## You must use black ink to fill out this form.

Your Name:

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_\_Message phone: \_\_\_\_\_

NOTE: If for any reason you do not wish the other party to know your physical address, you must still provide a mailing address so that the court and the other party can serve you by mail.

IN T	THE SUPERIOR COU	JRT FOR T	HE STATE OF AL	ASKA
	AT			
	City or Tow	n where Court	is located	
		)		
		)		
Plaintiff,		)		
		)		
VS.		)		
		)		
		)		
Defendant.		)		
		)	Your Case No	

## **AFFIDAVIT AND MEMORANDUM**

\_\_\_\_\_, swear or affirm that the following facts are true to the best of

Ι, \_ Print your full name here my knowledge:

More pages are attached and incorporated by reference.

	Your Signature (In blue ink if possible)		
Subscribed and sworn to or affirmed be	efore me at	, Alaska	
on Date	Name of City, Town or Village	-	
	Notary Public or other person authorized to administer oaths. My commission expires on	-	
AFFIDAVIT AND MEMORANDUM	Page 1 of		

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