

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

STATE OF ALASKA)
)
Plaintiff,)
vs.)
Defendant.)
DOB: _____)

CASE NO. _____

**SENTENCING RECOMMENDATION PURSUANT
TO RESTORATIVE JUSTICE PROGRAM**

(Name of Tribe or Organization), presents the attached sentencing recommendation pursuant to the restorative justice program.

Date Signature

Print Name and Title

Email*: _____ Phone: _____

Mailing Address: _____

* I authorize the court to email me court documents in this case to the email address above.

Certificate of Service

I certify that a copy of this sentencing recommendation was delivered to:

Defendant Prosecutor

By mail email fax phone

By (name of sender): _____ on the following date: _____