

You must use black ink to fill out this form.

Your Name: _____

Mailing Address: _____

Telephone: _____ Message phone: _____

Email: _____

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

AT _____
City or Town where the Court is located

_____)
_____)
Plaintiff, _____))
_____))
v. _____))
_____))
Defendant. _____))
_____)

Your Case No. _____

MOTION and AFFIDAVIT FOR INTERIM ORDERS (minor children)

NOTE: If you serve this motion with the Complaint, the other parent's opposition is due on the same day as the Answer, which is 20 days after service of Complaint. If you serve this motion after the Complaint, the opposition is due with the Answer OR after 10 days + 3 if mailed – whichever is later. You have the right to file a reply 5 days (+3 for mailing) after a copy of the opposition is mailed to you. For more information, see www.courts.alaska.gov/shc/family/motions.htm or call 907-264-0851 or 866-279-0851.

I, _____, request the following interim orders:
Print your full name here

1. **INTERIM CHILD CUSTODY** - I request the following interim Custody Order:

1A. Legal Custody: Legal custody refers to decision making authority such as matters relating to health, education or religion of the child(ren). **(check i or ii)**

i. **Joint legal custody** (both parents share the decision making because they can communicate about the children, even though they may not get along otherwise. Joint legal is the most common type of legal custody awarded by courts.)

ii. **Sole to Mother** or **Sole to Father** (sole legal custody means one parent makes decisions about the child(ren) because there is no way that the parents can communicate about the child(ren) or one parent is unfit due to severe mental illness, substance abuse or domestic abuse issues. However, with sole legal, both parents usually have access to school and medical records and neither parent can move out of the state with the children without permission from the court or the other parent.)

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1B. Physical Custody: *Physical custody describes the child(ren)'s schedule. If the children are with each parent more than 110 over nights within 1 year, you have a shared custody schedule. If one parent has 109 over nights or less, he or she has a visitation schedule and the other parent has primary custody. (check i, ii or iii)*

- i. **Shared Physical Custody** The child(ren) will have 110 or more overnights with each parent. (Check one box in iv. below for the plan you want.)
- ii. **Primary Physical Custody:** Child(ren) will have 256 or more overnights with Mother or Father and be with the other parent for 109 overnights or less. (Check 1 box in iv. below for the plan you want.)
- iii. **Other Custody Arrangement** as follows:

iv. I have attached the following documents to support my request:

Proposed *Custody and Visitation Plan* (choose I, ii, or iii below.)

- i. *Custody & Visitation Plan* (5 pages), SHC-1120 [Word](#) | [PDF](#)
- ii. *Custody & Visitation Plan* (1 page), SHC-1122 [Word](#) | [PDF](#)
- iii. *Parenting Plan* (23 pages), SHC-1127 [Word](#) | [PDF](#)
- Best Interest Affidavit*, SHC-1125 [Word](#) | [PDF](#) (supports my *Custody and Visitation Plan*.)
- Proposed Custody Order* (1 page), SHC-1103 [Word](#) | [PDF](#) (Mark "Interim" and fill out as if the court grants the plan you chose, but DO NOT sign.)

1C. Safety Concern - *A history of domestic violence can significantly affect the outcome of the custody issues in your case. In short, there is a presumption that the perpetrator of domestic violence may not get custody. The presumption may be overcome by meeting specific legal requirements. You are strongly encouraged to [talk to an attorney](#) about how this may affect your case.*

I am concerned about my safety or the safety of the children when with the other parent. Therefore, I request that visitation be restricted as follows: _____

2. **INTERIM CHILD SUPPORT** - I request an interim Child Support Order according to Civil Rule 90.3, including medical and dental support. I have attached:
 Child Support Guidelines Affidavit, [DR-305](#) [Fill-In PDF],
 a proposed *Order for Child Support*, [DR-300](#) [Fill-In PDF] marked "Interim."

3. **Has either CSSD or the court ordered anyone to pay child support?**
 No Yes, Mother Father, or other _____ has been ordered to pay child support. (Please attach a copy of that order if you have it.)

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4. **Has anyone applied for public benefits (ATAP, TANF, Food stamps etc.) to support this child?**

No Yes, who? _____

5. **ATTORNEY'S FEES & COSTS** - I request that attorney's fees and costs reasonably necessary to retain legal advice in this action in the amount of _____ be awarded. I may need additional funds once the retainer has been spent.

I have attached my completed *Financial Declaration*, [DR-250](#) [Fill-In PDF].

It is fair and just for the other party to pay my attorney's fees because: _____

6. **SPOUSAL and MEDICAL/DENTAL SUPPORT**

A. I request reasonable spousal maintenance as follows:

Amount: _____ How often: per week per month

Type of payment: Cash Check Other: _____

Method of payment: Mail to me Deposit in Bank Give to me Other: _____

B. I request an order requiring my spouse to provide available medical and dental insurance for me and to pay _____% of all uninsured medical and dental expenses reasonably incurred by me for myself.

I have attached my completed *Financial Declaration*, [DR-250](#) [Fill-In PDF].

I need this support, and it is fair and just for me to get this support because: _____

7. **PROPERTY** - I request an order granting the exclusive use and possession of the following property until further order of this court:

A. **To me:** Residence located at: _____

Vehicle described as: _____

Other: _____

B. **To my spouse:** Residence located at: _____

Vehicle described as: _____

Other: _____

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This allocation of property is fair and just because: _____

8. **DEBTS** - I request an order about paying debts indicated below until further order of this court.
 I have attached my completed *Financial Declaration*, [DR-250](#) [Fill-In PDF].

A. Debts to be paid by me:

Debt and name of creditor	Monthly Amount Owed
_____	_____
_____	_____
_____	_____
_____	_____

B. Debts to be paid by my spouse:

Debt and name of creditor	Monthly Amount Owed
_____	_____
_____	_____
_____	_____
_____	_____

9. **OTHER RELIEF** - I request other temporary relief as follows: _____

10. I request a hearing on this *Motion*.

11. I have attached the following documents: *Check all that apply.*

- Proposed *Custody and Visitation Plan* (Required if you checked #1; choose 1 below.)
 - Custody & Visitation Plan (long - 5 pages), SHC-1120 [Word](#) | [PDF](#)

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- Custody & Visitation Plan (short – 1 page), SHC-1122 [Word](#) | [PDF](#)
- Parenting Plan (23 pages), SHC-1127 [Word](#) | [PDF](#)

- Best Interest Affidavit*, SHC-1125 [Word](#) | [PDF](#) (Required if you checked #1.)
- Proposed Custody Order* (1 page), SHC-1103 [Word](#) | [PDF](#) (Required if you checked #1. Mark "Interim" and fill out as if the court grants the plan you chose, but DON'T sign.)
- Child Support Guidelines Affidavit*, [DR-305](#) [Fill-In PDF] (Required if you checked #2.)
- Proposed Order for Child Support*, [DR-300](#) [Fill-In PDF] (Required if you checked #2.)
- Financial Declaration*, [DR-250](#) [Fill-In PDF] (Required if you checked #5, 6 or 8.)
- Proposed Interim Orders*, SHC-1102 [Word](#) | [PDF](#) (Required; Fill out as if court grants your Motion for Interim Orders, but DON'T sign)
- Notice of Motion*, SHC-1630 [Word](#) | [PDF](#) (Required if you are filing this motion with a Complaint for Divorce or Complaint for Custody)
- Other: _____

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

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

(SEAL)

Notary Public or other person authorized to administer

oaths.

My commission expires on _____

CERTIFICATE OF SERVICE

I certify that on _____, I gave a copy of the *Motion and Affidavit For Interim Orders* and papers listed in No. 11 to the following:

Opposing Party _____ Opposing Lawyer _____

Other Party _____

by mail hand delivery served with the *Complaint* (if served with the *Complaint* you cannot show a date of service here) Other _____

Your signature: _____