

You must use black ink to fill out this form.

Your Name: _____

Mailing Address: _____

Telephone: _____ Message phone: _____

Email: _____

NOTE: If for any reason you do not wish the other party to know your physical address, you must 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. _____

ORDER

ON PLAINTIFF'S DEFENDANT'S MOTION FOR * _____

**Name of Motion that goes with this Order*

Having considered the Plaintiff's Defendant's *Motion* and any *Opposition* filed, and good cause being found, the Court ORDERS:

Date

Judge

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

Deputy Clerk / Secretary