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	F ALASKA
City or Town where the Court is located	
<b>)</b>	
Plaintiff,	
)	
vs.	
)	
Defendant. / Your Case No.	
MOTION FOR *	
*Name This Document: You Must Give This Motion A Title Descri	bing What it is You Want
I,, request that:	
Print your full name here	
BECAUSE:	
L want a hearing on this Motion. (Explain why in your Affidavit and Memora	ndum.)
More pages are attached and incorporated by reference.	
- · · · · · · · · · · · · · · · · · · ·	
I have filed the following documents with this <i>Motion</i> :	
My Affidavit and Memorandum (REQUIRED)	
A proposed <i>Order</i> for the Judge to Sign (REQUIRED)	
Other:	
Date Your Signature (I	n blue ink if possible)
I certify that ona copy of this <i>Motion</i> and all supporting documents that c	
mailed 🗆 hand delivered to:	
Opposing Party	
□ Opposing Lawyer □ CSSD/AG □ CI □ Other	Page 1 of SHC-030 (06/05)
Your signature:	MOTION CR 77(a) & 77(b)
· · · · · · · · · · · · · · · · · · ·	(2)