



You must use black ink to fill out this form.

2.  **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.

3.  **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: \_\_\_\_\_

4.  **DEBTS**

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

Debt and name of creditor

Monthly Amount Owed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must use black ink to fill out this form.

**Debts continued:**

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

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

5.  **OTHER RELIEF**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IT IS SO ORDERED.

Dated at \_\_\_\_\_, Alaska this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Judge \_\_\_\_\_

I certify that on \_\_\_\_\_ a copy of the above was mailed to each of the following: at their addresses of record. (List names if not an agency)

- Plaintiff / Attorney \_\_\_\_\_
- Defendant / Attorney \_\_\_\_\_

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