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 still 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 the Court is located

_____	)	
Plaintiff,	)	
	)	
vs.	)	
	)	
_____	)	
Defendant.	)	
_____	)	*Your* Case No._____

REPLY

**TO OPPOSITION TO MOTION FOR ***_____
Name of your original Motion

I, _____, reply to the *Opposition* as follows:
Print your full name here

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐More pages are attached and incorporated by reference.

_____ _____
Date *Your Signature* (In blue ink if possible)

I certify that on _____a copy of this *Reply* was ☐ mailed ☐ hand delivered to:
☐ Opposing Party _____
☐ Opposing Lawyer _____
☐ CSSD/AG ☐ CI ☐ Other_____
Your signature: _____