

You must use black ink to fill out this form.

Your Name: _____

Mailing Address: _____

Telephone: _____ Message phone: _____

Email: _____

NOTE: If for any reason you do not wish the other party to know your physical address, you must 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 Court is located

Plaintiff,)
)
vs.)
)

Defendant.)
_____)

Your Case No. _____

ORDER

ON OPPOSITION TO MOTION FOR * _____
**Name of Motion you are opposing*

Having considered the *Motion* and Plaintiff's Defendant's *Opposition*, and good cause being found, the Court ORDERS:

Date

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)
 CSSD/ AG CI

Deputy Clerk / Secretary