You must use black ink to fill out this fo	rm.
--	-----

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.

that the court and the other party can serve you by mar	ı.	
IN THE SUPERIOR COUR	T FOR THE STATE OF ALASKA	
AT City or Town		
City or Town	where Court is located	
)	
Plaintiff,)	
vs.)	
v3.)	
)	
Defendant.)) Your Case No	
AFFIDAVIT A	ND MEMORANDUM	
IN SUPPORT OF 🗌 MOTION or 🗌 OPPOSITION for	or * *Name of Motion or Opposition that goes with this doct	
	*Name of Motion or Opposition that goes with this doc	ıment
I,, swe	ear or affirm that the following facts are true to the be	st of
	-	
my knowledge:		
More pages are attached and incorporated by ref	ference.	
You	r Signature (In blue ink if possible)	
	• · · · · · ·	
Subscribed and sworn to or affirmed before me at on	Name of City, Town or Village	, Alaska
on Date	Name of Ony, Town of Village	
Notan/ Pr	ublic or other person authorized to administer oaths.	
	hission expires on	
,		
AFFIDAVIT AND MEMORANDUM	Page 1 of	
	SHC-1301 (3/03)	
