

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

)
)
 PETITIONER (protected person), M F)
 Birthdate: _____)
 Petitioner is a child. Who is signing for the child?)
 Name: _____ Birthdate: _____)
 Relationship to child: _____)
 v. _____)

Case No. _____ CI

)
)
 RESPONDENT (restrained person), M F)
 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 Domestic Violence 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>Order Extending Ex Parte Protective Order</i> |
| <input type="checkbox"/> <i>20-Day Ex Parte Protective Order</i> | <input type="checkbox"/> <i>Order on Petition for Protective Order(s)</i> |
| <input type="checkbox"/> <i>Long-Term Domestic Violence Protective Order</i> | <input type="checkbox"/> <i>Notice of Hearing</i> |
| <input type="checkbox"/> <i>Stalking Order (20 days)</i> | <input type="checkbox"/> <i>Stalking Order (6 months)</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.
- 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.