

You must use black ink to fill out this form.

2. **SPOUSAL and MEDICAL/DENTAL SUPPORT**

A. I request reasonable spousal maintenance as follows:

Amount: \$_____ How often: per week per month

Type of payment: Cash Check Other: _____

Method of payment: Mail to me Deposit in Bank Give to me Other: _____

B. I request an order requiring my spouse to provide available medical and dental insurance for me and to pay _____% of all uninsured medical and dental expenses reasonably incurred by me for myself. I have attached a completed *Financial Declaration*, [DR-250](#) [Fill-In PDF]. I need this support, and it is fair and just for me to get this support because:

3. **USE OF MARITAL RESIDENCE**

I request interim use of the marital residence located at _____ and that my spouse be ordered to vacate the marital residence while this case is pending. It is fair and just for me to use the marital home because: _____

4. **USE OF VEHICLE**

I request an order for use of the following vehicle while this case is pending:

Make:_____ Model:_____

Year:_____ Color:_____

VIN # (if known):_____

It is fair and just for me to have use of this vehicle because: _____

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5. **OTHER RELIEF**

I request other temporary relief as follows: _____

More pages are attached and incorporated by reference.

6. **I request a hearing on this *Motion*.**

7. **I have attached the following documents:** *Check all that apply.*

- My completed *Financial Declaration*, [DR-250](#) [Fill-In PDF]. (*Required if you checked #1 or 2.*)
- proposed *Interim Orders*, SHC-1107 SHC-1107 [Word](#) | [PDF](#) (*Required; fill out as if judge is granting you what you asked for in this motion, but DO NOT sign*)
- Other: _____

I swear or affirm that the above facts and statements are true to the best of my knowledge.

Your Signature (in blue ink if possible)

Subscribed and sworn to or affirmed before me at _____, Alaska on
_____.
Date *Name of City, Town or Village*

(SEAL)

Notary Public or other person authorized to administer oaths.

My commission expires on _____

You MUST fill out the certificate of service on the next page!

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CERTIFICATE OF SERVICE

I certify that on _____, I gave a copy of the *Motion and Affidavit For Interim Orders* and papers listed in No. 7 to the following:

Opposing Party _____

Opposing Lawyer _____

Other _____

by mail hand delivery served with the *Complaint* (if served with the *Complaint* you cannot show a date of service here)

Your signature: _____