

# PACKET NO. 1

## DISSOLUTION OF MARRIAGE FORMS FOR MARRIED PERSONS FILING TOGETHER (WITH MINOR CHILDREN)

<i>Form Number</i>	<i>Form Name</i>
<b>WHERE CAN I FIND INSTRUCTIONS?</b>	
<a href="#"><u>DR-10</u></a>	Instructions are available online at: <a href="http://www.courtrecords.alaska.gov/webdocs/forms/dr-10.pdf">www.courtrecords.alaska.gov/webdocs/forms/dr-10.pdf</a> Printed copies are available for customers with limited or no internet access.
<b>WHAT IS INCLUDED IN THIS PACKET?</b>	
<a href="#"><u>DR-105</u></a>	Petition for Dissolution of Marriage (with children)
<a href="#"><u>DR-110</u></a>	Appearance and Waiver of Notice of Hearing
<a href="#"><u>DR-306</u></a>	Shared Custody Child Support Calculation
<a href="#"><u>DR-314</u></a>	Information Sheet
<a href="#"><u>DR-315</u></a>	Application for CSSD Services
<a href="#"><u>DR-316</u></a>	Information about CSSD
<a href="#"><u>PUB-15</u></a>	Mediation Information available online at: <a href="http://www.courtrecords.alaska.gov/webdocs/forms/pub-15.pdf">www.courtrecords.alaska.gov/webdocs/forms/pub-15.pdf</a> Printed copies are available for customers with limited or no internet access.
<b>VS-401</b>	<b>Certificate of Divorce, Dissolution or Annulment</b>
<b>WHERE CAN I FIND PARENT EDUCATION REQUIREMENTS?</b>	
<a href="#"><u>Online</u></a>	<a href="http://www.courts.alaska.gov/shc/family/shcparent-ed.htm">www.courts.alaska.gov/shc/family/shcparent-ed.htm</a>

September 2017  
Alaska Court System

The statutes, court rules and most of the forms referenced in this packet are available on the court's website: [www.courts.alaska.gov](http://www.courts.alaska.gov). The website also has information about the court system's Family Law Self-Help Center. The Center may be able to help you with questions about dissolution procedure.

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

In the Matter of the Dissolution )  
of the Marriage of )  
\_\_\_\_\_) )  
Party A, )  
\_\_\_\_\_) )  
Party B. )  
\_\_\_\_\_)

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

**PETITION FOR DISSOLUTION  
OF MARRIAGE (WITH CHILDREN)**

There is an open Child-in-Need-of-Aid Case.

Court Location: \_\_\_\_\_. Case number (if known): \_\_\_\_\_.

We consent to the court's jurisdiction and request a decree of dissolution of marriage. Our marriage has broken down and we no longer want to be married. We agree this petition is the entire agreement between us. We understand that only the agreements written in this petition and its attachments are enforceable.

**I. INFORMATION ABOUT PETITIONERS**

Has either spouse filed an action for legal separation before filing this action?  Yes  No  
If yes, please list the case number, date, and place of filing:

**A. PARTY A**

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(city) (state)
2. Length of Alaska residence: \_\_\_\_\_
3. Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
4. Residence address: \_\_\_\_\_  
(street address) (city) (state) (ZIP)
5. Mailing address: \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)
6. Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_
7. Most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Employer's address: \_\_\_\_\_
9. Driver's license number: \_\_\_\_\_

**B. PARTY B**

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(city) (state)
2. Length of Alaska residence: \_\_\_\_\_
3. Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
4. Residence address: \_\_\_\_\_  
(street address) (city) (state) (ZIP)
5. Mailing address: \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)
6. Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_
7. Most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Employer's address: \_\_\_\_\_
9. Driver's license number: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

**C. Date and Place of Marriage.** Date of marriage: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
(month) (day)

Place of marriage: \_\_\_\_\_  
(city) (state)

**D. Health Care and Health Insurance**

Does either spouse need medical care or treatment?  Yes  No

If yes, state which spouse and describe the care or treatment needed:

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

Is either spouse covered by health insurance (by an employer or otherwise)?  Yes  No

If yes, state which spouse and the amount paid for the insurance by the spouse or spouses:

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

**E. Domestic Violence**

Has either spouse been involved in any of the following during the marriage:

1. a criminal charge of a crime involving domestic violence,
2. a domestic violence protective order under AS 18.66.100-18.66.180,
3. injunctive relief against domestic violence under former AS 25.35.010 or 25.35.020, or
4. a domestic violence protective order issued in another jurisdiction and filed with the court in this state under AS 18.66.140?

Yes  No If yes, describe below:

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

Has there been any domestic violence during the marriage (whether or not the police were involved or anything was filed in court)?  Yes  No

**F. Has either spouse received advice from an attorney about dissolution or divorce?**

Yes  No If yes, state which spouse(s): \_\_\_\_\_

Is either spouse represented by an attorney?  Yes  No

If yes, state which spouse(s): \_\_\_\_\_

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

**II. FINANCIAL INFORMATION**

Each party must attach a copy of his or her most recent federal tax return, W2, and at least two copies of his or her most recent paystubs. If income or deductions will change after the dissolution, file documents showing expected income and deductions.

The following income and deductions are  monthly  yearly.  
 If work is seasonal, show yearly income.

	Party A	Party B
<b>A. Gross Income</b> (Do not list ATAP or SSI below.)		
Gross wages	\$ _____	\$ _____
Value of employer-provided housing/food/etc. (also includes COLA, military BAH and BAS)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Permanent fund dividend	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>B. Deductions Allowable Under Civil Rule 90.3</b>		
Federal, state and local income tax	\$ _____	\$ _____
Social security tax (FICA) or self-employment tax	\$ _____	\$ _____
Medicare tax	\$ _____	\$ _____
Employment security tax (SUI)	\$ _____	\$ _____
Mandatory retirement contributions	\$ _____	\$ _____
Mandatory union dues	\$ _____	\$ _____
Voluntary retirement contributions if plan earnings are tax-free or tax-deferred, up to 7.5% of gross wages and self-employment income when combined with mandatory contributions	\$ _____	\$ _____
Other mandatory deductions (specify): _____	\$ _____	\$ _____
Spousal support (alimony) ordered in other cases and currently paid	\$ _____	\$ _____
Child support ordered for prior children of a different relationship and currently paid <sup>1</sup>	\$ _____	\$ _____
In-kind support for prior children of a different relationship calculated under 90.3(a)(1)(D) <sup>2</sup>	\$ _____	\$ _____
Work-related child care for children in this case	\$ _____	\$ _____
<b>TOTAL DEDUCTIONS</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>C. Net Income</b>		
TOTAL INCOME from section A	\$ _____	\$ _____
TOTAL DEDUCTIONS from section B	\$ _____	\$ _____
Subtract deductions from income to get		
<b>NET INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

\_\_\_\_\_  
 Print or Type Party A's Name

\_\_\_\_\_  
 Print or Type Party B's Name

\_\_\_\_\_  
 Signature of Party A

\_\_\_\_\_  
 Signature of Party B

<sup>1</sup> Not to exceed support amount calculated under 90.3(a)(2). "Prior children" includes children from a different relationship who were born or adopted before the children in this case.

<sup>2</sup> For more information, see [Prior Child Deduction Chart](#) and Civil Rule 90.3.

**D. Adjusted Annual Income**

Party A

Party B

1. If the above figures are based on monthly information, multiply NET INCOME from section C by 12 to get

ADJUSTED ANNUAL INCOME	\$ _____	\$ _____
------------------------	----------	----------

2. If the above figures are based on yearly information, repeat the NET INCOME amount from section C to show

ADJUSTED ANNUAL INCOME	\$ _____	\$ _____
------------------------	----------	----------

This figure will be used to calculate child support on page 11.

**E. Monthly Expenses**

Party A

Party B

Housing and utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL EXPENSES	\$ _____	\$ _____
----------------	----------	----------

- F. Bankruptcy.**  Party A  Party B filed for bankruptcy and that case is pending.

**III. PROPERTY AND DEBT INFORMATION, AND AGREEMENT OF PETITIONERS**

Below is a list of our assets and debts, and our agreement about dividing our assets and debts. **We believe the division below is fair and just.**

**A. Assets**

[Describe all your property and its value. Then check the boxes showing whether it was acquired during the marriage, who possesses it now, and to whom you want it awarded.]

1. Do you have a written community property agreement or a community property trust under Alaska law (AS 34.77)?  Yes  No Be sure to include community property in the lists below.

		Acquired During Marriage		Currently Possessed By			To Be Awarded To		
		yes	no	A	B	JT	A	B	JT*
2. Real Property (land and buildings) provide street address or legal description	<u>Value</u>								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

\_\_\_\_\_ Print or Type Party A's Name

\_\_\_\_\_ Print or Type Party B's Name

\_\_\_\_\_ Signature of Party A

\_\_\_\_\_ Signature of Party B







**V. CHILD CUSTODY JURISDICTION INFORMATION**

A. The following are children under age 19 born of the marriage or adopted by the petitioners:

(1) Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

(2) Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

(3) Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

(4) Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

B. Has either Party A or Party B participated as a party, a witness, or in another capacity in another proceeding concerning the custody of any of the above children or visitation with them?  Yes  No If yes, describe the previous child custody determination:  
 Name of Court \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_\_  
 Court's Decision \_\_\_\_\_

C. Does either Party A or Party B know of a proceeding that could affect this dissolution case (such as a proceeding relating to domestic violence, protective orders, termination of parental rights, adoption or enforcement of a court order)?  Yes  No  
 If yes, describe: Name of Court \_\_\_\_\_ Case Number \_\_\_\_\_  
 Nature of Proceeding \_\_\_\_\_

D. Does either Party A or Party B know of any person not a party to this dissolution case who has physical custody of any of the above children or claims to have the right to physical custody, legal custody, or visitation?  Yes  No  
 If yes, list each person's name and address, and what the person claims:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Is Party A or Party B pregnant?  Yes  No  
 If yes, include arrangements for this child in the following sections.

F. Is paternity disputed regarding any child?  Yes  No  
 Has paternity been disestablished for any child born during the marriage?  Yes  No  
 If you answer yes to either of these questions, there may be additional requirements.

**NOTE: You both have a continuing duty to inform the court of any other court proceeding in this state or any other state concerning any of the children listed**

\_\_\_\_\_  
 Print or Type Party A's Name

\_\_\_\_\_  
 Print or Type Party B's Name

\_\_\_\_\_  
 Signature of Party A

\_\_\_\_\_  
 Signature of Party B

**VI. CHILD CUSTODY AGREEMENT**

<u>Name of Child</u>	<u>Physical Custody Awarded To</u>	<u>Legal Custody Awarded To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you agreed to a shared physical custody arrangement, you must specify the custody schedule. You may use the model parenting form ([DR-475S](#)) or describe the schedule below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. VISITATION AGREEMENT**

**A. Visitation Rights of Parents**

- We agree \_\_\_\_\_ will have the following specific visitation rights:
  - summer vacation: \_\_\_\_\_
  - holidays: \_\_\_\_\_
  - weekends: \_\_\_\_\_
  - other: \_\_\_\_\_

[If you want child support reduced, you must specify dates as explained in section V, page 11, of the Instructions.]

- Our agreement about parenting and visitation is set forth in the attached parenting agreement ([DR-475S](#) or other). We understand that the court must approve a parenting agreement as being in our child(ren)'s best interest. We also understand that this dissolution will not be approved until we have an approved parenting plan.

**B. Visitation with Other Persons**

Names of Other Persons: \_\_\_\_\_

Describe visitation agreement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print or Type Party A's Name

\_\_\_\_\_

Print or Type Party B's Name

\_\_\_\_\_

Signature of Party A

\_\_\_\_\_

Signature of Party B

**VIII. CHILD SUPPORT (Civil Rule 90.3)**

[Note: You cannot waive child support or agree to a different amount than what is calculated under [Civil Rule 90.3](#), unless one of the exceptions in Civil Rule 90.3(c) applies. For example, the obligor's adjusted annual income is more than \$120,000; or the obligor's annual income is so low that the amount of support would be less than \$600; or you can prove to the court that manifest injustice will result unless the support amount is varied.]

**A. Child Support Calculation**

	<u>Party A</u>	<u>Party B</u>
1. a. Adjusted Annual Income (from II.D. on page 4)	\$ _____	\$ _____
b. If line 1.a. is more than \$120,000, write \$120,000 here. Otherwise, repeat amount on line 1.a.:	_____	_____
2. Multiply line 1.b. by:		
.20 for one child;		
.27 for two children;	x _____	x _____
.33 for three children; and		
.03 for each additional child		
TOTAL	_____	_____

ANNUAL CHILD SUPPORT (amount from "TOTAL" line above <b>or</b> \$600, whichever is larger.)	\$ _____	\$ _____
--	----------	----------

3. Monthly Child Support Payment (before calculating health insurance adjustment).  
Child support will be paid as stated below. The first payment will be made no later than \_\_\_\_\_. Payments after that will be made no later than the 1<sup>st</sup> day of each month thereafter. [See definitions of types of custody in Civil Rule 90.3(f).]
- a. Primary Custody. One parent has primary physical custody. Divide Annual Child Support amount from line 2 above for the non-custodial parent by 12 = \$ \_\_\_\_\_ to be paid each month by  Party A  Party B.
  - b. Shared Custody. The child(ren) will reside with each parent for a period specified in writing of at least 30% of the year. [Attach form DR-306 to show calculations.] Monthly child support payment (from line 10 of [DR-306](#)) to be paid each month except \_\_\_\_\_ = \$ \_\_\_\_\_ to be paid by the  Party A  Party B.
  - c. Divided Custody. Each parent will have primary physical custody of one or more of the children and the parents will not share physical custody of any of the children. [Attach form [DR-307](#) to show your calculations.] Monthly child support payment (from line 7 of DR-307) = \$ \_\_\_\_\_ to be paid by the  Party A  Party B.
  - d. Hybrid Custody. One parent has primary physical custody of one or more of the children and the parents will share physical custody of at least one child of the relationship. [Attach form [DR-308](#) to show your calculations.] Monthly child support payment (from line 8 of DR-308) = \$ \_\_\_\_\_ to be paid by the  Party A  Party B.

\_\_\_\_\_  
Print or Type Party A's Name  
\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Print or Type Party B's Name  
\_\_\_\_\_  
Signature of Party B

4. Health Care Coverage.

a. Health Insurance. If the children are covered by an insurance company other than the Indian Health Service or Tricare, you should also fill out court form [DR-330](#), *Notice to Employer Re: Children's Medical Insurance*.

(1) Does Party A have health insurance available for the child(ren) at reasonable cost through Party A's employer, union, or otherwise?  Yes  No

(2) Does Party B have health insurance available for the child(ren) at reasonable cost through Party B's employer, union, or otherwise?  Yes  No

(3) Are the children eligible for services through the Indian Health Service?  
 Yes  No

(4) Do the children have other health insurance or care available?  Yes  No  
Describe: \_\_\_\_\_

If the answer to (3) and (4) is no, one of the parents must agree to provide insurance for the child(ren) if such insurance is available at a reasonable cost. The cost of the children's insurance must be divided equally by the parents unless the court orders a different division for good cause.

AGREEMENT: Health insurance for the child(ren) will be purchased by:

Party A at a monthly cost to Party A of \$ \_\_\_\_\_\*

Party B at a monthly cost to Party B of \$ \_\_\_\_\_\*

through the above person's  employer  union  \_\_\_\_\_  
whose name and address are \_\_\_\_\_

The cost of health insurance for the child(ren) will be divided between the parties  
 equally  \_\_\_\_\_ Explain reason for unequal division:  
\_\_\_\_\_

[\*List only the cost to insure the children involved in this case. If there is no extra cost to the parent to include the children in the parent's insurance coverage, you cannot deduct any cost for the children's health insurance. The parent must submit documentation from the health insurance provider (employer, union, etc.) showing separately the cost of health insurance for the parent and the parent's dependents. See Civil Rule 90.3(d) for further explanation. For more information, see [Calculating Cost of Child\(ren\)'s Health Insurance](#) chart on the court's website.]

b. Health Care Expenses Not Covered by Insurance (including medical, dental, vision and mental health counseling expenses).

We agree that the children's reasonable health care expenses not covered by insurance will be paid as follows (unless they are over \$5,000 in a calendar year):

Party A will pay half and Party B will pay half.

Party A will pay \_\_\_\_\_ and Party B will pay \_\_\_\_\_.

Explain reason for not sharing these uncovered expenses equally:  
\_\_\_\_\_

If the uncovered expenses are over \$5,000 in a calendar year, the parties will pay based on their relative financial circumstances when the expense occurs.

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

We agree that each of us will reimburse the other for our share of uncovered health care expenses within 30 days after we are given the bill, proof of payment and, if applicable, a health insurance statement (EOB) showing what part of the cost is uncovered. We understand that the bills and other materials must be sent to the other parent for reimbursement within a reasonable time.

5. Monthly Child Support Payment (after adding or deducting health insurance costs).
- a. Monthly Child Support Payment from paragraph 3 above (on page 10) \$ \_\_\_\_\_
  - b. If obligor is buying health insurance for the child(ren), subtract 50% (or \_\_\_\_\_%) of the monthly insurance payment. - \$ \_\_\_\_\_  
(The "obligor" is the parent paying child support.)
  - c. If obligee is buying health insurance for the child(ren), add 50% (or \_\_\_\_\_%) of the monthly insurance payment. + \$ \_\_\_\_\_  
(The "obligee" is the parent receiving child support.)
- |                                      |          |
|--------------------------------------|----------|
| d. Net Monthly Child Support Payment | \$ _____ |
|--------------------------------------|----------|

6. We calculated the Net Monthly Child Support Payment in paragraph 5.d. according to:
- a.  The formula in Civil Rule 90.3(a) or (b).
  - b.  Civil Rule 90.3(c)(2). Obligor's adjusted annual income is more than \$126,000.
  - c.  Civil Rule 90.3(c)(3). Obligor's amount of support is less than \$600 per year. Obligor's income is low because obligor is:
    - incarcerated
    - unable to work because \_\_\_\_\_
    - other \_\_\_\_\_
  - d.  Civil Rule 90.3(c)(1). Manifest injustice will result if support is not varied because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Seasonal Income.  Obligor's income is seasonal and obligee agrees that, as long as the total annual amount remains the same, obligor can make higher payments during high income months and lower payments during low income months as follows:
- Higher Monthly Amount \$ \_\_\_\_\_ should be paid in (list months) \_\_\_\_\_
- Lower Monthly Amount \$ \_\_\_\_\_ should be paid in (list months) \_\_\_\_\_

8. Travel Expenses. Travel expenses necessary for visitation will be paid as follows:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
 Print or Type Party A's Name

\_\_\_\_\_  
 Signature of Party A

\_\_\_\_\_  
 Print or Type Party B's Name

\_\_\_\_\_  
 Signature of Party B

9. Native Corporation Dividends.

- a. The custodian of any Native Corporation dividends paid on behalf of the child(ren) will be \_\_\_\_\_
- b. Except as provided below, the funds will be saved in an account for the child(ren). Both parents will have access to all statements from the account annually.
- c. Any taxes owing on any Native Corporation dividends paid on behalf of the child(ren) will be timely paid by (name)\_\_\_\_\_
- d. Any Native Corporation dividends paid on behalf of the children:
  - May be spent for the child(ren)'s health, education, and welfare.
  - May be spent only if both parents provide prior written approval.
  - Other: \_\_\_\_\_

10. Extended Visitation Credit.

- This credit does not apply to us.
- This credit applies to us because one of us will have primary physical custody and the other (the obligor parent) will have extended visits with the children for periods longer than 27 consecutive days. If and when the obligor parent actually exercises the extended visitation, child support will be reduced for these periods as follows:

[Note: This credit may not be more than 75% of the amount owed for the period.]

- B.  We agree that child support will continue while each child is 18 years old as long as the child is (1) unmarried, (2) actively pursuing a high school diploma or equivalent level of technical or vocational training, and (3) living as a dependent with the obligee parent or guardian or a designee of the parent or guardian.  We object to continuing child support to the date of graduation because: \_\_\_\_\_

**C. Do you want the assistance of the Child Support Services Division (CSSD) to enforce the support order and keep records of the payments?**  Yes  No  
 If yes, fill out the attached application for CSSD services. [Note: If the parent with custody of the children is receiving assistance from the Alaska Temporary Assistance Program (ATAP), child support payments must be made to CSSD.]

**D. Immediate Income Withholding**

Child support will be withheld from the income of the person paying support and paid through the Child Support Services Division (CSSD) unless one of the following exceptions is approved by the court:

- We made the following alternative arrangement [Note that if you receive ATAP, CSSD must agree to the arrangement]:

\_\_\_\_\_  
 Also, the person paying support agrees to keep the other party (or CSSD if CSSD is enforcing the order) informed of his/her current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

- We believe there is good cause not to require immediate income withholding because it is not in the best interests of the child(ren) for the following reason:

\_\_\_\_\_  
Also, the person paying support agrees to keep the other party (or CSSD if CSSD is enforcing the order) informed of his/her current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

- The person paying support currently receives social security or other disability compensation that includes regular payments to the child(ren) at least equal to the child support owed each month. Monthly payment to child(ren): \$\_\_\_\_\_. Source of the payment: \_\_\_\_\_. [Note: To the extent that these payments to the children do not satisfy the monthly amount owed, the court will order that the remaining amount due be withheld from income.]

#### **E. Federal Taxes**

1. Federal Tax Exemptions and Child Tax Credits. We agree as follows:

- \_\_\_\_\_ will claim the child(ren) every year.  
 Every year, Party A will claim the following child(ren) \_\_\_\_\_ and Party B will claim the following child(ren) \_\_\_\_\_.  
 The parents will claim the child(ren) in alternating years with  Party A  Party B claiming the child(ren) for odd-numbered tax years such as 2015 and 2017, and the other parent claiming them for even-numbered tax years such as 2014 and 2016.  
 Other: \_\_\_\_\_

The parties also agree to provide each other with a signed IRS Form 8332, if needed, by February 1 so that it may be timely filed with the IRS.

This agreement regarding the child(ren)'s exemption(s) may be modified without a court order if both parties agree in writing. As required by AS 25.24.232, we also agree that the parent who has physical custody of the child(ren) for a period less than the other parent may not claim the exemption in any tax year if on December 31 of that year the parent was behind in child support payments in an amount more than four times the monthly child support obligation.

2. Other Federal Tax Considerations. We understand that the parent who has physical custody of a child for the greater part of the year, whether or not that parent claims the exemption for the child, may be able to claim other tax benefits such as the Earned Income Credit, Head of Household filing status, and Credit for Dependent (Child) Care Expenses.

#### **F. Permanent Fund Dividend (PFD)**

1. We agree that \_\_\_\_\_ will timely apply for the Alaska PFD on behalf of the child(ren) while they are minors.  The parent who claims the federal tax exemption for any child(ren) agrees to timely pay the taxes on the children's PFD.  
2. Except as provided below, the child(ren)'s PFD funds will be saved in an account for the child(ren). Both parents will have access to all statements from the account annually.

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

3. The child(ren)'s PFD funds:

May be spent for the child(ren)'s health, education, and welfare.

May be spent only if both parents provide prior written approval.

Other: \_\_\_\_\_

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

**IX. RESTORE OR CHANGE NAME**

Restore Name. Petitioner wants a prior name restored as follows (print full names clearly):

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Party A's current full name) (Party A's prior full name)

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Party B's current full name) (Party B's prior full name)

Change to New Name. [Before checking this box, it is important to read pages 16-17 of the instructions. Failure to publish notice of your hearing on the court's website may delay the decree of dissolution or result in denial of the requested name change.]

Petitioner \_\_\_\_\_ wants to take and be legally  
(current legal name)

known by a new name, which is \_\_\_\_\_

The reasons for this request for a change of name are:

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

Petitioner seeks this name change for personal reasons and not to avoid judgments, debts, obligations, or to defraud any person. The reasons stated are consistent with the public interest.

**X. OTHER AGREEMENTS (IF ANY)**

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

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

**XI. SIGNATURES AND VERIFICATIONS**

After you have both completely filled out this petition, each of you must sign below in front of a notary. Each signature on this page must be separately notarized. You will need to show identification to the notary.

**Verification**

I say on oath or affirm under penalty of perjury that I have read this petition and believe that all statements made in this petition are true. I also certify that I am signing voluntarily and not because of fear, threat, coercion, or restraint. I also state that this petition contains the entire agreement between my spouse and me.

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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

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

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

(SEAL)

(SEAL)



I agree to be available by telephone to answer questions during the hearing. I understand that several hearings may be scheduled at the same time and I should remain available for at least one hour after the scheduled hearing time.

I understand that even though I have waived my right to be present at the hearing, the court may still require that I attend the hearing.

_____	_____
Date	Signature of Party
_____	_____
Email Address	Mailing Address
_____	_____
Phone Number	City                      State                      Zip

ACKNOWLEDGMENT

This is to certify that on \_\_\_\_\_, the person who executed the above instrument appeared before me personally in \_\_\_\_\_, Alaska and acknowledged to me that he/she signed the same freely and voluntarily for the purposes stated in it.

(SEAL)

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

## SHARED CUSTODY CHILD SUPPORT CALCULATION

Case Name: \_\_\_\_\_

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

Attach this form to form DR-305, *Child Support Guidelines Affidavit*, or form DR-105, *Petition for Dissolution of Marriage*, to explain the child support calculation if the parents will share physical custody as defined in Civil Rule 90.3(f). That is, it must be attached only if the children will reside with each parent for a period, specified in writing, of at least 30% of the year.

	FATHER	MOTHER
1. Adjusted annual income (from section D on form DR-305 or section II.D on page 4 of form DR-105) up to \$120,000.	\$ _____	\$ _____
2. Multiply line 1 by .20 for one child .27 for two children .33 for three children and .03 for each additional child	x _____	x _____
Annual Child Support (Minimum amount is \$600)	\$ _____	\$ _____
3. Percentage of time each parent will have physical custody	_____ %	_____ %
4. Percentage of time <u>other</u> parent will have physical custody	_____ %	_____ %
5. Multiply line 2 times line 4.	\$ _____	\$ _____
6. Subtract smaller figure on line 5 from larger and write the difference in the column with the larger line 5 figure. (One line should be blank.)	\$ _____	\$ _____
7. Multiply line 6 by 1.5. (One line should be blank.)	\$ _____	\$ _____
8. Annual Child Support. Fill in the smaller of line 7 or line 2 for the parent who will pay support.	\$ _____	\$ _____
9. Number of payments per year: _____ (See Civil Rule 90.3(b)(1)(D).)		
10. Monthly Child Support Payment for all months except _____ (line 8 divided by line 9): \$ _____ to be paid by <input type="checkbox"/> mother <input type="checkbox"/> father.		

Write the paragraph 10 information on either form DR-305, page 2, section F.2. or form DR-105, page 10, section VIII.A.3.b.

\_\_\_\_\_  
Father's Signature  
\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Mother's Signature  
\_\_\_\_\_  
Type or Print Name

**Clerk: This form is CONFIDENTIAL and must be kept in a confidential envelope or file.**

**Information Sheet**

Case Number: \_\_\_\_\_ Court Location: \_\_\_\_\_

I am not filling out the following three paragraphs because an Information Sheet providing all this information has already been filed in this case

1. Full Name of Party A: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.\* \_\_\_\_\_

2. Full Name of Party B: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.\* \_\_\_\_\_

3. Children Involved in This Case:

<u>Full Name of Child</u>	<u>Date of Birth</u>	<u>Social Security Number*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party

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

\* Disclosure of social security numbers is mandatory under AS 25.24.210(f), AS 18.50.280(a) and 42 USC 666(a)(13). The numbers may be used to insure compliance with the child support order.

APPLICATION FOR SERVICES  
OF CHILD SUPPORT SERVICES DIVISION

**Notice to Court Clerk**

If this application is filed with the court, send the application along with a copy of the child support order to CSSD.

Court Case No. \_\_\_\_\_

I voluntarily apply for the services of the Child Support Services Division (CSSD). I understand that CSSD will take all action necessary to enforce the child support order for the child(ren) named below. I consent to CSSD's enforcement of the medical support order. I understand that either party may ask CSSD to review the amount of the child support order and propose changes to the court. I also understand that I will be required to provide information necessary to enforce the support obligation.

My Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)

Telephone Number. Home \_\_\_\_\_ Work \_\_\_\_\_

Other Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)

Telephone Number. Home \_\_\_\_\_ Work \_\_\_\_\_

I am the  Mother  Father  Legal Custodian  Non-Parent Custodian of the child(ren) whose name(s) and date(s) of birth are:

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

A child support order is currently in effect:  
Date of child support order: \_\_\_\_\_  
Court case number: \_\_\_\_\_  
Court location (city and state): \_\_\_\_\_  
Names of parents when child support was ordered: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

\* AS 25.27.265(b) requires parties to child support proceedings to inform CSSD of their social security numbers and other specified information. Your social security number may be used to insure compliance with the child support order. **You must provide your social security number on form DR-314. The information on DR-314 will be held confidential.**

## **INFORMATION ABOUT CSSD**

### **December 6, 2002**

The Child Support Services Division (CSSD) is the state agency responsible for enforcing child support orders. In order for CSSD to enforce a support order, a parent must apply for CSSD services. Or, if the custodial parent is receiving public assistance, or the child is in state custody, CSSD will open a case automatically.

CSSD can establish administrative support orders, and modify existing orders when there is a change in the income of the paying parent.

Child support is usually paid through wage withholding. CSSD will notify the paying parent's employer of the amount of the child support order, and the employer will send the money each month to CSSD. CSSD will in turn forward the money to the custodial parent.

Child support payments will not be collected through wage withholding if the paying parent is self-employed, or if the court finds that there is good cause not to require it.

#### **How does a parent apply for CSSD services?**

You must complete an application, which you can obtain from any CSSD office, at the court, or at [www.childsupport.alaska.gov](http://www.childsupport.alaska.gov) CSSD addresses and contact information can be found on page 2 of this form. Your application should provide as much information as possible about the other parent, and must include an affidavit of payments already made or received. Be sure to attach your current custody order or support order, and any previous orders you may have in the case.

#### **How does CSSD enforce child support orders?**

To collect support payments, CSSD will notify the paying parent's employer to withhold child support from the parent's wages and to send the money to the Child Support Division for distribution to the custodial parent or to repay the state for public assistance benefits paid on behalf of the child. CSSD can also issue orders to 'withhold and deliver' other assets, including commissions, retirement checks, bank accounts, Alaska Permanent Fund Dividends, Native Corporation Dividends, IRS tax refunds, stock dividends, and income-producing property.

CSSD can file liens against the paying parent's property, and revoke state occupational and driver's licenses if child support payments are not made. CSSD can take the parent to court for failure to pay child support. CSSD charges interest on late payments.

#### **How long does it take for the custodial parent to receive support payments made to CSSD?**

CSSD will mail the payment to the custodial parent, or deposit it directly to the parent's bank account, within two business days.

#### **How does a parent sign up for direct deposit?**

Ask for the "Request for Direct Deposit Form" from any CSSD office, or at [www.childsupport.alaska.gov](http://www.childsupport.alaska.gov) Direct deposit allows CSSD to electronically deposit child support payments into your bank account. It's automatic, paperless, and saves time.

### **How can I find out about the payment status of my case?**

You can check on the status of your child support payments by calling the KIDSLINE phone number, 269-6900 in Anchorage, or 1-800-478-3300 outside of Anchorage. Or, you can click on KIDS Online at [www.childsupport.alaska.gov](http://www.childsupport.alaska.gov) You will need to have your member ID number, which CSSD sends in the introductory letter to custodial parents, and on the monthly statement sent to non-custodial parents.

### **Can CSSD also collect spousal support?**

Yes, in cases where both child support and spousal support have been ordered, CSSD will collect and enforce both types of support obligations. But CSSD cannot collect and enforce spousal support alone. CSSD cannot establish orders for spousal support; this must be done through the courts.

### **What if either parent moves out of state?**

CSSD can continue to collect payments and can coordinate enforcement of the support order with the child support agency in the other state.

### **What other services does CSSD provide?**

- If there is no court order, CSSD will administratively establish a support order.
- CSSD will do genetic testing where paternity is at issue.
- CSSD will locate absent parents.
- CSSD will enforce health care coverage for children if it's available to the paying parent through employment or union membership.
- CSSD will review the amount of the support order, at the request of either parent, to see if it needs to be increased or decreased. If the order is an administrative order (CSSD established it), CSSD will make the necessary changes. If the order is a court order, CSSD will recommend the changes to the court.

**This information was provided by the Alaska Child Support Services Division.  
For more information, contact CSSD.**

#### **MAIN OFFICE**

550 W 7th Ave Ste 310  
Anchorage AK 99501-6699  
(907) 269-6900 or TDD (907) 269-6894  
Toll free from the rest of Alaska:  
(800) 478-3300 or TDD (800) 370-6894  
FAX: (907) 269-6650

#### **SOUTHEAST**

333 Willoughby Ave., 11<sup>th</sup> Floor  
Juneau AK 99811-0402  
(907) 465-5887  
FAX: (907) 465-5190

#### **FAIRBANKS**

675 7th Ave Ste J2  
Fairbanks AK 99701-4531  
(907) 451-2830  
FAX: (907) 451-3140

#### **MAT-SU**

845 W Commercial Dr  
Wasilla AK 99654-6937  
(907) 352-4133  
FAX: (907) 357-3552

**ONLINE:** [www.childsupport.alaska.gov](http://www.childsupport.alaska.gov)

This Internet web site includes updates on your child support payment status, a child support calculator, general CSSD information, and the email and fax numbers for Alaska child support employees.