You must use black ink to fill out	this form.	
Your Name:		
Mailing Address:		
Talanhana. Massara nha		
Telephone:Message pho		
NOTE: If for any reason you do not wish the your physical address, you must still provid that the court and the other party can serve	e other party to know le a mailing address so	
	OR COURT FOR THE STATE OF ALASKA	
<u> </u>	City or Town where Court is located	
)	
Plaintiff,		
vs.)	
Defendant.		
AFFII	DAVIT AND MEMORANDUM	
IN SUPPORT OF \square MOTION or \square OPPO	OSITION for **Name of Motion or Opposition that goes with this doc	
	*Name of Motion or Opposition that goes with this do	cument
l,	, swear or affirm that the following facts are true to the be	est of
Print your full name here my knowledge:		
☐ More pages are attached and incorpor	ated by reference.	
	Your Signature (In blue ink if possible)	
Subscribed and sworn to or affirmed before	e me at	, Alaska
on	Name of City, Town or Village	
Date		
	Notary Public or other person authorized to administer oaths. My commission expires on	_
AFFIDAVIT AND MEMORANDUM	Page 1 of	_
	SHC-1301 (1/16)	