

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 the Court is located

Plaintiff,

v.

Defendant.

Your Case No. _____

INTERIM ORDERS

Plaintiff Defendant filed a *Motion and Affidavit for Interim Orders* on _____. The opposing party did did not respond in writing. A hearing was was not held on _____ at which plaintiff defendant was/were present.

After considering the *Motion and Affidavit for Interim Orders* and any opposition thereto, and good cause being found, IT IS HEREBY ORDERED:

1. **ATTORNEY'S FEES & COSTS**

Plaintiff Defendant shall pay \$_____, a reasonable amount to obtain legal assistance, to plaintiff defendant within _____ days. Other comments: _____

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2. **SPOUSAL and MEDICAL/DENTAL SUPPORT**

A. Plaintiff Defendant is shall pay plaintiff defendant the following as reasonable spousal support:

Amount: _____ How often: per week per month

Type of payment: Cash Check Other: _____

Method of payment: Mail Deposit Hand deliver Other: _____

B. Plaintiff Defendant shall provide available medical and dental insurance to his/her spouse and shall pay _____% of all uninsured medical and dental expenses reasonably incurred by his/her spouse.

3. **PROPERTY**

A. Plaintiff shall be granted exclusive use and possession of the following property until further order of this court:

Residence located at: _____

Vehicle described as: _____

Other: _____

B. Defendant shall be granted exclusive use and possession of the following property until further order of this court:

Residence located at: _____

Vehicle described as: _____

Other: _____

4. **DEBTS**

A. Plaintiff shall pay the following debts until further order of this court:

Debt and name of creditor

Monthly Amount Owed

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Debts continued:

B. Defendant shall pay the following debts until further order of this court:

Debt and name of creditor	Monthly Amount Owed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. **OTHER RELIEF**

The following additional relief is ordered: _____

IT IS SO ORDERED.

Dated at _____, Alaska this _____ day of _____, 20__.

Judge _____

I certify that on _____ a copy of the above was mailed to each of the following: at their addresses of record. (List names if not an agency)

- Plaintiff / Attorney _____
- Defendant / Attorney _____

Deputy Clerk / Secretary