

UNITED STATES DISTRICT AND BANKRUPTCY COURTS
FOR THE DISTRICT OF COLUMBIA

DO NOT SUBMIT THIS SAMPLE FORM FOR FILING

YOUR NAME
YOUR FACILITY ADDRESS
CITY, STATE & ZIP CODE
YOUR PRISONER IDENTIFICATION NO.

VS.

CIVIL ACTION NO. (To be filled in by Party)

Jury Trial: (Yes or No)

DEFENDANT(S) NAME(S)
THEIR ADDRESS
CITY, STATE & ZIP CODE

MOTION

(TITLE OF REQUEST)

STATE IN THE BODY OF THE MOTION WHAT YOU WOULD LIKE TO REQUEST THE COURT TO DO.

INCLUDE EXHIBITS, IF NECESSARY.

THE MOTION SHALL INCLUDE OR BE ACCOMPANIED BY YOUR STATEMENT OF POINTS AND AUTHORITIES, (REFER TO LCvR 7(a)).

ATTACH YOUR PROOF OF SERVICE, (REFER TO LCvR 5.3).

DATE

ORIGINAL SIGNATURE (IN PEN)

YOUR NAME
YOUR FACILITY ADDRESS
CITY, STATE & ZIP CODE

UNITED STATES DISTRICT AND BANKRUPTCY COURTS
FOR THE DISTRICT OF COLUMBIA

PLAINTIFF

Address (No Post Office Boxes)

City State Zip Code

VS.

CIVIL ACTION NO. _____

Jury Trial: Yes No

DEFENDANT

Address (No Post Office Boxes)

City State Zip Code

MOTION

Signature

Name (if applicable, Prisoner ID No.)

Address/Facility Address

City State Zip Code