

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 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. \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm that the following facts are true to the best of  
*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 before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_, *Date* \_\_\_\_\_, *Name of City, Town or Village*

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