

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

PRINT YOUR NAME

_____DRB_____

PLAINTIFF,

RELATED CASES:

v.

PRINT THE OTHER PERSON'S NAME

DEFENDANT.

**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 of 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 *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 its 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

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 the Defendant's Social Security Number and Internet Access

Go to <https://www.dmdc.osd.mil/appj/scra/index.jsp>, the Defense Manpower Data Center site, to confirm that the Defendant is not in the 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 social security number of the individual. The form will also ask for a first name, middle initial and date of birth to aid in the search. You can get further information by going to the "Help" section of the website.

B. If you do not have the Defendant's Social Security Number or Internet Access

Make your request by mail and use the Defendant's date of birth if you do not have the 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.