

**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. \_\_\_\_\_

**MOTION & AFFIDAVIT TO REDUCE TO JUDGMENT**

I, \_\_\_\_\_, swear or affirm that the following facts and circumstances are true to the best of my knowledge:

1. The  plaintiff  defendant has not given me the money and/or item(s) listed below that was / were ordered in our  divorce / dissolution decree  child support order  medical support order  other \_\_\_\_\_. The judge signed the Decree/Order on \_\_\_\_\_.

2. The  plaintiff  defendant was ordered to:

**A. Give me the following personal property.**

Item	Value	Date Due
	\$	
	\$	
	\$	
	\$	

See attached page(s) for more items and/or comments.

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**B.  Pay me the following money.**

Type of Payment (*child support, medical bills, cash for debts etc.*)

Value

Date Due

Type of Payment ( <i>child support, medical bills, cash for debts etc.</i> )	Value	Date Due
	\$	
	\$	
	\$	
	\$	

See attached page(s) for more debts and/or comments.

3. Since these items or monies are past due and owing, I am asking the court to reduce the obligation(s) to judgment so that I may use all legal means of collection.

4. The total amount owing is: \_\_\_\_\_. I request interest on this amount as indicated in the proposed order. (**Note:** *the interest rates vary for different types of debt. See <https://public.courts.alaska.gov/web/forms/docs/adm-505.pdf> to understand which interest rates apply.*)

5. I am attaching the following documents:

- a copy of the Decree or Order that describes the obligation (**required**)
- Order Reducing to Judgment, SHC-1535 [Word](#) | [PDF](#) with calculations for the judge to sign, (**required**)
- Notice of Motion, SHC-1630 [Word](#) | [PDF](#) (**required**)
- Worksheet – To Figure Out Judgment Amount, SHC-1536 [Word](#) | [PDF](#)
- Worksheet – Unpaid Medical, Dental and Vision Care Expenses, SHC-1541 [Word](#) | [PDF](#)
- \_\_\_\_\_ additional pages summarizing obligations
- \_\_\_\_\_ additional pages with copies of relevant medical bills attached
- other \_\_\_\_\_.

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

\_\_\_\_\_  
*Your Signature* (In blue ink if possible)

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

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

**Certificate of Service**

I certify that on \_\_\_\_\_ a copy of this *Motion & Affidavit* and proposed *Order*, and \_\_\_\_\_ was  mailed  hand delivered to:

(List any other documents served)

- Opposing Party \_\_\_\_\_
- Opposing Lawyer \_\_\_\_\_
- AG \_\_\_\_\_
- Other \_\_\_\_\_

Your signature: \_\_\_\_\_