



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**

Civil Division – Small Claims and Conciliation Branch

510 4<sup>th</sup> Street, N.W., Court Building B, Room 120, Washington, D.C. 20001

Telephone Number: (202) 879-1120 Website: www.dccourts.gov

\_\_\_\_\_  
Plaintiff(s)

v.

*(The information collected on this form is used solely for court administration and statistical purposes.)*

\_\_\_\_\_  
Defendant(s)

\_\_\_\_\_  
Name (please print or type)

**Relationship to Lawsuit:**

- Attorney for Plaintiff     Self (Pro Se / No Attorney)
- Other: \_\_\_\_\_

\_\_\_\_\_  
Firm Name (if applicable)

**Service Method:**

- Certified Mail by Clerk (How many? \_\_\_\_\_)  
     With Restricted Delivery (check if applicable)
- Registered Mail by Clerk (How many? \_\_\_\_\_)  
     With Restricted Delivery (check if applicable)
- Special Process Server (You must file an Application for Approval of Special Process Server)

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Bar. No.

Do you need an interpreter?     Yes     No    If yes, which language(s)? \_\_\_\_\_

Amount in Controversy:     \$1 - \$500     \$500.01 - \$2,500     \$2,500.01 - \$10,000

Pending or re-filed case(s) related to the action being filed:

Case No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

**NATURE OF SUIT: (Check ONE box only that most accurately describes your primary case)**

**A. CONTRACTS – a claim based on an agreement between parties made either orally or in writing**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Breach of Contract    | <input type="checkbox"/> Breach of Warranty        | <input type="checkbox"/> Personal Property |
| <input type="checkbox"/> Negotiable Instrument | <input type="checkbox"/> Loan                      | <input type="checkbox"/> Rent Due          |
| <input type="checkbox"/> Unpaid Wages          | <input type="checkbox"/> Services Rendered         | <input type="checkbox"/> Security Deposit  |
| <input type="checkbox"/> Debt Suit             | <input type="checkbox"/> Home Improvement Contract | <input type="checkbox"/> Oral              |

**B. PROPERTY TORTS – a claim for an injury or wrong committed on the property of another**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Automobile      | <input type="checkbox"/> Conversion              | <input type="checkbox"/> Shop Lifting |
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Trespass     |

**C. PERSONAL TORTS – a claim for an injury or wrong committed on the person of another**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Assault and Battery | <input type="checkbox"/> Personal Injury              | <input type="checkbox"/> Libel and Slander | <input type="checkbox"/> Slip and Fall |
| <input type="checkbox"/> Automobile          | <input type="checkbox"/> Fraudulent Misrepresentation | <input type="checkbox"/> Negligence        |  |

D.  **UNIFORM ARBITRATION ACT – an action based on an arbitration agreement**

E.  **SUBROGATION – a claim filed by one person in the place of another**

F.  **FOREIGN JUDGMENT (DOMESTIC) – judgment, decree or order filed from another jurisdiction**

G.  **COLLECTION – a claim filed by a seller / lender to collect a consumer debt**

H.  **FOREIGN JUDGMENT (INTERNATIONAL) – judgment, decree or order filed from another country**

I.  **MEDICAL MALPRACTICE – a claim against a healthcare provider for professional misconduct**

Have you given notice of intention to file your lawsuit 90 days prior to filing?     Yes     No



## **Instructions to Defendants**

### ***Important:***

**You must come to court on the date and time stated on the Notice to avoid the entry of a judgment by default. If you do not come to court for your hearing, a judgment by default may be entered against you for the amount of money demanded in the Statement of Claim. If that happens, the plaintiff could take money from your paycheck or your bank account, or take and sell your personal property, to pay the claim.**

**If you cannot come to court for your hearing, call the Small Claims Clerk's Office at (202) 879-1120 as soon as you can for more information. You must go to the hearing unless the hearing is continued or cancelled. To find out if your hearing is still scheduled call the Small Claims Clerk's Office. Even if you want to admit the claim, and just need more time to pay, you must still come to court to explain your situation.**

Before any case goes to trial in the Small Claims and Conciliation Branch, a trained mediator will meet with the parties to see if they can agree to a settlement. If the parties cannot reach a settlement with the mediator, then the case can be scheduled for a trial on another day.

If the plaintiff in your case has a lawyer, that lawyer's name and contact information are on the Statement of Claim. You may contact the plaintiff's lawyer about this case. You do not have to have a lawyer, but you may choose to get a lawyer or look for legal advice about this matter.

If you want a lawyer, but cannot afford to pay one, there are many organizations that may be able to help you, including:

- Legal Aid Society of the District of Columbia: (202) 628-1161
- Legal Counsel for the Elderly (if age 60+): (202) 434-2120
- Tzedek DC: (202) 274-7386
- Neighborhood Legal Services Program: (202) 832-6577
- DC Law Students in Court: (202) 638-4798

You may also get help from the Consumer Law Resource Center, or the Small Claims Resource Center. The Consumer Law Resource Center is open on Wednesdays from 9:15 a.m. to 12:00 p.m. The Small Claims Resource Center is open on Thursdays, 9:15 a.m. to 12:00 p.m. Both are located in Room 208, Court Building B, 510 4th Street, N.W., Washington, DC 20001. The resource centers may close their intake early if too many people have already signed in. They must prioritize people with a court hearing scheduled on that day. There is no guarantee that people without hearings on that day will be seen. Arriving early increases your chances of receiving services. Please expect a wait.

If you have witnesses, books, receipts, or other documents that relate to this case, you should bring them with you to court. If you want to have witnesses summoned to come to court, contact the Small Claims Clerk's Office for more information.

When you contact the Small Claims Clerk's Office about your case, remember to include your case number, contact information, and court date. Please know that court employees are not allowed to give you legal advice.

**Puede obtenerse copias de este formulario en Español en el Tribunal Superior del Distrito de Columbia, Edificio B, 510 4th Street, NW, Room 120, Washington, D.C. 20001, o ver: [www.dccourts.gov](http://www.dccourts.gov).**

**You can get a copy of this form in Spanish at the Superior Court of the District of Columbia, Building B, 510 4<sup>th</sup> Street NW, Room 120, Washington, D.C. 20001, or at: [www.dccourts.gov](http://www.dccourts.gov).**





**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**500 Indiana Avenue, NW, Washington, DC 20001**  
**(202) 879-1010 | [www.dccourts.gov](http://www.dccourts.gov)**

Case Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

**APPLICATION TO WAIVE COURT COSTS AND FEES**

*This application and any financial information provided therein will be treated as confidential except to the court, authorized court personnel, the applicant and persons authorized by the applicant or as ordered by the court.*

I, \_\_\_\_\_ am the: (check one)  
 (Your Name)

- |   |   |
|---|---|
| <input type="checkbox"/> Plaintiff/Petitioner | <input type="checkbox"/> Filer                          |
| <input type="checkbox"/> Defendant/Respondent | <input type="checkbox"/> Intervenor/Proposed Intervenor |
| <input type="checkbox"/> Guardian             | <input type="checkbox"/> Other: _____                   |

I respectfully ask that I not be required to pay court fees in this case. I am unable to pay these costs without substantial financial hardship to me or my dependent(s) for the following reason(s):

**1. I, or my dependent, receive financial help from one or more of the following programs:**  
 (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Child Care Subsidy/Voucher Program                             | <input type="checkbox"/> Public Housing   |
| <input type="checkbox"/> Close Relative Caregiver Pilot Program (CRCP)                  | <input type="checkbox"/> Qualified Medicare Beneficiary Program (QMB)   |
| <input type="checkbox"/> Domiciliary Care for Homeless Veterans (DCHV)                  | <input type="checkbox"/> Rapid Rehousing Program (RRH) including Flex and CareerMap   |
| <input type="checkbox"/> Free and Reduced-priced Meals (FARM)                           | <input type="checkbox"/> Section 202 Supportive Housing for the Elderly Program   |
| <input type="checkbox"/> General Assistance for Children (GAC)                          | <input type="checkbox"/> Section 811 Housing for Persons with Disabilities Program  |
| <input type="checkbox"/> Grandparent Caregivers Program (GCP)                           | <input type="checkbox"/> Social Security Disability Insurance (SSDI)  |
| <input type="checkbox"/> Head Start Program   | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)                           |
| <input type="checkbox"/> Health Care for Homeless Veterans (HCHV)                       | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)   |
| <input type="checkbox"/> Home First Subsidy Program                                     | <input type="checkbox"/> Supplemental Security Income (SSI)   |
| <input type="checkbox"/> Homeless Veteran Community Employment Services Program (HVCES) | <input type="checkbox"/> Supportive Services for Veteran Families (SSVF)  |
| <input type="checkbox"/> Housing Choice Voucher Program (HCVP)                          | <input type="checkbox"/> Targeted Affordable Housing (TAH)  |
| <input type="checkbox"/> Interim Disability Assistance (IDA)                            | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)   |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)             | <input type="checkbox"/> U.S. Department of Housing and Urban Affairs – Veterans’ Affairs Supportive Housing (HUD-VASH) Program |
| <input type="checkbox"/> Local Rent Supplement Program (LRSP)                           | <input type="checkbox"/> Veterans Affairs Supportive Housing  |
| <input type="checkbox"/> Medicaid or D.C. HealthCare Alliance                           | <input type="checkbox"/> Veterans’ Pensions or Pensions to Surviving Spouses and Children                                       |
| <input type="checkbox"/> Permanent Supportive Housing (PSH)                             |   |
| <input type="checkbox"/> Program on Work, Employment, and Responsibility (POWER)        |   |
| <input type="checkbox"/> Project-Based Section 8 Rental Assistance                      |   |

*(If you checked any of the boxes in Question 1 - STOP and do not answer Questions 2 through 9. Go directly to the Declaration section on page 3. If you did not check any of the boxes in Question 1, go to Question 2.)*

2. I am represented free of charge by a legal services or other nonprofit organization whose primary purpose is to provide legal services to low-income clients, or by a legal clinic operated by a law school located in the District of Columbia that provides legal services to low-income clients. (See Appendix for a list of organizations and law schools.)

Yes. Name of Organization: \_\_\_\_\_

(If you answered yes to Question 2 - STOP and do not answer Questions 3 through 9. Instead, go directly to the Declaration section on page 3.)

No (If no, answer Question 3.)

3. I believe that my monthly income after taxes does not exceed 200% of the federal poverty guidelines issued by the U.S. Department of Health and Human Services. (See Appendix).

Yes. My monthly income is \$ \_\_\_\_\_ and I have \_\_\_\_\_ people (including me) in my family/house.

(If you answered yes to Question 3 - STOP and do not answer Questions 4 through 9. Go directly to the Declaration section on page 3.)

No (If no, answer Questions 4 through 9.)

4. I am presently:

employed. My annual salary is \$ \_\_\_\_\_ .

unemployed. The last date I worked was \_\_\_\_\_ , \_\_\_\_\_ .  
(Month) (Year)

5. The number of people who depend on me for financial support : \_\_\_\_\_ . Of those, \_\_\_\_\_ are minor children or elderly.

6. I have a total of \$ \_\_\_\_\_ in cash, including money in bank accounts.

7. I own the following vehicles, real estate, or other valuable property: (list all items)

\_\_\_\_\_

\_\_\_\_\_

8. This is my best estimate of the monthly expenses for me and the people who depend on me for financial support:

Expense	Monthly Amount
Housing (such as rent, mortgage, taxes, insurance):	\$
Utilities (such as gas, electric, water, phone, internet):	\$
Food and household necessities:	\$
Child-related expenses (such as childcare, diapers):	\$
Health (such as medical, prescriptions, dental, vision, insurance):	\$
Transportation (such as vehicle loan, gas, insurance, metro, buses):	\$
Other debt and expenses:	\$
<b>Total Estimated Monthly Expenses:</b>	<b>\$</b>

**9. Other circumstances that I want the judge to consider in support of my request are:**  
*(explain any other reasons, such as any child support orders, large monthly expenses, debts, wage or bank account garnishments, or judgments)*

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**DECLARATION**

I solemnly swear or affirm under criminal penalties for the making of a false statement, which include 180 days in jail or a \$1,000 fine or both, that I have read this Application and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Email address

This Application to Waive Court Costs and Fees has been reviewed and approved by:			
Signature	Printed Name	Title	Date



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Case Caption: \_\_\_\_\_

Case Number: \_\_\_\_\_

**ORDER**

Upon consideration of the Application to Waive Court Costs and Fees filed by \_\_\_\_\_ it is hereby ordered that the Application is:

**GRANTED.**<sup>1</sup> Your documents will be filed and a hearing scheduled, if necessary.

**GRANTED IN PART**, for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DENIED**, for the reasons stated on the record in open court and in presence of the applicant or applicant’s counsel, or for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your application was granted in part or denied, you may request a hearing and present additional evidence to the court for consideration. To request a hearing, you should file a [Notice to Court \(Praecipe\)](#) with the Clerk’s Office. The Court will then schedule the requested hearing within 14 days of your filing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

<sup>1</sup> Witnesses will be subpoenaed without prepayment of witness fees. If this is a Civil Division case, the clerk will attempt to serve the documents listed in Civil Rule 4(c)(1) by mail pursuant to Civil Rule 54-II(i). Plaintiff/Petitioner is responsible for service and proof of service if the clerk’s efforts are unsuccessful.

# Appendix to Application to Waive Cost and Fees

## I. Law Schools

American University Washington College of Law  
Catholic University of America Columbus School of Law  
George Washington University Law School  
Georgetown University Law Center  
Howard University School of Law  
University of the District of Columbia David A. Clarke School of Law

## II. Examples of Legal Service Organizations

Advocates for Justice and Education	Legal Counsel for the Elderly
Asian Pacific American Legal Resource Center	Mother's Outreach Network
Ayuda	Neighborhood Legal Services Program
Bread for the City Legal Clinic	Network for Victim Recovery DC
Capital Area Immigrants' Right Coalition	Open City Advocates
Catholic Charities Legal Network of the Archdiocese of Washington	Public Defender Service for the District of Columbia
Central American Resource Center	Quality Trust for Individuals with Disabilities
Children's Law Center	Rising for Justice
Christian Legal Aid of DC	Safe Sisters Circle
DC Bar Pro Bono Center	School Justice Project
DC Kincare Alliance	The Amara Legal Center
DC Volunteer Lawyers' Project	Tzedek DC, Inc
Disability Rights DC at University Legal Services	US Committee for Refugee & Immigrant Children
First Shift Justice Project	Washington Lawyers' Committee for Civil Rights & Urban Affairs
Human Rights First	Washington Legal Clinic for the Homeless
Legal Aid Society of DC	Whitman-Walker Clinic Legal Services Program

## III. U.S. Federal Poverty Guidelines<sup>2</sup>

The secretary of the Department of Health and Human Services establishes the Federal Poverty Guidelines annually. The chart below outlines the Federal Poverty Guideline per household size.

Household Size	2023 Federal Poverty Guideline	Maximum Monthly Income
1	\$14,580	\$2,430
2	\$19,720	\$3,287
3	\$24,860	\$4,143
4	\$30,000	\$5,000
5	\$35,140	\$5,857
6	\$40,280	\$6,713
7	\$45,420	\$7,570
8	\$50,560	\$8,427
9	\$55,700	\$9,283
10	\$60,840	\$10,140

<sup>2</sup> <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>