

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 ENFORCE ORDER

1. I, _____, request that the court enforce the Order
(enter your full name here)
issued on _____.
(enter date the judge signed the Order)

2. The opposing party did not follow the court's Order concerning the following issues:

<input type="checkbox"/> paying child support	<input type="checkbox"/> paying debts or bills
<input type="checkbox"/> visitation with the minor child(ren)	<input type="checkbox"/> returning personal property
<input type="checkbox"/> providing medical insurance coverage	<input type="checkbox"/> paying spousal support
<input type="checkbox"/> paying child(ren)'s uncovered medical expenses	<input type="checkbox"/> moving out, refinancing or selling marital home
<input type="checkbox"/> other: _____	

3. The Order stated that the opposing party was supposed to (write what was specifically supposed to happen) _____.

4. The opposing party failed to do what was ordered. (Discuss any efforts you took to have the opposing party follow the Order. What did the opposing party say or do about not complying with the Order?):

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5. I want the court to find that the opposing party has failed to or refused to obey the court's *Order* or *Judgment* and enter a new order that:

- requires the opposing party to do what the original *Order* or *Judgment* states.
- awards me the following personal property: _____
- awards me the following real property: _____
- awards a *Judgment* for money owed to me. Since the money is past due and the opposing party has not paid, I ask the court to reduce the amount(s) to *Judgment* so that I may use all legal means to collect. The total amount owed is: \$_____. I request interest on this amount as shown in the attached *Order Reducing to Judgment*, SHC-1535 [Word](#) | [PDF](#). (**Note:** interest rates vary for different debts. To understand which interest rates apply, see <http://www.courtrecords.alaska.gov/webdocs/forms/adm-505.pdf>.)
 - See attached Worksheet – To Figure out Judgment Amount, SHC-1536 [Word](#) | [PDF](#)
 - See attached Worksheet – Unpaid Medical, Dental & Vision Care Benefits, SHC-1541 [Word](#) | [PDF](#)
- other (*be specific about any other relief you are requesting*): _____

- More pages are attached.
- I request a hearing about this matter.

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 _____ Date _____ *Name of City, Town or Village*

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

Certificate of Service	
I certify that on _____ a copy of this <i>Motion & Affidavit</i> and proposed <i>Order</i> , and _____ was <input type="checkbox"/> mailed <input type="checkbox"/> hand delivered to:	
<i>(List any other documents served)</i>	
<input type="checkbox"/> Opposing Party _____	<input type="checkbox"/> Opposing Lawyer _____
<input type="checkbox"/> AG _____	<input type="checkbox"/> Other _____
Your signature: _____	