

You must use black ink to fill out this form.

Grandparent(s) Name(s): _____

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,

vs.

 Defendant.

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Case No. _____

MOTION & AFFIDAVIT TO JOIN FOR PURPOSE OF GRANDPARENT VISITATION

I / we, Grandmother _____ Grandfather _____, request to join this case so I / we can file a motion for visitation with the following children:

| Child(ren)'s name | Date of birth | Relationship to you | Mother's name | Father's name |
|-------------------|---------------|---------------------|---------------|---------------|
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I / we want to join the case as a party only for the limited purpose of requesting visitation. Joining the case is the only way to ask the court to order the parents to provide visitation with our grandchild(ren). I / we do not think that the parents will allow visitation unless the court orders it because *(please explain)*: _____

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- I / we request a hearing on this motion.
- I / we have attached a proposed order on this motion for the Judge to sign.
- I / we have attached a Motion & Affidavit for Grandparent's Visitation and a proposed order.

Grandmother's 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 _____

Grandfather's 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 _____

I certify that on _____, I mailed hand delivered a copy of the *Motion & Affidavit to Join to:*

- Opposing Party _____
- Opposing Lawyer _____
- Attorney General – Child Support Division _____ CI _____

Your signature: _____