

IN THE DISTRICT COURT FOR THE STATE OF ALASKA AT ANCHORAGE

DISTRICT COURT APPLICATION FOR CHANGE OF PLEA

For Calendaring Clerk Only

Hearing Date Set: _____

Time: _____

Clerk: _____

REQUESTING AGENCY/PERSON.

PD DA OPA DLG MOA Private Attorney Self-Represented Litigant

DEFENDANT INFORMATION.

Defendant's Name: _____

Case #: _____

State Case Municipal Case

Case #: _____

State Case Municipal Case

Case #: _____

State Case Municipal Case

Defendant In-Custody

Defendant Out-of-Custody

HEARING REQUEST.

Hearing requests **MUST** be received before 2:00pm the day before the requested hearing date.

Hearing Date Requested: _____

Today's Date: _____

Signature of Applicant (Defendant or Attorney)

Print Name of Applicant

Attorney Bar Number

Phone Number

Fax Number

I certify that on _____
a copy of this document with hearing date
was sent to: DA Def./Def. Atty

Clerk: _____