



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
CIVIL DIVISION, LANDLORD AND TENANT BRANCH
Bldg. B, 510 4th Street, NW, RM. 110
Washington, DC 20001 Telephone (202) 879-4879**

Plaintiff
vs.

_____ LTB _____

Defendant

MOTION

Motion of _____ for/to (Explain **what** you want the Court to do. You may attach additional pages.) _____

POINTS AND AUTHORITIES

(Explain **why** the court should grant your motion. Include facts and references to the law. You may attach additional pages.)

NOTICE OF HEARING/HEARING REQUEST

(Check only one.)

- The Clerk of the Court has scheduled this motion for a hearing on (date) _____ at 10:30 a.m. in Courtroom B-53. I have confirmed this date with the Clerk of the Court.
- A jury trial has been requested in this case, and pursuant to SCR LT Rule 13-1, this motion will be decided by the assigned judge, and (check one): Oral Hearing Requested Oral Hearing is **NOT** Requested
- This is a motion to alter, amend, or for relief from a ruling or sanction, it will be decided by the judge who issued the ruling or sanction, and (check one): Oral Hearing Requested Oral Hearing is **NOT** Requested

CERTIFICATE OF SERVICE

(Check only one.)

- On (date) _____ I hand-delivered a copy of this motion to the other parties in this case or their attorneys, listed below, before filing this motion with the Clerk of the Court.
- The Clerk of the Court will please mail a copy of this motion to the other parties in this case or their attorneys, listed below (only parties without attorneys may check this box).
- On (date) _____, I mailed this motion to the other parties in this case or their attorneys, listed below (only attorneys may check this box), before filing this motion with the Clerk of the Court.

ADDRESSES OF OPPOSING PARTIES

(List all other parties. If a party has an attorney, you must list the attorney instead of the party. You may attach additional pages.)

Name

Name

Street Address

Street Address

City, State, ZIP

City, State, ZIP

SIGNATURE AND ADDRESS OF MOVING PARTY/ATTORNEY

Signature

Street Address

Printed Name and Bar Number (if applicable)

City, State, ZIP

Phone Number

Email Address

Are additional pages/exhibits attached? (check one) No Yes, _____ pages are attached.