Party A/Plaintiff Name:			
Email:	nail: Phone:		
Party B/Defendant Name:			
Email:	Phone:		
Mailing Address:			
Biological Father Name:			
Email:	Phone:		
	parties and the court can email me docu		
IN THI	E SUPERIOR COURT FOR THE STATE C AT	F ALASKA	
	(Party A/Plaintiff)		
	(Party B/Defendant) CASI	≣ NO:	
	NT REQUEST FOR BIOLOGICAL FAT JOIN CASE TO ESTABLISH PATERN		
one of the parties is the leginvolved in this case, and (father as the legal father, as the legal father. If ever the appropriate paternity of	orm if (1) two parties have an open divergal father but not the biological father of (3) both parties want the judge to estail and (4) the biological father agrees to given does not agree to this, any party omplaint. Complaint forms are available Domestic Relations (DR) forms.]	of one or more children blish the actual biological join the case to be established may file a separate case using	
Request by Parties. We	both swear or affirm that these facts a	re true:	
	is the biological mother of the following ty in this case is not the biological fath		
Name of Child		Date of Birth	
We have good cause to biological father of the	believe thatchildren named in section 1.	[name] is the	
3. We ask the court to allo	ow the person named in section 2 to join	in this case as a party for the	

limited purpose of establishment as the legal father of the children named in section 1. We understand that the children's current legal father will be disestablished at the same time,

and will have no further parental rights or responsibilities towards the children.

4. We attached the following documents:	
Confidential Information Sheet, DR-314, list	ting the biological father's social security
number and date of birth. (Required)	111 D 1 11 DD 504
Three-Way Affidavit to Disestablish and Est	• •
Other:	
Party A's Signature:	Date:
Party B's Signature:	Date:
Agreement by Biological Father.	
I agree to be joined as a party to this case for the legal and biological father of the children named in is established, I will become responsible for all parts	section 1. I understand that if my paternity
Biological Father's Signature:	Date:
ORDE	D
The request is	N.
☐ GRANTED. limited purpose of establishing paternity of the ☐ A hearing on paternity is set for: Date and Time: Location:	·
DENIED.	
Date	Superior Court Judge
Recommended for approval:	Print or Type Name
Superior Court Master/MJ Date	
I certify that on, a copy of the Party A/Plaintiff Party B/Defendant Biol Clerk/JA:	