

Your Name: _____

Mailing Address: _____

Telephone: _____ Message phone: _____

NOTE: If for any reason you do not wish the other party to know your physical address, you must still provide a mailing address so that the court and the other party can serve you by mail.

IN THE SUPREME COURT OF THE STATE OF ALASKA

_____)
Appellant (person bringing the appeal)
vs.
Appellee

Supreme Court Case No. _____
Superior Court Case No. _____

MOTION & AFFIDAVIT TO ACCEPT [] CD or [] AUDIO CASSETTE TAPE

I, _____, request that the court accept a
(Print your full name here)

[] CD or [] audio cassette tape instead of a written transcript for the hearing or trial that
happened on _____. I cannot afford to pay for a transcript as shown
(Enter the date)
in my Financial Statement below.

- [] I have attached the Designation of Transcript.
[] I have attached a proposed Order to Accept CD or Audio Cassette Tape.

FINANCIAL STATEMENT

1. EMPLOYMENT

- a. I am employed by: _____
(State employer's name, address and phone #)
b. I am unemployed. My last employer was _____ where I
worked until _____
(State date you ended your job)

2. INCOME INFORMATION (after taxes, but before other deductions)

Table with 2 columns: You, Your Spouse. Rows: Annual Income, Wages, Public Assistance, Unemployment, Other (specify), Permanent Fund Dividend.

You must use black ink to fill out this form.

TOTAL INCOME from No. 2:

b. Monthly income (divide by 12) _____

3. FAMILY MONTHLY EXPENSES:

Food _____
Rent _____
Utilities _____
Car Payments _____
Furniture and equipment payments _____
Child support or alimony _____
Loans/time payments _____
TOTAL EXPENSES: _____

4. FAMILY ASSETS – Present value

Cash on hand or in bank _____
Land, buildings or trailers _____
Cars _____
Snow machines, boats, airplanes,
4-wheelers _____
Securities: stocks, bonds, notes _____
Businesses _____
Other Assets: _____
TOTAL ASSETS: _____

5. FAMILY DEBTS

Mortgages _____
Loans _____
Charge cards _____
Other (bills, etc.) _____
TOTAL DEBT: _____

6. DEPENDENTS:	Name	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I swear or affirm that this financial statement is true. I understand that if I give false information, I may be prosecuted for perjury.

Date

Your Signature (In blue ink if possible)

Subscribed and sworn to or affirmed before me at _____, Alaska on _____
(date)

Notary Public or other person authorized to administer oaths.
My commission expires on _____

I certify that on _____ a copy of this *Motion* and all supporting documents that are attached as indicated above was mailed hand delivered to:

Opposing Party _____
Opposing Attorney _____
Other _____
Your signature: _____