You must use black ink to f	ill out this form.	
Plaintiff's Name:		<u> </u>
Mailing Address:		
Telephone:Messag	ge phone:	

Defendant's Name:		
Mailing Address:		
Telephone:Messag	ge phone:	 -
		THE STATE OF ALASKA
	City or Town where Co	urt is located
)	
Plaintiff,)	
VS.)	
	j	
Defendant.)	
		Case No
IN SUPPORT OF JOINT MOTIC	AFFIDAVIT AND ME ON for ** *Nar	me of Joint Motion that goes with this document
Mo	0140	or or affirm that the following facts are true to the
We,	, swe	ar or affirm that the following facts are true to the

You must use black ink to fill out this form.