

You must use black ink to fill out this form.

Plaintiff's Name: _____

Mailing Address: _____

Telephone: _____ Message phone: _____

Defendant's Name: _____

Mailing Address: _____

Telephone: _____ Message phone: _____

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT _____
City or Town where the Court is located

Plaintiff,)

vs.)

Defendant.)

Case No. _____

JOINT MOTION FOR * _____
***Name This Document: Give this Motion a title describing what you want**

We, _____, request that _____
Print your full names here

BECAUSE _____

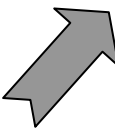
We want a hearing on this **Motion**. (Explain why in your *Affidavits and Memorandums*.)

More pages are attached and incorporated by reference.

We have filed the following documents with this *Motion*:

Our *Affidavits and Memorandums* (**REQUIRED**) A proposed *Order* for the Judge to Sign (**REQUIRED**)

Other: _____



Date

Plaintiff's Signature (In blue ink if possible)

Date

Defendant's Signature (In blue ink if possible)