

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

\_\_\_\_\_  
 )  
 )  
 PETITIONER (protected person), )  
 Birthdate: \_\_\_\_\_ )  
 Petitioner is a child. Who is signing for the child? )  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ )  
 Relationship to child: \_\_\_\_\_ )

v. \_\_\_\_\_ )

Case No. \_\_\_\_\_ CI

\_\_\_\_\_  
 )  
 )  
 RESPONDENT (restrained person) )  
 Birthdate: \_\_\_\_\_ )  
 Respondent is a child. Who is signing for the child? )  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ )  
 Relationship to child: \_\_\_\_\_ )

**REQUEST FOR SERVICE AND  
 PEACE OFFICER'S RETURN OF  
 SERVICE (ONE PETITIONER)**

Court Date: \_\_\_\_\_  
 Court Fax: \_\_\_\_\_

**Please immediately serve the following documents on respondent  and \_\_\_\_\_**  
**The next court hearing is scheduled for \_\_\_\_\_**

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Petition for Protective Order(s)</i>                                   | <input type="checkbox"/> <i>Reassignment Order</i>                        |
| <input type="checkbox"/> <i>Emergency Protective Order (72 hours)</i>                              | <input type="checkbox"/> <i>Notice of Hearing</i>                         |
| <input type="checkbox"/> <i>Domestic Violence Protective Order (20 days)</i>                       | <input type="checkbox"/> <i>Order on Petition for Protective Order(s)</i> |
| <input type="checkbox"/> <i>Domestic Violence Protective Order (1 year)</i>                        | <input type="checkbox"/> <i>Stalking or SA Protective Order (20 days)</i> |
| <input type="checkbox"/> <i>Order Modifying, Extending, Dissolving Short-Term Protective Order</i> | <input type="checkbox"/> <i>Stalking or SA Protective Order (1 year)</i>  |
| <input type="checkbox"/> <i>Order Modifying, Extending, Dissolving Long-Term Protective Order</i>  | <input type="checkbox"/> _____  |
|  | <input type="checkbox"/> _____  |

A return of service must be filed with or faxed to the court at the number shown above before the hearing.

**RETURN OF SERVICE**

**I certify that I:**

- Served the document(s) listed above on respondent  and \_\_\_\_\_, by handing to, and leaving a true and correct copy with  him  her  them, personally, at (address) \_\_\_\_\_ in \_\_\_\_\_, Alaska, on (date) \_\_\_\_\_ at \_\_\_\_\_ .m.
- Turned custody of the minor child(ren) \_\_\_\_\_ over to \_\_\_\_\_
- Removed respondent from petitioner's residence located at \_\_\_\_\_
- Explained direct / indirect contact and communication to the person(s) served.
- Explained effective dates of the protective order (section B) to the person(s) served.
- Entered into DV Registry by DSN \_\_\_\_\_
- Did not serve the above-listed documents on the respondent named above because \_\_\_\_\_

Return Date \_\_\_\_\_

Signature \_\_\_\_\_

Time Spent \_\_\_\_\_

Print Name and Title \_\_\_\_\_

- Distribution: 1. Original to law enforcement agency with jurisdiction where respondent is located.  
 2. Copy to court file.