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

☐ STATE OF ALASKA)
☐ CITY OF FAIRBANKS)
Plaintiff,)
vs.)
)
_____) CASE NO.: 4FA- _____ CR
Defendant.)
DOB: _____)
_____)

MOTION FOR _____

CERTIFICATION: I certify that this document and its attachments do not contain (1) the names 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: _____

_____

Reason: _____

_____

[*Attach extra pages if necessary*.]

I certify that all statements in this motion and any attachments are true to the best of my knowledge and belief.

_____ _____
Date Defendant's Signature

_____
Defendant's Mailing Address City State Zip Daytime Phone

CERTIFICATE OF SERVICE

I certify that on (date) _____ a copy of this motion was sent to the:

☐ Fairbanks District Attorney, 510 Second Avenue, Suite 200, Fairbanks, AK 99701
☐ Fairbanks City Attorney, 800 Cushman Street, Fairbanks AK 99701
☐ Office of Special Prosecution and Appeals, 310 K Street, Ste. 308, Anchorage, AK 99501

_____
Defendant's Signature