do* have personal knowledge that the Defendant is *not* currently in the armed forces of the United States and is *not* a commissioned officer in the National Oceanic and Atmospheric Administration or the Public Health Service. Further, to the best of my information and belief, the Defendant has *not* received notice of induction or notice to report for military service.

I know that the Defendant is not in the military based on the following facts:

OR

☐ I *do not* have personal knowledge of the Defendant's service obligations, but I have checked with the Defense Manpower Data Center, the National Oceanic and Atmospheric Administration and the U.S. Public Health Service and verified that Defendant is *not* enlisted for service in the armed forces or a commissioned division and is *not* a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service.

I RESPECTFULLY REQUEST that the Clerk enter a default judgment and set the matter for a hearing as soon as possible.

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

Respectfully Submitted,

SIGN YOUR NAME

DATE (mm/dd/yyyy)

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

☐ SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS BECAUSE YOU FEAR HARASSMENT OR HARM.

DETERMINING THE DEFENDANT'S MILITARY STATUS

A. If You Have Internet Access

Go to https://www.dmdc.osd.mil/appj/scra/single_record.xhtml, the Defense Manpower Data Center site, to confirm that the Defendant is not in the armed forces of the United States, a commissioned officer of the National Oceanic and Atmospheric Administration or the Public Health Service. You will be required to enter the last name and either the Social Security number or birth date of the individual. The form will also ask for a first and middle name to aid in the search.

B. If You Do Not Have Internet Access

Make your request by mail and use the Defendant's date of birth and/or Social Security number. Send your request to:

Defense Manpower Data Center
Attn: Military Verification
1600 Wilson Blvd., Suite 400
Arlington, VA 22209-2593

Remember to send a stamped, self-addressed envelope with your mail request.