

Person Filing Motion:

Name: \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

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

**TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY**

List court location, names of parties and case number exactly as shown on original court order.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

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CASE NO. \_\_\_\_\_

\_\_\_\_\_

**MOTION TO CHANGE**

CUSTODY  SUPPORT  VISITATION

1. **PARENT INFORMATION**

**NOTE:** If for any reason you do not want the other parent to know your current address or employer, you need not provide that information. However, you **must** provide a mailing address that will allow the court and the other parent to mail you required documents. That address may be in care of another person as long as you will receive all papers sent to you.

**Party A:**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**Party B:**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_





**4. CHANGE IN CHILD SUPPORT**

**NOTE:** In order to obtain an increase or decrease in support payments because of a change in income of the person making the payments, the change in income must be both long term and significant. The court will not modify a support order because of a minor or temporary increase or decrease in income. The general guideline for determining whether a change in income is significant is if the change is enough to raise or lower the support payments by 15% or more. **You must attach any documentation you have that supports your request. Examples include pay stubs, tax returns, and proof of social security or disability benefits.**

Do you want the support payments for the above children to be:

- increased**     **decreased**     **no change in support payments**

Check all of the following boxes that explain why you are requesting an increase or decrease. [Attach extra pages if necessary.]

a.  The income of the person making the child support payments has **increased or decreased**. *(If you check this box, attach documentation of the increase or decrease and explain why it has occurred.)*

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b.  Support payments should be changed because there has been a change in where the children are living. *(If you check this box, list the dates when the living arrangements changed, explain what the current living arrangements are, and attach any documents you have to support your claim.)*

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c.  Support payments should be changed because there has been a change in the availability or cost of medical insurance for the children or because medical expenses for the children have increased or decreased. *(If you check this box, attach all available documents that support the requested change.)*

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d.  Other *(Be specific and attach any supporting documents.)*

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**Income Withholding.** If your current support order in this case does not require immediate income withholding but CSSD is enforcing the order, the court will be required to order immediate income withholding in its modification order unless one of the three exceptions authorized by Alaska Statute 25.27.062(m) applies. For an explanation of those exceptions, see form [DR-10](#), pages 13-14 (available at the court).

Is CSSD currently enforcing your support order  Yes  No

If yes, is there a reason why the court should not order immediate income withholding?

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**5. REQUIRED ATTACHMENTS.** Each of the items listed below **MUST be attached to this motion.** Check each box to indicate that you have completed and attached the item.

- A copy of your most recent child support order
- Child Custody Jurisdiction Affidavit (form [DR-150](#))
- Child Support Guidelines Affidavit (form [DR-305](#))
- Shared Custody Child Support Calculation (form [DR-306](#)) (*required only if shared custody has been ordered or is being requested*) or form [DR-307](#) (*for divided custody*) or form [DR-308](#) (*for hybrid custody*).
- All documentation needed to support your request for a change in custody, visitation or support.
- Filing fee in the amount specified in [Administrative Rule 9\(b\)\(1\)](#).

**OATH OR AFFIRMATION**

**NOTE:** You must sign this in front of a notary. A court clerk can provide this notary service for you at no charge. Bring a photo ID with you for the notarization.

I swear or affirm that the above statements and any attachments are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Filing Motion

\_\_\_\_\_  
Printed Name

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_.

Date

\_\_\_\_\_  
Clerk of Court, Notary Public or other  
person authorized to administer oaths.

My commission expires: \_\_\_\_\_

(SEAL)

*[You must complete the Certificate of Service on the next page.]*

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

)  
)  
) CASE NO. \_\_\_\_\_  
)  
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**CERTIFICATE OF SERVICE FOR  
MOTION TO CHANGE CUSTODY,  
SUPPORT, OR VISITATION**

[MUST BE COMPLETED]

[Instructions: You must serve this Certificate of Service on the other party and file it with the court **AFTER** you pay the filing fee or the court approves your request to waive the filing fee.]

**OTHER PARENT** [Instructions: You must send a Response Packet to the other parent in addition to the other items listed below.]

I certify that I served the other parent by  first class mail  hand delivery a copy of (1) the *Motion*; (2) all documents checked in paragraph 5; and (3) a *Response Packet*.

Name of Other Parent: \_\_\_\_\_

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

Date mailed or hand delivered: \_\_\_\_\_

**OTHER PARENT'S ATTORNEY** [Instructions: If the other parent was represented by an attorney within the last year, you must send the attorney the documents below.]

I certify that I served the other parent's attorney by  first class mail  hand delivery a copy of (1) the *Motion*; and (2) all documents checked in paragraph 5.

Name of Other Party's Attorney: \_\_\_\_\_

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

Date mailed or hand delivered: \_\_\_\_\_

**CHILD SUPPORT SERVICES DIVISION (CSSD)** [If CSSD is enforcing this order, you must send a copy of the documents listed below to the Attorney General's office.]

I certify that I served the Attorney General's office by  first class mail  hand delivery a copy of (1) the *Motion*; and (2) all documents checked in paragraph 5 to the address below. Date mailed or hand delivered: \_\_\_\_\_

Attorney General's Office  
Collections and Support Section  
1031 West Fourth Avenue, Suite 200  
Anchorage, AK 99501

\_\_\_\_\_  
Date filed at court

\_\_\_\_\_  
Signature of Person Filing Certificate

\_\_\_\_\_  
Print Name