

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 SUPREME COURT OF THE STATE OF ALASKA

_____)
_____)
Appellant (person bringing the appeal),)
_____)
vs.)
_____)
Appellee.)
_____)

Supreme Court Case No. _____
Superior Court Case No. _____

MOTION AND AFFIDAVIT TO ACCEPT LATE FILED APPEAL

I, _____, request that I can file this appeal late.
(Print your full name here)

I received the final judgment from the Superior Court on _____.
(Enter the date)

I am filing this appeal late because _____

- More pages are attached and incorporated by reference.
- I have attached the *Notice of Appeal*.

Your Signature (In blue ink if possible)

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____ Date Name of City, Town or Village

oaths. Notary Public or other person authorized to administer
My commission expires on _____

I certify that on _____ a copy of this *Motion* and any attached documents was mailed hand delivered to:

Opposing Party _____
Opposing Lawyer _____
AG _____
Your signature: _____

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I certify that on _____ a copy of this *Motion* and any attached documents was mailed hand delivered to:

Opposing Party _____

Opposing Lawyer _____

AG _____

Your signature: _____

Page * of ____

SHS-AP 110 (11/04)

MOTION TO ACCEPT LATE FILED APPEAL