

Name: _____

Email* _____ Phone: _____

Mailing Address **[Required]**: _____

* ☐ I agree to get court documents by email instead of regular mail. If I change my email address or no longer want to get court documents by email, I will tell the court and the other party in writing. [You can use *Electronic Delivery of Case Documents, TF-820*]

IN THE SUPERIOR/DISTRICT COURT FOR THE STATE OF ALASKA

AT

____ (Plaintiff)

(Defendant) CASE NO:

MOTION (REQUEST) FOR RECONSIDERATION

1. I, _____ [your full name], request the court to reconsider the order issued on _____ [date]. I'm filing this *Motion and Affidavit* within 10 days from the date shown in the clerk's certificate of distribution on the written order. [The certificate of distribution usually is found at the end of the order.]

2. The court should reconsider the order because *[you must choose at least 1 reason below]*:

- ☐ the court overlooked, misapplied, or failed to consider the law that applies (a statute, decision, or principle directly controlling).
- ☐ the court overlooked or misunderstood an important fact.
- ☐ the court overlooked or misunderstood what I asked for in the case or in a motion I filed.
- ☐ the law that the court applied has changed.

3. I checked the box above because *[describe the specific part of the order that you want the court to reconsider]*:

[illegible]

- ☐ More pages are attached. *[The Motion for Reconsideration and all attachments together must be no more than **5 pages.**]*
- ☐ A [Proposed Order, CIV-820](#), for the judge to sign is attached. **[REQUIRED.]**

AFFIDAVIT

I swear or affirm under penalty of perjury that all of the statements in this motion and any attached pages are true to the best of my knowledge and belief.

[A notary public, court clerk, or other authorized person must fill out the section below after watching you sign. If you do not have access to any of these people, you may be able to use [Self-Certification \(No Notary Available\), TF-835](#)]

_____ Date	_____ Signature
	Subscribed and sworn to or affirmed before me at _____, Alaska on _____
	_____ Notary public/court clerk/other authorized person My commission expires on _____

Service Instructions

Certificate of Service

☐ I am filing this document through the court's TrueFiling program and will fill out the Certificate of Service through that program.

☐ I certify on _____ at _____ *[date/time]* I gave a copy of this document

by ☐ email ☐ hand-delivery ☐ mail to:

☐ Plaintiff/Lawyer

☐ Defendant/Lawyer

☐ Other: _____

Signature: _____