

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

Your Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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 THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

City or Town where the Court is located

\_\_\_\_\_  
Plaintiff,

vs.

\_\_\_\_\_  
Defendant.

Your Case No. \_\_\_\_\_

**MOTION FOR \*** \_\_\_\_\_

**\*Name This Document: You Must Give This Motion A Title Describing What You Want**

I, \_\_\_\_\_, request that \_\_\_\_\_  
*Print your full name here*

BECAUSE \_\_\_\_\_

I want a hearing on this **Motion**. (Explain why in your *Affidavit and Memorandum*.)

More pages are attached and incorporated by reference.

**I have filed the following documents with this Motion:**

- My *Affidavit and Memorandum* (**REQUIRED**)
- A proposed *Order* for the Judge to Sign (**REQUIRED**)
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature (In blue ink if possible)

I certify that on \_\_\_\_\_ a copy of this *Motion* and all supporting documents that are attached as indicated above were

- mailed  hand delivered to:
- Opposing Party: (**Fill in name**) \_\_\_\_\_
- Opposing Lawyer (**Fill in name**) \_\_\_\_\_
- CSSD/AG  CI  Other \_\_\_\_\_

Your signature: \_\_\_\_\_