

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

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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 FOR RECONSIDERATION**

1. I, \_\_\_\_\_, request that the court reconsider the *Order*  
(enter your full name here)  
issued on \_\_\_\_\_. I am filing this within 10 days from the date  
(enter date the judge signed the Order)  
shown in the clerk's certificate of distribution on the written order. (Note: the certificate of  
distribution usually is found at the end of the Order).

2. The court should reconsider the *Order* because (you must choose at last 1 reason below):

- the court overlooked, misapplied or failed to consider the law that applies (a statute, decision or principle directly controlling);
- the court overlooked or misunderstood an important fact that is essential to understand;
- the court overlooked or misunderstood an important question in the case;
- the law that the court applied changed by a later court decision or statute.

3. Explain the reason you chose in No. 2, and identify the specific part of the *Order* that you want the court to reconsider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- More pages are attached. (*The Motion for Reconsideration and all attachments must be no more than 5 pages*).
- A proposed *Order*, SHC-1302 [Word](#) | [PDF](#) for the Judge to sign is attached. (REQUIRED)

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 \_\_\_\_\_

<b><u>Certificate of Service</u></b>	
I certify that on _____ a copy of this <i>Motion &amp; 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"/> Other _____	
Your signature: _____	