

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

_____))
PETITIONER (protected person),)
Birthdate: _____)
 Petitioner is a child. Who is signing for the child?)
Name: _____ Birthdate: _____)
Relationship to child: _____) Case No. _____
v.)
_____))
RESPONDENT (restrained person),)
Birthdate: _____)
 Respondent is a child. Who is signing for the child?)
Name: _____ Birthdate: _____)
Relationship to child: _____)

**REQUEST TO DISSOLVE
A PROTECTIVE ORDER
(ONE PETITIONER)**

[Use this form if you want to end an existing domestic violence, sexual assault, or stalking protective order.]

This request, by itself, does not end the protective order. All parties must follow the existing protective order until a judge ends it in writing. If you fail to appear for a hearing about this request, the judge may deny your request.

1. I am the petitioner respondent in this case.
2. The most recent protective order in this case was issued on (date) _____.
3. I ask the court to end the:
 short-term protective order and withdraw any long-term petition in this case.
 long-term protective order issued in this case.
4. I agree with each of the following statements: *(Check each one)*
 It is my free and voluntary choice to make this request. No one forced, coerced, or threatened me to get me to make this request.
 I believe I will be safe if the request is granted.
 I understand I can ask the court to make changes to the order without dissolving the order entirely.
 If my request is granted and the order is dissolved, I understand I can file a new petition if necessary.
5. The reason(s) for this request:

6. I would like to speak with a Victim's Advocate before the judge makes a decision. I can be available: in person. by telephone.

7. Other party's telephone numbers (if known): Home _____ Work _____

_____ Date _____ Signature _____

Provide your mailing address and message phone number so the court can contact you about the hearing. You do not have to use your actual address or phone number. Instead, you can provide safe alternatives so that the court can contact you on short notice.

_____ Safe Mailing Address _____ City _____ State _____ ZIP _____

Work Phone: _____ Home Phone: _____

Leave This Section Blank for the Court to Fill Out

Certificate of Service

I certify that on _____ a copy of this request was sent by email mail fax to:

Petitioner _____ Person signing for minor petitioner _____

Respondent _____ Person signing for minor respondent _____

Clerk: _____