

You must use black ink to fill out this form.

Your Name: _____

Mailing Address: _____

Tel: _____ Message phone: _____

NOTE: If for any reason you do not wish the other person to know your physical address, you must still provide a mailing address so that the court and the other person 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. _____

ORDER REDUCING TO JUDGMENT

IT IS ORDERED that judgment is reduced and entered as follows:

- 1. Plaintiff Defendant _____, d.o.b. _____, shall recover from and have judgment against Defendant Plaintiff _____, d.o.b. _____, for child(ren)'s uncovered medical expenses unpaid child support other _____ as follows:

a. Principal Amount \$ _____

b. Pre-judgment Interest on \$ _____ (computed at the annual rate of _____% from _____ to date of judgment) \$ _____

(See <https://public.courts.alaska.gov/web/forms/docs/adm-505.pdf> to learn how to determine the proper interest rate for a given year. Note that different rates apply to different debts.)

c. Subtotal \$ _____

d. Attorney's Fees \$ _____
Date Awarded: _____
Judge: _____

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e. Costs \$ _____
Date Awarded: _____
Clerk: _____

f. **TOTAL JUDGMENT** \$ _____

g. Post-Judgment Interest Rate _____%

(See <https://public.courts.alaska.gov/web/forms/docs/adm-505.pdf> to learn how to determine the proper interest rate for a given year. Note that different rates apply to different debts.)

2. Describe any non-monetary provision(s) here: _____

Date

Judge _____
(print name)

I certify that on _____ a copy of the above was mailed to each of the following: at their addresses of record.

Plaintiff Defendant Other _____

Deputy Clerk / Secretary