

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

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

CASE NO. 3AN-_____ CR

REQUEST AND ORDER

FOR _____

APSIN: _____ ATN: _____ DL/ID: _____ ST: _____ Comm. Lic.

REQUEST (Type or print neatly)

CERTIFICATION. I certify that this document and its attachments do not contain (1) the name of a victim of a sexual offense listed in AS 12.61.140 or (2) a residence or business address or telephone number of a victim of or witness to any crime unless it is an address used to identify the place of the crime or it is an address or telephone number in a transcript of a court proceeding and disclosure of the information was ordered by the court.

I, _____, request that _____

Reason: _____

Date Defendant's Signature

Defendant's Mailing Address City State ZIP Daytime Phone

PROSECUTOR'S REPLY (not necessary)

Prosecutor does does not oppose this request. Reason: _____

Date Prosecutor's Signature ABA#

ORDER

Hearing ordered. Date: _____ Time: _____ Courtroom: _____

Request granted. Request denied.

Date Judge

Type or Print Judge's Name

I certify that on _____ a copy of this order was given or sent to:
 DA MA Def Def's Atty DPS DOC DMV Jail Clerk: _____