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

	or Town where Court is located
City	or Town where Court is located
Plaintiff,))
VS.	
Defendant.)) Your Case No
MOTION, AFFIDAVIT & OR	DER TO APPEAR & TESTIFY BY TELEPHONE
l, (Print your full name here)	, request to appear and testify by telephone at:
☐ all hearings / trial, OR ☐ hearing / trial on	(rite date & time here)
because:	
More pages are attached.	
The court can call me at the followin	g telephone number:
	(write phone # with area code) ber that can safely be revealed to the opposing party, ask ne court clerk how you can provide this information so
Other:	

MOTION, AFFIDAVIT & ORDER TO APPEAR & TESTIFY BY TELEPHONE

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You must use black ink to fill out this form.

I swear or affirm that the above facts and statements are true to the best of my knowledge.

Your S	ignature (In blue ink if possible)	
Subscribed and sworn to or affirmed before me at, <i>Name of City, Town or Village</i>		
	Name of City, Town or Village	
Alaska on	_·	
Date		
Notary Publi	ic or other person authorized to administer oaths.	
My commiss	sion expires on	
Certificate of Service (to be filled out by person filing the motion)		
I certify that ona copy of this Motion &	Affidavit to Appear & Testify by Telephone and	
proposed Order was mailed hand delivered to:		
	Opposing Lawyer er	
□ AG □ CI UOth	er	
Your signature:		
	J	
ORDER ON MOTION TO APPE	AR & TESTIFY BY TELEPHONE	
Having considered the Motion & Affidavit and a	any Opposition filed, and finding good cause	
and no substantial prejudice to the opposing pa		
The 🗌 Plaintiff's 🗌 Defendant's request to appear by telephone for 🗌 all hearings / trial		
the hearing / trial on	atis: (time of hearing / trial)	
(date of hearing / trial)	(time of hearing / trial)	
Crontod		
Granted.	hang number provided in your motion. Mait by	
	whone number provided in your motion. Wait by	
• •	the hearing/trial start-time for the call because	
your case may be delayed by prior c		
You need to call the court at the following number:		
Other:		
_		
Denied . To testify, you must appear in court at the above date and time.		
Date	Superior Court Judge	
Certificate of Distribution (to be filled out by court staff)		
I certify that on a copy of	f the above was mailed to each of the following at their	
addresses of record: Plaintiff [f the above was mailed to each of the following at their Defendant	
Other		
Deputy Clerk / Judicial Assistant		