

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 the Court is located

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

Your Case No. _____

OPPOSITION

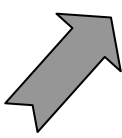
TO MOTION FOR * _____
**Name of the Motion you are opposing*

I, _____, oppose the *Motion* for the following reasons:
Print your full name here

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

More pages are attached and incorporated by reference.

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



- 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 *Opposition* and all supporting documents that are attached as indicated above were mailed hand delivered to:

- Opposing Party _____
- Opposing Lawyer _____
- CSSD/AG CI Other _____

Your signature: _____