

You must use black ink to fill out this form.

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 SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____
City or Town where Court is located

_____))
Plaintiff,))
vs.))
_____))
Defendant.))
_____)) Your Case No. _____

**POST-JUDGMENT ORDER
FOR MODIFICATION of CUSTODY AND VISITATION**

After considering all evidence submitted and applying the relevant factors listed in AS 25.24.150 and AS 25.20.090, the court finds this *Order for Modification* to be in the child(ren)' s best interests.

1. This Order applies to the following minor child(ren):

Name	Date of Birth

NOTE: One or more additional Orders have been issued for other children in this family.

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2. Legal Custody

- Joint legal custody** is awarded to both parents.
 Sole legal custody is awarded to Father or Mother.

Special findings: _____

3. Physical Custody

Shared Physical Custody is awarded to both parents. The residential schedule is set forth below in section 4.

Primary Physical Custody is awarded to Father Mother. The visitation schedule is set forth below in section 4.

4. Residential Schedule of Child(ren)

The child(ren) shall reside with Father Mother, except for the following days and times when the child(ren) shall reside with or be with the other parent:

i. **from:** _____ **to** _____
(Day and time) (Day and Time)

other: _____

Frequency:

every week every other week every two weeks _____

ii. **and from:** _____ **to** _____
(Day and time) (Day and Time)

other: _____

Frequency:

every week every other week every two weeks _____

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5. Place For Transfer Between Parents

The transfer between parents shall take place at the following location(s): _____

6. Transportation For Transfer Between Parents

Father Mother Both Other _____
(Name of person who will be helping)

shall be responsible for transporting the child(ren). Comments: _____

7. Third Party Assistance With Transfer Between Parents

The following third party(ies) shall conduct or supervise the transfer between parents:

Name	Phone	Conduct	Supervise
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

8. Safety Concerns

Based on the evidence taken, this Court finds that there are legitimate safety concerns and therefore orders that visitation be restricted as follows: _____

An ORDER FOR VISITATION FACILITATION (Form DR-865) is attached.

9. Out-Of-State Travel

A. Father and/or Mother shall not travel out-of-state with the minor child(ren) during his or her custody or visitation time.

B. Father and/or Mother may travel out-of-state with the minor child(ren) during his or her custody or visitation time without restrictions with the following restrictions:

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10. VACATION, HOLIDAY, BIRTHDAY AND SPECIAL OCCASION SCHEDULE

The vacation and holiday schedule shall be the same as the regular schedule on pages 2-3 except as indicated below:

	<u>With Dad</u>	<u>With Mom</u>	<u>Date/time begin and end</u>
Winter vacation	_____	_____	_____
Spring vacation	_____	_____	_____
Summer vacation	_____	_____	_____
Christmas Eve	_____	_____	_____
Christmas Day	_____	_____	_____
Father's birthday	_____	_____	_____
Mother's birthday	_____	_____	_____
Child(ren)'s birthday(s)	_____	_____	_____
Father's Day	_____	_____	_____
Mother's Day	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Other (including findings regarding domestic violence): _____

12. Neither parent shall speak badly of the other parent in front of the child(ren).

Dated at _____, Alaska this _____ day of _____, 20__.

Judge _____

I certify that on _____ a copy of this Order was mailed to each of the following at their addresses of record. (List names if not an agency)

Deputy Clerk / Secretary