

Person Filing Motion:

Name: \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

_____	)	
_____ Plaintiff(s),	)	
vs.	)	
_____	)	
_____ Defendant(s).	)	CASE NO. _____ CI
	)	<b>MOTION FOR</b> _____

I, \_\_\_\_\_, request that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request should be granted because *(Include any statutes, court rules, court decisions and any facts that support granting the request):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[Attach extra pages if necessary.]*

I certify that all statements in this motion and any attachments are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date Signature

**Notice to Opposing Parties:** You have the right to file a response to this motion. Forms and instructions ([CIV-808](#) Packet) are available at courts and at [courts.alaska.gov/forms/index.htm](https://courts.alaska.gov/forms/index.htm)  
File your response at (court address): \_\_\_\_\_

You must also mail a copy to the person who filed the motion. Civil Rules 77(c)(2) and 6 set the deadline within which you must respond. For most motions, you must respond within 10 days if the motion was personally served on you or within 13 days (from the date of mailing) if the motion was mailed to you.

**CERTIFICATE OF SERVICE**

*[If the opposing party is represented by an attorney, you must serve the motion on the attorney rather than on the opposing party.]*

I certify that I mailed (by first class mail) or hand-delivered a copy of this motion to:

Name of Other Party or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ ☐ mailed ☐ hand-delivered

Name of Other Party or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ ☐ mailed ☐ hand-delivered

Name of Other Party or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ ☐ mailed ☐ hand-delivered

\_\_\_\_\_  
Signature of Person Filing Motion