

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of (use child's initials only):)
)
)
A minor under 18 years of age.)
)
Date of Birth: _____)

CASE NO. _____

**REQUEST FOR REVIEW HEARING
ON VISITATION**

I am a parent, adult family member, or guardian of the minor child(ren) named above. The Office of Children's Services has not allowed me to have reasonable visitation with the child(ren). I ask the court for a hearing to review this situation.

Your Full Name: _____ Relationship to Child: _____

Full Mailing Address: _____

Phone: _____ Email: _____

Date: _____ Your Signature: _____

I certify that on _____, I distributed a copy of this request to:
Clerk: _____

ORDER

IT IS ORDERED that the request for a review hearing is

- DENIED. Good cause for a review hearing has not been demonstrated.
- GRANTED. A review hearing will be held.

Date and Time: _____

Location: _____

Date

Judicial Officer

Type or Print Name

I certify that on _____, I distributed a copy of this order to:
Clerk: _____