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 your physical address, you must provide a mailing the court and the other party can serve you by ma	g address so that
	OURT FOR THE STATE OF ALASKA
City or To	own where Court is located
)
Plaintiff,	_)
vs.)))
Defendant.	_))) Your Case No
	AFFIDAVIT
1	, swear or affirm that the following facts are true to the best of
my knowledge:	
More pages are attached and incorporated I	by reference.
	Your Signature (In blue ink if possible)
Subscribed and sworn to or affirmed before me on Date	nat, Alaska Name of City, Town or Village
	Notary Public or other person authorized to administer oaths. My commission expires on
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