

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**PROBATE DIVISION**

\_\_\_\_\_  
\_\_\_\_\_  
INT  
IDD

In re:

\_\_\_\_\_

An Adult

**OBJECTION TO CASE REVIEWER REPORT OR RECOMMENDATIONS**

**[Pursuant to D.C. Code, sec. 21-2045.01(d)(4)]**

Name of Person Filing Objection: \_\_\_\_\_

Filer's Relationship to the Ward/Intervention Proceeding: \_\_\_\_\_

\_\_\_\_\_

State your objection:

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

State what relief you are requesting from the court:

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Address

\_\_\_\_\_

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Telephone Number

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Email Address

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Bar Number (if filer is an attorney)

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY, that on the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, a true copy of the foregoing Objection to Case Reviewer Report or Recommendations was either eServed in accordance with the provisions of Administrative Order 13-15 or served by First Class Mail, proper postage prepaid, on the following persons (list names and complete mailing addresses):

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Signature