

**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 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 Court is located*

\_\_\_\_\_  
Plaintiff, )  
 )  
vs. )  
 )  
\_\_\_\_\_  
Defendant. )  
\_\_\_\_\_ )

Your Case No. \_\_\_\_\_

**ORDER**

**ON OPPOSITION TO MOTION FOR \*** \_\_\_\_\_  
*\*Name of Motion you are opposing*

Having considered the *Motion* and  Plaintiff's  Defendant's *Opposition*, and good cause being found, the Court HEREBY ORDERS:

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

Dated at \_\_\_\_\_, Alaska this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge \_\_\_\_\_

I certify that on \_\_\_\_\_ a copy of the above was mailed to each of the following: at their addresses of record. (List names if not an agency)  
 CSSD/ AG  CI

\_\_\_\_\_  
Deputy Clerk / Secretary