



5. The following specific facts will, when proven, state a claim on which relief can be granted or entitle me to reversal on appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Prisoner's Signature

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on  
\_\_\_\_\_  
(date)

(SEAL)

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires \_\_\_\_\_

ORDER

It is ordered that the above request is

- GRANTED. The court finds that exceptional circumstances prevent the prisoner from paying the full filing fee. The required filing fee will be \$ \_\_\_\_\_ (Minimum required by AS 09.19.010(d) is 20% of the larger of average monthly deposits to or average balance in prisoner's account.)
- DENIED. The court finds that no exceptional circumstances prevent the prisoner from paying the full filing fee.

**Notice: This case may be dismissed without further notice unless the required filing fee is paid within 30 days after the date of distribution of this order.**

\_\_\_\_\_  
Date Judge

I certify that on \_\_\_\_\_  
a copy of this order was sent to: \_\_\_\_\_  
Type or Print Name

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