

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

\_\_\_\_\_) )  
PETITIONER (protected person), )  
Birthdate: \_\_\_\_\_ Identifies as:  M  F )  
 Petitioner is a child. Who is signing for the child? )  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ )  
Relationship to child: \_\_\_\_\_ ) Case No. \_\_\_\_\_  
v. )  
\_\_\_\_\_) )  
RESPONDENT (restrained person), )  
Birthdate: \_\_\_\_\_ Identifies as:  M  F )  
 Respondent is a child. Who is signing for the child? )  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ )  
Relationship to child: \_\_\_\_\_ )

**REQUEST TO DISSOLVE  
A PROTECTIVE ORDER  
(ONE PETITIONER)**

*[This form should be used if you wish to dissolve an existing domestic violence, sexual assault, or stalking protective order.]*

**This request, by itself, does not end the protective order. All parties must follow the existing protective order until a judge ends it in writing. If you fail to appear for a hearing about this request, the judge may deny your request.**

1. I am the  petitioner  respondent in this case.
2. The most recent protective order in this case was issued on (date) \_\_\_\_\_.
3. I ask the court to end the:  
 short-term protective order and withdraw any long-term petition in this case.  
 long-term protective order issued in this case.
4. I agree with each of the following statements: *(Check each one)*  
 It is my free and voluntary choice to make this request. No one forced, coerced, or threatened me to get me to make this request.  
 I believe I will be safe if the request is granted.  
 I understand I can ask the court to make changes to the order without dissolving the order entirely.  
 If my request is granted and the order is dissolved, I understand I can file a new petition if necessary.
5. The reason(s) for this request are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.  I would like to speak with a Victim's Advocate before the Judge makes a decision. I can be available:  in person.  by telephone.
7. Other party's telephone numbers (if known): Home \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_

Date Signature

Provide your mailing address and message phone number so the court can contact you about the hearing. You do not have to use your actual address or phone number. Instead, you can provide safe alternatives so that the court can contact you on short notice.

\_\_\_\_\_

Safe Mailing Address City State ZIP

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Certificate of Service

I certify that on \_\_\_\_\_ a copy of this request was  given  mailed to:

Petitioner \_\_\_\_\_  Person signing for minor petitioner \_\_\_\_\_

Respondent \_\_\_\_\_  Person signing for minor respondent \_\_\_\_\_

Clerk: \_\_\_\_\_