

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,)
vs.)
_____)
Defendant.)
_____)

Your Case No. _____

CERTIFICATE OF SERVICE

This is to certify that on , _____, I mailed personally delivered a copy of this
Date
Certificate of Service and a copy of the following documents

to the attorneys or parties of record at their address listed below (list name and address where documents were mailed):

Date

Your Signature