

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

)  
Plaintiff(s), )  
 )  
vs. )  
 )  
Defendant(s). ) CASE NO. \_\_\_\_\_  
 )  
\_\_\_\_\_

**AFFIDAVIT OF ATTORNEY APPOINTED UNDER  
SERVICEMEMBERS CIVIL RELIEF ACT**

I, \_\_\_\_\_, attorney appointed under the Servicemembers Civil Relief Act of 2003, 50 U.S.C. Appendix §§ 3902, 3931, and 3932, to represent and protect the interests of servicemember \_\_\_\_\_, say on oath or affirm under penalty of perjury that the following facts and statements are true to the best of my knowledge:

1.  I contacted the servicemember and assured that the servicemember has actual notice of the lawsuit. The servicemember's current mailing address and telephone number are:

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- I did not contact the servicemember or assure that the servicemember has actual notice of the lawsuit. The following efforts were made to locate the servicemember:

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2.  I advised the servicemember of the protections of the Servicemembers Civil Relief Act.
3.  I advised the servicemember of the possibility of entry of default judgment and of the consequences of such a judgment.
4. I ascertained that the servicemember's ability to appear and defend his or her legal interests (*select one of the following*)  is affected  is not affected in any way by his or her military status.
5. I ascertained that the servicemember (*select one of the following*)  does not wish  does wish to move for a 90 day stay of the proceedings to enable him or her to obtain counsel or prepare a defense on the merits of the case.

6. My duties as required in the *Order Appointing Attorney Under Servicemembers Civil Relief Act* are now completed. The servicemember should henceforth be served at (*select one of the following*):
- Servicemember's current address listed above  
 Servicemember's last known address.
7. I understand that my appointment is limited to those duties set forth herein. I further understand that this appointment does not extend to preparation of a defense on the merits of the lawsuit.

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Date

Signature

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Type or Print Name

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Alaska Bar Association Membership No.

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

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Clerk of Court, Notary Public or other person  
authorized to administer oaths.

My commission expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_  
a copy of this Affidavit was sent or given to:  
 Plaintiff \_\_\_\_\_  
 Defendant \_\_\_\_\_

By: \_\_\_\_\_