

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 THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT _____
(City or Town where Court is located)

_____)
Plaintiff,)
vs.)
_____)
Defendant.)
_____)

Your Case No. _____

MOTION & AFFIDAVIT TO REDUCE TO JUDGMENT

I, _____, swear or affirm that the following facts and circumstances are true to the best of my knowledge:

1. The plaintiff defendant has not given me the money and/or item(s) listed below that was / were ordered in our divorce / dissolution decree child support order medical support order other _____. The judge signed the Decree/Order on _____.

2. The plaintiff defendant was ordered to:

A. Give me the following personal property.

Item	Value	Date Due
	\$	
	\$	
	\$	
	\$	

See attached page(s) for more items and/or comments.

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B. Pay me the following money.

Type of Payment (*child support, medical bills, cash for debts etc.*)

Value

Date Due

Type of Payment (<i>child support, medical bills, cash for debts etc.</i>)	Value	Date Due
	\$	
	\$	
	\$	
	\$	

See attached page(s) for more debts and/or comments.

3. Since these items or monies are past due and owing, I am asking the court to reduce the obligation(s) to judgment so that I may use all legal means of collection.

4. The total amount owing is: _____. I request interest on this amount as indicated in the proposed order. (**Note:** *the interest rates vary for different types of debt. See <http://www.courtrecords.alaska.gov/webdocs/forms/adm-505.pdf> to understand which interest rates apply.*)

5. I am attaching the following documents:

- a copy of the Decree or Order that describes the obligation (**required**)
- Order Reducing to Judgment, SHC-1535 [Word](#) | [PDF](#) with calculations for the judge to sign, (**required**)
- Notice of Motion, SHC-1630 [Word](#) | [PDF](#) (**required**)
- Worksheet – To Figure Out Judgment Amount, SHC-1536 [Word](#) | [PDF](#)
- Worksheet – Unpaid Medical, Dental and Vision Care Expenses, SHC-1541 [Word](#) | [PDF](#)
- _____ additional pages summarizing obligations
- _____ additional pages with copies of relevant medical bills attached
- 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 _____ *Name of City, Town or Village*
Date

Notary Public or other person authorized to administer oaths.
My commission expires on _____

Certificate of Service

I certify that on _____ a copy of this *Motion & Affidavit* and proposed *Order*, and _____ was mailed hand delivered to:

(List any other documents served)

- Opposing Party _____
- Opposing Lawyer _____
- AG _____
- Other _____

Your signature: _____