

IN THE TRIAL COURTS FOR THE STATE OF ALASKA

<input type="checkbox"/> STATE OF ALASKA)	
<input type="checkbox"/> _____)	CASE NO. _____
)	_____
Plaintiff,)	_____
vs.)	_____
_____)	_____
Defendant.)	
DOB: _____)	

**REQUEST TO CANCEL
OR RESCHEDULE HEARING**

[NOTE: this form is for requests to change or cancel change of plea (COP) hearings and bail review hearings *only*.]

- Type and date of hearing already set: _____
- I request to cancel this hearing and not reschedule it.
 I request to reschedule to a new hearing date on _____
- Does this case involve an alleged victim? No. Yes.
[If yes, explain below how the victim has been or will be notified about this request.]

- Is Defendant in custody?
 No. Yes, place of incarceration: _____
- Reason for this request:

- Is this request unopposed by the other party?
 No. *[Make sure to serve the other party in TrueFiling.]*
 Yes. I certify that I contacted the other party or counsel: _____
by mail fax email in person phone
on _____ at _____ a.m. p.m.

_____	_____	_____
Date	Signature	Print/Type Name (& Bar No., if applicable)
Phone: _____	Email: _____	

ORDER

The request to cancel reschedule the hearing is GRANTED. DENIED.

Hearing Date Set. Date and Time: _____
Courtroom/Address: _____
Judicial Officer: _____ Purpose: _____

Clerk/Judicial Officer Signature: _____ Date: _____