

**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 Court is located

\_\_\_\_\_)  
\_\_\_\_\_)  
Plaintiff, \_\_\_\_\_) )  
\_\_\_\_\_) )  
vs. \_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
Defendant. \_\_\_\_\_) )  
\_\_\_\_\_)

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

**POST-JUDGMENT ORDER  
FOR MODIFICATION of CUSTODY AND VISITATION**

After considering all evidence submitted and applying the relevant factors listed in AS 25.24.150 and AS 25.20.090, the court finds this *Order for Modification* to be in the child(ren)' s best interests.

**1. This Order applies to the following minor child(ren):**

Name	Date of Birth

**NOTE:**  One or more additional Orders have been issued for other children in this family.

You must use black ink to fill out this form.

**2. Legal Custody**

- Joint legal custody** is awarded to both parents.  
 **Sole legal custody** is awarded to  Father or  Mother.

Special findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Physical Custody**

**Shared Physical Custody** is awarded to both parents. The residential schedule is set forth below in section 4.

**Primary Physical Custody** is awarded to  Father  Mother. The visitation schedule is set forth below in section 4.

**4. Residential Schedule of Child(ren)**

The child(ren) shall reside with  Father  Mother, except for the following days and times when the child(ren) shall reside with or be with the other parent:

i. **from:** \_\_\_\_\_ **to** \_\_\_\_\_  
(Day and time) (Day and Time)

other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Frequency:**

every week  every other week  every two weeks  \_\_\_\_\_

ii. **and from:** \_\_\_\_\_ **to** \_\_\_\_\_  
(Day and time) (Day and Time)

other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Frequency:**

every week  every other week  every two weeks  \_\_\_\_\_

You must use black ink to fill out this form.

**5. Place For Transfer Between Parents**

The transfer between parents shall take place at the following location(s): \_\_\_\_\_

---

---

---

**6. Transportation For Transfer Between Parents**

Father  Mother  Both  Other \_\_\_\_\_  
(Name of person who will be helping)

shall be responsible for transporting the child(ren). Comments: \_\_\_\_\_

---

---

**7. Third Party Assistance With Transfer Between Parents**

The following third party(ies) shall conduct or supervise the transfer between parents:

<b>Name</b>	<b>Phone</b>	<b>Conduct</b>	<b>Supervise</b>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**8. Safety Concerns**

Based on the evidence taken, this Court finds that there are legitimate safety concerns and therefore orders that visitation be restricted as follows: \_\_\_\_\_

---

---

---

**An ORDER FOR VISITATION FACILITATION (Form DR-865) is attached.**

**9. Out-Of-State Travel**

A.  Father and/or  Mother shall not travel out-of-state with the minor child(ren) during his or her custody or visitation time.

B.  Father and/or  Mother may travel out-of-state with the minor child(ren) during his or her custody or visitation time  without restrictions  with the following restrictions:

---

---

---

---

You must use black ink to fill out this form.

**10. VACATION, HOLIDAY, BIRTHDAY AND SPECIAL OCCASION SCHEDULE**

The vacation and holiday schedule shall be the same as the regular schedule on pages 2-3 except as indicated below:

	<u>With Dad</u>	<u>With Mom</u>	<u>Date/time begin and end</u>
Winter vacation	_____	_____	_____
Spring vacation	_____	_____	_____
Summer vacation	_____	_____	_____
Christmas Eve	_____	_____	_____
Christmas Day	_____	_____	_____
Father's birthday	_____	_____	_____
Mother's birthday	_____	_____	_____
Child(ren)'s birthday(s)	_____	_____	_____
Father's Day	_____	_____	_____
Mother's Day	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**11. Other (including findings regarding domestic violence):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Neither parent shall speak badly of the other parent in front of the child(ren).**

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

\_\_\_\_\_  
Judge \_\_\_\_\_

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

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