

**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,  
  
v.  
  
\_\_\_\_\_  
Defendant.  
  
\_\_\_\_\_

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

**INTERIM ORDERS**

Plaintiff  Defendant filed a *Motion and Affidavit for Interim Orders* on \_\_\_\_\_. The opposing party  did  did not respond in writing. A hearing  was  was not held on \_\_\_\_\_ at which  plaintiff  defendant was/were present.

After considering the *Motion and Affidavit for Interim Orders* and any opposition thereto, and good cause being found, IT IS HEREBY ORDERED:

1.  **INTERIM CHILD CUSTODY**  
It is in the best interests of the minor child(ren) that the attached interim *Custody and Visitation Plan* be adopted until further order of this court.

2.  **INTERIM CHILD SUPPORT**  
Child support shall be paid  in accordance with Civil Rule 90.3  in variance with Civil Rule 90.3 because \_\_\_\_\_

See attached *Interim Child Support Order*, form DR-300.

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3.  **ATTORNEY'S FEES & COSTS**

Plaintiff  Defendant shall pay \$ \_\_\_\_\_, a reasonable amount to obtain legal assistance, to  plaintiff  defendant within \_\_\_\_\_ days. Other comments: \_\_\_\_\_

4.  **SPOUSAL and MEDICAL/DENTAL SUPPORT**

A.  Plaintiff  Defendant is shall pay  plaintiff  defendant the following as reasonable spousal support:

Amount: \_\_\_\_\_ How often:  per week  per month

Type of payment:  Cash  Check  Other: \_\_\_\_\_

Method of payment:  Mail  Deposit  Hand deliver  Other: \_\_\_\_\_

B.  Plaintiff  Defendant shall provide available medical and dental insurance to his/her spouse and shall pay \_\_\_\_\_% of all uninsured medical and dental expenses reasonably incurred by his/her spouse.

5.  **PROPERTY**

A.  Plaintiff shall be granted exclusive use and possession of the following property until further order of this court:

Residence located at: \_\_\_\_\_

Vehicle described as: \_\_\_\_\_

Other: \_\_\_\_\_

B.  Defendant shall be granted exclusive use and possession of the following property until further order of this court:

Residence located at: \_\_\_\_\_

Vehicle described as: \_\_\_\_\_

Other: \_\_\_\_\_

6.  **DEBTS**

A.  Plaintiff shall pay the following debts until further order of this court:

Debt and name of creditor

Monthly Amount Owed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Debts continued:**

B.  Defendant shall pay the following debts until further order of this court:

Debt and name of creditor	Monthly Amount Owed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7.  **OTHER RELIEF**

The following additional relief is ordered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. This Order has the following attachments:

- Custody and Visitation Plan, SHC-1120 [Word](#) | [PDF](#)
- Interim Child Support Order, [DR-300](#) [Fill-In PDF]

IT IS SO ORDERED.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature)  
Superior Court Judge \_\_\_\_\_  
(Print name)

I certify that on \_\_\_\_\_ a copy of the above was mailed at their addresses of record to each of the following:  Plaintiff  Plaintiff's attorney  Defendant  Defendant's attorney  CSSD/ AG  CI.

\_\_\_\_\_  
Deputy Clerk / Secretary