

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT \_\_\_\_\_  
[Location of your court case]

Full name of child that this case is about:

\_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Case Number: \_\_\_\_\_

**REQUEST FOR APPOINTED ATTORNEY (LAWYER) FOR CHILD**

- 1.  I am the child named above.
- I am filling this out for the child named above. My name: \_\_\_\_\_  
 Are you a party to the case?  Yes, I am the \_\_\_\_\_ [parent, GAL, etc.]  
 No, my interest in the case/child is \_\_\_\_\_
- Did you tell the child that you were filing this request?  Yes  No

2. I want an attorney to help me (the child) in this case.

3. Reasons that I (the child) want or need an attorney: [Select all of the boxes that apply.]

- A. It was recommended that I go to a psychiatric (mental health) hospital or live temporarily at a treatment center. I do not agree to go to this place.
- B. It was recommended that I get psychotropic medication (medication that may change my mental state). I do not agree to take this medication.
- C. At least one of the people involved in my case wants to see my psychotherapist (mental health therapy) information or records. I do not agree that they should see this information or have these records.
- D. I am considered a "runaway" by the police or the court. I had to go to a juvenile detention center **or** someone is asking that I be taken to a juvenile detention center.
- E. I am pregnant.
- F. I have custody of a minor child.
- G. I am not living where the court told me to live.
- H. My GAL (guardian ad litem) and I do not agree about something that is important to me. [For example, who you should live with, the goals of the case (adoption, guardianship, return to your parents, etc.), how often you visit your parents, siblings, or other family.]

Please describe the disagreement—explain what you want to happen and what your GAL thinks should happen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Another reason not listed above. [Please explain on the lines below.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How can the court and your attorney contact you (the child)?

*[If you check this box, leave the lines blank below.]* I want this information to be confidential from the other people in the court case. I will contact the court clerk to learn how I can give this information only to the court and to my attorney.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. I swear (or affirm) that everything I wrote on this form is true.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Service**

“Service” means giving a copy of all documents that you turn in to the court to all of the other parties in the court case. This is required by law. If you are a minor (or an adult who is filing for the minor but not a party to the case), then the court will do this service for you. If you are an adult party to the case, then you must fill out and sign the certificate of service in the box below **before** you turn it into the court.

**Instructions for Getting this Form to the Court and the Judge**

You have several options:

- (1) If you are the minor child, you can ask your GAL to file this form for you. Even if the GAL disagrees with your request, the GAL is required under the law to file it for you.
- (2) You can send this form as an email attachment to the court. A list of each court location’s email address is at <https://courts.alaska.gov/court/efiling.htm>
- (3) You can mail this form to the court or go in person to hand it to a court clerk. A list of court street addresses, mailing addresses (if different than physical location), and open hours is at [ak-courts/info/dir](http://ak-courts.info/dir).

<p><u>Certificate of Service</u></p> <p>I certify that on _____ at _____ <i>[date/time]</i>, I gave a copy of this request by</p> <p><input type="checkbox"/> mail <input type="checkbox"/> hand-delivery <input type="checkbox"/> email to:</p> <p><input type="checkbox"/> Attorney General <input type="checkbox"/> OCS Social Worker <input type="checkbox"/> GAL <input type="checkbox"/> Tribal Representative</p> <p><input type="checkbox"/> Parent/Atty: _____ <input type="checkbox"/> Parent/Atty: _____</p> <p><input type="checkbox"/> Others: _____</p> <p>Signature: _____</p>
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