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.)) Your Case No	
JOINT MOTION, AFFIDAVIT & ORDER TO APPEAR & TEST	IFY BY TELEPHONE	
We,, and, (Print plaintiff's name here) (Print defendant's name	request that	
Plaintiff		
Defendant		
appear and testify by telephone at: all hearings / trial, OR hearing / trial on (Write date & time here)		
because:		
5000000		
The court can call the \square Plaintiff \square at the following phone number:		
The court can call the Defendant at the following phone number:	(write phone # with area code)	
Other:		

You must use black ink to fill out this form.

We swear or affirm that the above facts and statements are true to the best of our knowledge.

	Plaintiff's Signature (In blue ink if possible)
Cubeeribed and every to an effirmed before	ma at
Subscribed and sworn to or affirmed before	me at,, Name of City, Town or Village
Alaska on	
Date	
i	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,, Name of City, Town or Village
	Name of City, Town or Village
Alaska on Date	·
Duio	
	Notary Public or other person authorized to administer oaths. My commission expires on
	iny commission expires on
ORDER ON JOINT MOT	ION TO APPEAR & TESTIFY BY TELEPHONE
Having considered the <i>Joint Motion</i> a prejudice to the opposing party, the C	& <i>Affidavit</i> , and finding good cause and no substantial Court HEREBY ORDERS:
	uest to appear by telephone for 🗌 all hearings / trial at is:
Granted.	at is: aring / trial) (time of hearing / trial) Plaintiff Defendant at the telephone number provided in
for the call because your case	telephone for up to 2 hours after the hearing/trial start-time e may be delayed by prior cases. eds to call the court at the following number:
Other:	
Denied. To testify, you must	appear in court at the above date and time.
Date	Superior Court Judge
	of Distribution (for court staff to fill out)
I certify that on addresses of record: Plaintiff Other	a copy of the above was mailed to each of the following at their Defendant AG CI
	_
Deputy Clerk / Judicial Assistant	
JOINT MOTION & AFFIDAVIT TO APPEAR	& TESTIFY BY TELEPHONE Page 2 of 2 SHC-1342 (11/11)