

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

By providing an email address, I agree that the court and other parties can send court documents to me at this email address.

[Fill in the court location, names, and case number exactly the same as on the complaint.]

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT _____
[location of court]

Parent/Spouse A: _____
(Plaintiff)

Parent/Spouse B: _____ Case No. _____
(Defendant)

MOTION & AFFIDAVIT TO ENFORCE ORDER

I, _____, [full name] request that the court enforce the Order named _____ [name of the original Order you want the judge to enforce] that the judge signed on _____.

1. The other side did not follow the court's Order about the following issues:

- | | |
|---|--|
| <input type="checkbox"/> paying child support | <input type="checkbox"/> paying debts or bills |
| <input type="checkbox"/> visitation with the minor child(ren) | <input type="checkbox"/> returning personal property |
| <input type="checkbox"/> providing medical insurance coverage | <input type="checkbox"/> paying spousal support |
| <input type="checkbox"/> paying child(ren)'s uncovered medical expenses | <input type="checkbox"/> moving out, refinancing or selling marital home |
| <input type="checkbox"/> other: _____ | |

2. The Order stated that the other side was supposed to (write what was specifically supposed to happen):

3. I have done the things below to try to get the other side to follow the order, but they haven't yet:

4. When I asked the other side to follow the order, they said or did:

Continue to next page.

5. I want the court to find that the other side has not followed the court's Order. I want to the court to enter a new order that:

☐ requires the opposing party to do what the original *Order* or *Judgment* states.

☐ awards me the following personal property: _____

☐ awards me the following real property: _____

☐ See attached Worksheet – Unpaid Medical, Dental & Vision Care Benefits, SHC-1541

[Word](#) | [PDF](#)

☐ other (be specific about what you want the judge to order the other party to do):

☐ More pages are attached.

☐ I request a hearing about this matter.

NOTE: You must sign this in front of a notary. A court clerk can provide this notary service for you for free. Bring a photo ID with you for the notarization. If you do not have access to a notary or court clerk, attach form [TF-835, Self-Certification \(No Notary Available\)](#).

I swear or affirm that everything I wrote in this motion and any attachments are true to the best of my knowledge and belief.

Date

Signature of Person Filing Motion

Subscribed and sworn to or affirmed before me at _____ on _____

(SEAL)

Court clerk, notary public, or other
person authorized to administer oaths.
My commission expires: _____

See next page for REQUIRED Service.

Use of TrueFiling

(Administrative Bulletin No. 92 - AB 92)

1. See if TrueFiling is available for your case type and court location at ak-courts.info/tfcourts.
2. If available, you **must** use TrueFiling unless you are exempt. You are exempt if one of these applies:
 - You are in a jail or correctional facility.
 - You have a disability under the Americans with Disabilities Act (ADA).
 - You do not have safe access to a computer, internet, or email.
 - You cannot get the help you need to use TrueFiling.
 - You have a language barrier or are Limited English Proficient.

You do not need to prove you are exempt. If you are exempt **and** you choose not to use TrueFiling, check and sign the text box below. If you sign below, you can only give documents to the court by mail or in person. You cannot email them.

☐ I certify that I am exempt from using TrueFiling for a reason listed in AB 92.

Signature: _____ Print or Type Name: _____

You must give a copy of this form (and everything attached to it) to every party in the case. This is called "service."

Use TrueFiling to serve the other party if:

- Both you and the other party are using TrueFiling.
- You are using TrueFiling and the other party gave their email address to the court.

Use the Certificate of Service below if:

- The other party is not using TrueFiling and did not give their email address to the court.
- TrueFiling is not available - check TrueFiling availability at ak-courts.info/tfcourts
- You are exempt from using TrueFiling.

Certificate of Service

I certify on _____ at _____ *[date/time]* I gave a copy of this document **and** any attachments by ☐ mail. ☐ hand-delivery. ☐ TrueFiling. ☐ email. *[You can only use email if the other party provided an email address to the court].*

I served these people: _____

Signature: _____