

**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 Court is located

\_\_\_\_\_  
Plaintiff,

vs.

\_\_\_\_\_  
Defendant.

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

**AFFIDAVIT AND MEMORANDUM**

**IN SUPPORT OF  JOINT MOTION for \*** \_\_\_\_\_  
*\*Name of Joint Motion that goes with this document*

We, \_\_\_\_\_, swear or affirm that the following facts are true to the  
*Print your full names here*  
best of our knowledge:

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

**You must use black ink to fill out this form.**

More pages are attached and incorporated by reference.

\_\_\_\_\_  
*Plaintiff's Signature* (In blue ink if possible)

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_ *Date* *Name of City, Town or Village*

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

\_\_\_\_\_  
*Defendant's Signature* (In blue ink if possible)

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_ *Date* *Name of City, Town or Village*

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_