

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

In the Matter of (use child's initials only): )  
 )  
 )  
A minor under 18 years of age. )  
 )  
Date of Birth: \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

**REQUEST FOR REVIEW HEARING  
ON VISITATION**

I am a parent, an adult family member, or the guardian of the minor child named above. The Office of Children's Services has denied me reasonable visitation with the child. As an interested person, I ask the court for a review hearing on this matter. I understand that I am not eligible for publicly appointed legal counsel.

\_\_\_\_\_  
Date

I certify that on \_\_\_\_\_ I  
sent copies of this request to:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State & ZIP

\_\_\_\_\_  
Daytime Phone Number

**ORDER**

IT IS ORDERED that the request for review hearing is

- DENIED. Good cause for a review hearing has not been demonstrated.
- GRANTED. A review hearing will be held on \_\_\_\_\_ at \_\_\_\_\_  
a.m./p.m., at \_\_\_\_\_

\_\_\_\_\_  
Date

I certify that on \_\_\_\_\_ I  
sent copies of this order to:

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

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Type or Print Name