You must use black ink to fill out this form.

Your Name:	
Telephone:	Message phone:
NOTE: If for any reason	you do not wish the other party to know your physical address, you still must provide a mailin t 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
Petitioner v.)))))
Respondent))
	WITNESS LIST
Name:	
Mailing Address:	
Physical Address if dif	ferent:
Phone:	
Expert in	Not Expert/relation to case
Name:	
Mailing Address:	
Physical Address if dif	ferent:
	Not Expert/relation to case
Name:	
Physical Address if dif	ferent:
Phone:	
	Not Expert/relation to case

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Name:		
Mailing Address:		
Physical Address if different:_		
Phone:		
Expert in	Not Expert/relation to case	
Name:		
Mailing Address:		
Physical Address if different:_		
Phone:		
Expert in	Not Expert/relation to case	
☐ Additional pages attached a	and incorporated by reference.	
Date	Your Signature (In blue ink if possible)	-
I certify that ona Respondent through Attorney Court Visitor	a copy of this <i>Brief</i> was mailed first class or hand delivered to: Opposing Lawyer if any involved	
Your signature:		