

PACKET NO. 1

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

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>DR-10</u>	Instructions are available online at https://public.courts.alaska.gov/web/forms/docs/dr-10.pdf Printed copies are available for customers with limited or no internet access.
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-105</u>	Petition for Dissolution of Marriage (with children)
<u>DR-110</u>	Request to Waive Appearance at Hearing
<u>DR-306</u>	Shared Custody Child Support Calculation
<u>DR-314</u>	Information Sheet
<u>DR-315</u>	Application for CSED Services
<u>DR-316</u>	Information about CSED
<u>DR-475</u>	Parenting Plan
<u>PUB-15</u>	Mediation information available online at https://public.courts.alaska.gov/web/forms/docs/pub-15.pdf Printed copies are available for customers with limited or no internet access.
VS-401	Certificate of Divorce, Dissolution, or Annulment The VS-401 must be printed on a special kind of paper and filled in without mistakes. If your packet does not include a VS-401, ask for a copy from your local courthouse or office of Health Analytics and Vital Records.
WHERE CAN I FIND PARENT EDUCATION REQUIREMENTS?	
<u>Online</u>	www.courts.alaska.gov/shc/family/shcparent-ed.htm

**September 2023
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. 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.

FILING CHECKLIST

When turning in your dissolution packet with the court, make sure you have also completed the following checklist items:

<input type="checkbox"/>	DR-105: All pages are signed by both parties.
<input type="checkbox"/>	DR-105: Both signatures are notarized on the last page within the past 60 days.
<input type="checkbox"/>	DR-105: On page 3, make sure you have completely filled in the income information.
<input type="checkbox"/>	DR-105: On page 5, make sure the VIN, license, or registration number is provided for all vehicles.
<input type="checkbox"/>	DR-105: On page 6 and 7, make sure you have fully described how you will divide retirement benefits and that you have attached all required documents.
<input type="checkbox"/>	DR-105: On Page 9, if paternity is disputed or disestablished for any child, you must attach an affidavit of paternity, a certified birth certificate, or DNA results.
<input type="checkbox"/>	DR-105: On Page 10, make sure you have attached Form DR-475 or detailed parenting agreement.
<input type="checkbox"/>	DR-105: On page 11, <ul style="list-style-type: none">• if <u>shared custody</u>, attach:<ul style="list-style-type: none"><input type="checkbox"/> Form DR-306<input type="checkbox"/> Form DR-475 or detailed parenting agreement <i>[referenced on page 10]</i>• if <u>divided custody</u>, attach:<ul style="list-style-type: none"><input type="checkbox"/> Form DR-307• if <u>hybrid custody</u>, attach:<ul style="list-style-type: none"><input type="checkbox"/> Form DR-308
<input type="checkbox"/>	DR-105: On page 11-13, make sure the child support payment section is completely filled out. Note: If you are requesting to reduce or have no child support, you must clearly demonstrate why it is necessary before the court will consider the request.
<input type="checkbox"/>	Attach proposed Qualified Domestic Relations Order (QDRO), if needed. <i>[See page 7 of DR-10 Instructions for more information.]</i>
<input type="checkbox"/>	Attach Certificate of Completion of Education Requirement. Shows compliance with parent education requirement. You can find information about the education requirements for your location here: www.courts.alaska.gov/shc/family/shcparent-ed.htm .
<input type="checkbox"/>	Attach income verification for both parties (3 current pay stubs, recent tax returns, and W-2s).
<input type="checkbox"/>	Include filled-out VS-401, <i>Certificate of Dissolution</i> form. No cross-outs or white-outs acceptable.
<input type="checkbox"/>	Completed DR-314, Information Sheet.
<input type="checkbox"/>	Completed DR-955 (if new name requested) or DR-957 (for name restoration, if needed) and completed VS-405 -- see Section IX of DR-105.
<input type="checkbox"/>	Pay filing fee or include <i>Request for Exemption from Payment of Fees</i> (form TF-920).

An incomplete petition or failure to provide the above items could result in delays or additional hearings before your dissolution can be granted.

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 in this petition and attachments are enforceable.

I. INFORMATION ABOUT THE PARTIES

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: _____
2. Length of Alaska residence: _____ Driver's License Number: _____
3. Home phone: _____ Cell phone: _____
4. Residence address: _____
(street address) (city) (state) (ZIP)
5. Mailing address: _____
(box or street number) (city) (state) (ZIP)
6. Email Address*: _____
* I authorize the court to email me court documents in this case to the email address above.
7. Occupation: _____ Work phone: _____
8. Most recent employer: _____ Phone: _____
9. Employer's address: _____

B. PARTY B

1. Date of birth: _____ Place of birth: _____
2. Length of Alaska residence: _____ Driver's License Number: _____
3. Home phone: _____ Cell phone: _____
4. Residence address: _____
(street address) (city) (state) (ZIP)
5. Mailing address: _____
(box or street number) (city) (state) (ZIP)
6. Email Address*: _____
* I authorize the court to email me court documents in this case to the email address above.
7. Occupation: _____ Work phone: _____
8. Most recent employer: _____ Phone: _____
9. Employer's address: _____

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: _____ / _____ / _____
(month) (day) (year)

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

Both parties **must** attach a copy of their most recent federal tax return and at least 3 paystubs. If amounts will change after the dissolution, file documents showing expected amounts.

The amounts below are **MONTHLY.** **YEARLY.** [You **must** check one for the math on this form to work. If you decide to change from monthly to yearly (or yearly to monthly) **after** you start filling out the form, then **start over** with a blank form, or some fields may not work.]

A. Income¹ [Do not list ATAP or SSI below.]	Party A	Party B
Gross wages or salary	\$ _____	\$ _____
Value of employer-provided housing, food, etc. ²	\$ _____	\$ _____
Alaska PFD (divide by 12 if using monthly amounts)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

B. Deductions Allowed under Civil Rule 90.3		
Federal, state, and local income tax	\$ _____	\$ _____
Social security tax or self-employment tax	\$ _____	\$ _____
Medicare tax	\$ _____	\$ _____
Employment security tax (SUI)	\$ _____	\$ _____
Mandatory union dues	\$ _____	\$ _____
Mandatory retirement or pension plan contributions	\$ _____	\$ _____
Voluntary retirement contributions ³	\$ _____	\$ _____
Spousal support (alimony) ordered and currently paid	\$ _____	\$ _____
Child support or in-kind support for prior children ⁴	\$ _____	\$ _____
Work-related child care for children in this case	\$ _____	\$ _____
Health insurance premiums for parent ⁵	\$ _____	\$ _____
Life insurance premiums for eligible beneficiaries ⁶	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL DEDUCTIONS	\$ _____	\$ _____

C. Adjusted Net Annual Income	Party A	Party B
1. If TOTAL INCOME from section A is monthly , multiply by 12 and write the amount here. If yearly , repeat the amount from section A here.	_____	_____

Print or Type Party A's Name

Print or Type Party B's Name

Signature of Party A

Signature of Party B

¹ Other common examples of income are self-employment and rental income, "gig" work, Alaska Native dividends, VA disability, SSDI, worker's comp, investment earnings, and pensions. This is not a full list.
² Put employer or military provided COLA, and military BAH and BAS, on this line.
³ Only if plan earnings are tax-free or tax-deferred. When added to mandatory retirement contributions, this deduction cannot be more than 7.5% of total income.
⁴ "Prior children" are children from a different relationship born or adopted before the children in this case. For more information, see "Prior Child Deduction Chart" (<https://ak-courts.info/pcdchart>).
⁵ This deduction cannot be more than 10% of total income.
⁶ "Eligible beneficiaries" are the other parent in this case and all children that you and the other parent have together. If there are additional beneficiaries of the policy, divide the premium by total number of beneficiaries, then multiply that number by eligible beneficiaries. The maximum deduction is \$1200 per year (\$100 per month).

2. If TOTAL DEDUCTIONS from section B are **monthly**, multiply by 12 and write the amount here. If **yearly**, repeat the amount from section B here. **Party A** **Party B**
3. Subtract line 2 from line 1 to get NET INCOME: _____
4. If line 3 is **more** than \$138,000, write \$138,000 here. If not, repeat line 3 here: _____
5. If TOTAL INCOME from line 1 is \$30,000 or **less**, subtract \$7,500 from line 1 and write the amount here. If line 1 is **more** than \$30,000, then repeat line 4 here: _____
6. Compare the amounts on lines 4 and 5. Write the **smaller** amount of those two lines here: _____

D. Monthly Expenses

	Party A	Party B
Housing and utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Medical	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

E. Bankruptcy. Party A Party B filed for bankruptcy and that case is pending.

III. PROPERTY AND DEBT INFORMATION, AND AGREEMENT OF PARTIES

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.

	<u>Value</u>	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									
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

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 and born of the marriage or adopted by the parties:

CHILD 1				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

CHILD 2				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

CHILD 3				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

Print or Type Party A's Name

Print or Type Party B's Name

Signature of Party A

Signature of Party B

CHILD 4				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

[Attach extra pages if there are more than four children.]

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. The details of our custody schedule are described in: *(you must attach a detailed parenting plan which outlines your shared custody schedule)*

- The attached and completed model parenting plan, [DR-475, Parenting Plan](#).
- The attached parenting agreement which is titled: _____

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-475](#) 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)

[You cannot waive (give up) child support or agree to a different amount than what is calculated under Civil Rule 90.3 (<https://ak-courts.info/civrules>) unless one of the exceptions in Civil Rule 90.3(c) applies.]

A. Child Support Calculation

	Party A	Party B
1. Adjusted Annual Income (from line C.6 on page 4)	\$ _____	\$ _____
2. Multiply line 1 by:		
.20 for one child,		
.27 for two children,	x _____	x _____
.33 for three children, and		
add .03 for each additional child		
TOTAL	_____	_____

ANNUAL CHILD SUPPORT	\$ _____	\$ _____
(Amount from TOTAL line in paragraph A or \$600, whichever is larger .)		

3. Monthly Child Support Payment (before calculating child’s 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 _____ day of each month thereafter. [See definitions of types of custody in Civil Rule 90.3(f).]

- a. Primary Custody. The children will stay with one parent for more than 70% (256) of the overnights during the year. Take the Annual Child Support amount of the parent who does **not** have the children most of the year and divide by 12: = \$ _____ to be paid each month by Party A. Party B.
- b. Shared Custody. [Attach form [DR-306](#).] The children will stay with each parent at least 30% (110) of the overnights during the year. Child support payment (line 10 of DR-306): = \$ _____ to be paid by Party A. Party B.
- c. Divided Custody. [Attach form [DR-307](#).] Each parent will have primary custody of one or more of the children, and the parents will not share custody of any of the children. Child support payment (section 6 of DR-307): = \$ _____ to be paid by Party A. Party B.
- d. Hybrid Custody. [Attach form [DR-308](#).] The parents share custody of at least one child, and one or both parents have primary custody of a different child or children. Child support payment (section 8 of DR-308) = \$ _____ to be paid by the Party A Party B.

Print or Type Party A’s Name

Print or Type Party B’s Name

Signature of Party A

Signature of Party B

4. Children's 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. Children's 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 (including adjustment for children's health insurance).
- a. Monthly Child Support Payment from paragraph 3 above (on page 11) \$ _____
 - 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 \$138,000.
 - 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 Enforcement Division (CSED) to enforce the support order and keep records of the payments?** Yes No
If yes, fill out the attached application for CSED 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 CSED.]

D. Immediate Income Withholding

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

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

Also, the person paying support agrees to keep the other party (or CSED if CSED is enforcing the order) informed of their 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 CSED if CSED is enforcing the order) informed of their 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 Credit. 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 2019 and 2021, and the other parent claiming them for even-numbered tax years such as 2020 and 2022.
- 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 tax benefits 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 tax benefits 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. Federal Tax Considerations. We understand that physical custody of a child may impact whether we can claim 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 child(ren) for tax purposes also 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. CHANGE OR RESTORE NAME

Party A Party B wants a **new name**.

A party who is requesting a name other than a name the party had before this marriage must fill out *Request to Change to New Name in Dissolution Case* (form DR-955). This form is available from the court clerk or online at ak-courts.info/dr955.

Party A wants to restore (return to) a **prior name**. From current name:

First Name	Middle Name	Last Name

To former name:

First Name	Middle Name	Last Name

Party B wants to restore (return to) a **prior name**. From current name:

First Name	Middle Name	Last Name

To former name:

First Name	Middle Name	Last Name

NOTE: If you are asking to restore your prior name, **and** you are:

- Currently charged with a crime; **or**
- Incarcerated (for example, in jail, in prison, or at a halfway house); **or**
- On supervised felony probation or on parole for a criminal conviction; **or**
- Required to register as a sex offender or child kidnapper under AS 12.63.010;

You **must** file *Notice of Request to Restore Name in Dissolution or Divorce Case* (form DR-957), available from the court clerk or online at ak-courts.info/dr957.

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,
_____.

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)

FILING CHECKLIST

When turning in your DR-105 with the court, make sure you have also completed the following checklist items:

<input type="checkbox"/>	DR-105: All pages are signed by both parties.
<input type="checkbox"/>	DR-105: Both signatures are notarized on the last page within the past 60 days.
<input type="checkbox"/>	DR-105: On page 3, make sure you have completely filled in the income information.
<input type="checkbox"/>	DR-105: On page 5, make sure the VIN, license, or registration number is provided for all vehicles.
<input type="checkbox"/>	DR-105: On page 6 and 7, make sure you have fully described how you will divide retirement benefits and that you have attached all required documents.
<input type="checkbox"/>	DR-105: On Page 9, if you marked that paternity was disputed or disestablished for any child, you must attach an affidavit of paternity, a certified birth certificate, or DNA results.
<input type="checkbox"/>	DR-105: On Page 10, make sure you have attached Form DR-475 or detailed parenting agreement.
<input type="checkbox"/>	DR-105: On page 11, <ul style="list-style-type: none">• if <u>shared custody</u>, attach:<ul style="list-style-type: none"><input type="checkbox"/> Form DR-306<input type="checkbox"/> Form DR-475 or detailed parenting agreement (<i>referenced on page 10</i>)• if <u>divided custody</u>, attach:<ul style="list-style-type: none"><input type="checkbox"/> Form DR-307• if <u>hybrid custody</u>, attach:<ul style="list-style-type: none"><input type="checkbox"/> Form DR-308
<input type="checkbox"/>	DR-105: On page 11-13, make sure the child support payment section is completely filled out. Note: If you are requesting to reduce or have no child support, you must clearly demonstrate why it is necessary before the court will consider the request.
<input type="checkbox"/>	Attach proposed Qualified Domestic Relations Order (QDRO), if needed (<i>see page 7 of DR-10 Instructions for more information</i>).
<input type="checkbox"/>	Attach Certificate of Completion of Education Requirement. Shows compliance with parent education requirement. You can find information about the education requirements for your location here: www.courts.alaska.gov/shc/family/shcparent-ed.htm .
<input type="checkbox"/>	Attach income verification for both parties (3 current pay stubs, recent tax returns, and W-2s).
<input type="checkbox"/>	Included filled-out VS-401, Certificate of Dissolution form. No cross-outs or white-outs acceptable.
<input type="checkbox"/>	Completed DR-955 (if new name requested) or DR-957 (for name restoration, if needed) and completed VS-405 - see Section IX for more information
<input type="checkbox"/>	Completed DR-314, Information Sheet.
<input type="checkbox"/>	Paid filing fee or included Request for Exemption of Fees form.

An incomplete petition or failure to provide the above items could result in delays or additional hearings before your dissolution can be granted.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Dissolution)
of the Marriage of)
_____)
Spouse A)
_____)
Spouse B)
_____)
_____)

CASE NO. _____

**REQUEST TO WAIVE
APPEARANCE AT HEARING**

I, _____ *[full name]*, say on oath or affirm
under penalty of perjury that:

1. I have read the petition in this case and agree to all of its terms. This includes (as applicable): the parenting plan for the children, child support, spousal support, property and debt division (including retirement benefits and tax consequences), and ownership of animals.
2. I believe that the property/debt and spousal support (if any) agreements are fair and just. The agreements are consistent with the factors listed in AS 25.24.160(a)(2) and (4) so that the economic effect of the dissolution is fairly divided. The agreement (if any) concerning ownership of the animals takes into consideration their well-being.
3. I believe that the agreements (if any) concerning the care of our minor children are in the best interests of the children.
4. I agree that the petition includes the entire agreement between me and my spouse.
5. I agree that an incompatibility of temperament has caused the irremediable breakdown of the marriage.
6. I understand fully the nature and consequences of our *Petition for Dissolution of Marriage*.
7. I understand that I have a right to be present at the court hearing finalizing our dissolution of marriage, however, I agree that the hearing may happen without me.
8. I am not under duress or coercion (being forced against my will) to sign this request. I freely and voluntarily waive (give up) my right to attend the court hearing.
9. It would be a significant hardship for me to attend the hearing, because:

- 10. 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 that I should remain available for at least one hour after the scheduled hearing time.
- 11. 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			
Email Address	Mailing Address			
Phone Number	<table border="0" style="width: 100%; margin: 0 auto;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> </table>	City	State	Zip
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 that this agreement was signed freely and voluntarily for the purpose stated in it.

(SEAL)

 Court clerk, notary public, or other person
 authorized to administer oaths.
 My commission expires: _____

SHARED CUSTODY CHILD SUPPORT CALCULATION

Case Number: _____

Parent A (Plaintiff/Co-Petitioner): _____

Parent B (Defendant/Co-Petitioner): _____

Instructions: Attach this form to [DR-305](#), *Child Support Guidelines Affidavit* or to [DR-105](#), *Petition for Dissolution of Marriage*, to explain the child support calculation if the parents will have "shared physical custody" per Civil Rule 90.3(f). "Shared physical custody" means that all of the children will stay with each parent at least 30% (110) of the overnights during the year.

	PARENT A	PARENT B
1. Adjusted annual income (from line C.6 on form DR-305 or from page 4, line C.6 on form DR-105):	\$ _____	\$ _____
2. Multiply line 1 by: .20 for one child .27 for two children .33 for three children and add .03 for each additional child	x _____	x _____
Annual Child Support (if less than \$600, write "\$600" here):	\$ _____	\$ _____
3. Percentage of time each parent will have physical custody:	_____ %	_____ %
4. Percentage of time the other parent will have physical custody:	_____ %	_____ %
5. Multiply line 2 and line 4:	\$ _____	\$ _____
6. Compare amounts in line 5. The higher amount is the parent who will pay support. Subtract the smaller amount from the larger and write the difference in the column of the parent who will pay support (the other parent's line will be blank):	\$ _____	\$ _____
7. Multiply line 6 by 1.5 (one line will be blank):	\$ _____	\$ _____
8. Annual Child Support. For the parent who will pay support, fill in the smaller of line 2 or line 7:	\$ _____	\$ _____
9. Number of payments per year: _____ [This number is almost always 12, once for every month. See Civil Rule 90.3(b)(1)(D) (https://ak-courts.info/civrules) for exceptions.] Months when child support will not be paid: _____		
10. Divide line 8 by line 9 to get Monthly Child Support Payment: \$ _____ to be paid by <input type="checkbox"/> Parent A. <input type="checkbox"/> Parent B. Write this amount on either: • form DR-305 , page 2, line E.2. or • form DR-105 , page 11, line A.3.b		

Parent A's Signature

Parent B's Signature

Type or Print Parent A's Name

Type or Print Parent B's 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/Parent A: _____

Date of Birth: _____ Social Security No.* _____

2. Full Name of Party B/Parent 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.

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 CSED.

APPLICATION FOR CHILD SUPPORT ENFORCEMENT DIVISION (CSED) SERVICES

Court Case No. _____

I am voluntarily applying for the services of the Child Support Enforcement Division (CSED). I understand that CSED will take all actions necessary to enforce the child support order for the children named below. I agree that CSED can enforce the medical support order. I understand that I must provide all the information that CSED needs to enforce the support order.

My Full Name: _____ Birthdate: _____

Previous Names Used: _____

My Contact Information:

Mailing Address (include city/state/ZIP): _____

Phone: _____ cell work other Phone: _____ cell work other

Email: _____

Employer Information: _____

Other Parent's Name: _____ Birthdate: _____

Previous Names Used: _____

Other Parent's Contact Information:

Mailing Address (include city/state/ZIP): _____

Phone: _____ cell work other Phone: _____ cell work other

Email: _____

Employer Information: _____

.....
I am the children's Parent. Legal Guardian. Non-Parent Custodian.

<u>Child's Name</u>	<u>Birthdate</u>	<u>Child's Name</u>	<u>Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A child support order is currently in effect:
Date of order: _____ Court case number: _____
Court location (city and state): _____
Parents' names on order: _____
Date of marriage (if applicable): _____

_____ Date _____ Applicant's Signature

AS 25.27.265(b) requires parties in child support proceedings to give CSED their social security numbers and other specified information. Your social security number may be used to make sure that you follow the child support order. **You must provide your social security number on form [DR-314, Information Sheet](#). This form will be kept confidential.**

Visit CSED's website at www.childsupport.alaska.gov for more information.

INFORMATION ABOUT CSED July 2023

The Child Support Enforcement Division (CSED) is the state agency responsible for a number of services related to support orders.

What services does CSED provide?

- Establish and enforce an administrative child support order, if there is not already a court order. CSED will also automatically open a case (and therefore enforce the order) if the children are receiving public assistance or if the children are in state custody.
- Enforce a child support order from the court, if the parent or guardian applies for CSED services.
- If CSED established the child support order, review the amount of child support at the request of either parent, to see if it needs to be increased or decreased. CSED will make the necessary changes to an administrative order. If the order is a court order, CSED will advise clients to address these requests with the court.
- Arrange for genetic (DNA) testing where paternity is not agreed upon.
- Locate absent parents.
- Enforce health care coverage for children if it's available to the paying parent through employment or union membership.

How does a parent apply for CSED services?

You must complete an application either through the court or by submitting an online application at www.childsupport.alaska.gov. Your application should provide as much information as possible about the other parent. It must include an affidavit of payments already made or received. Be sure to attach your current custody and support order, and any previous orders you may have in the case.

How does CSED enforce child support orders?

To collect support payments, CSED will notify the paying parent's employer to withhold child support from the parent's wages and to send the money to CSED. CSED will then either give that money to the other parent, or repay the state for public assistance benefits paid on behalf of the children. CSED 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.

CSED can file liens against the paying parent's property, as well as revoke state occupational and driver's licenses if that parent does not pay child support. CSED can sue the parent in court for failure to pay child support. CSED charges interest on late payments the last day of the month.

If late or missed payments (called "arrear") continue to go up, certain enforcement actions will automatically start when the amount owed reaches a certain point:

- At \$50, CSED will report to the PFD office.
- At \$150 for TANF arrears and at \$500 for non-TANF arrears, CSED will report to the Federal Offset Program (FOP).
- At \$1,000, CSED will report to the Credit Bureau.
- At either \$2,500 or 12 months unpaid, CSED will report to the Passport office and start property liens.

Note: Native Corporation Dividend funds can only be used to pay debt owed to a parent/guardian.

It is required by federal law that CSED use wage withholding for monthly payments. CSED will tell the paying parent's employer the amount of the child support order, and the employer will send the money each month to CSED. The monthly payment will be broken out in partial payments corresponding to the pay schedule. For example, if the parent is paid twice a month, CSED will ask the employer to garnish half of the monthly child support payment each pay period. Child support payments will not be collected through wage withholding if the paying parent is self-employed or if the court order states something different.

How long does it take for the non-paying parent to receive support payments made to CSED?

CSED will mail the payment to the non-paying parent, or deposit it directly to the parent's bank account, within two business days.

How does a parent sign up for direct deposit?

You may enroll or change your direct deposit information online through <https://my.alaska.gov/>. Select "CSED Member Services Portal" under the Services tab. Call (907) 269-6900 if you have questions or need assistance.

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

There are several ways to check on the status of your child support payments:

- Call the KIDSLINE at (907) 269-6900 in Anchorage, or (800) 478-3300 outside of Anchorage (select option 2)
- Click on KIDS Online at www.childsupport.alaska.gov, located under "Online Service"
- Log into your CSED Member Services Portal through <https://my.alaska.gov/>

You will need to have your member ID number, which can be found in the introductory letters to both parents. You can also request your member ID number by calling (907) 269-6900 during business hours.

Can CSED also collect spousal support?

Yes, in cases where both child support and spousal support have been ordered, CSED will collect and enforce both types of support obligations. However, CSED cannot collect and enforce spousal support only, nor can CSED establish orders for spousal support. This must be done through the courts.

What if either parent moves out of state?

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

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

Mailing Address:

550 W. 7th Ave., Ste. 310
Anchorage, AK 99501

Phone: (907) 269-6900 (in Anchorage)
(800) 478-3300 (toll-free, statewide)

Website: www.childsupport.alaska.gov

Email: dor.csed.customerservice.anchorage@alaska.gov

Physical Address:

655 F St.
Anchorage, AK 99501

Fax: (907) 787-3220

PARENTING PLAN REQUESTED FOR CASE # _____

1. PARENTS

	<i>Name</i>	<i>Mailing Address</i>
Parent A	First: Middle: Last:	Street: City: State and Zip:
Parent B	First: Middle: Last:	Street: City: State and Zip:

2. CHILDREN

	<i>Name</i>	<i>Birthdate</i>	<i>Age</i>	<i>School</i>
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

3. DECISION MAKING (LEGAL CUSTODY)

3.1 Major decisions (select option A, B, or C below)

- Option A*--The parents will share major decision making about the children’s education, healthcare, religious training, and personal care. If the parents reach an impasse, they will resolve their disagreement:
 - with help from a trained mediator selected and paid for by both parents.
 - by requesting a court hearing about the disagreement.
 - _____

- Option B*--The parents will share major decision making in this way:
 - Parent A will make major decisions about the children’s:
 - education healthcare religious training personal care
 - Parent B will make major decisions about the children’s:
 - education healthcare religious training personal care

- Option C*--All major decisions about the children’s education, healthcare, religious training, and personal care will be made by Parent A Parent B.

Parent A: _____

Parent B: _____

3.2 Minor day-to-day decisions such as what the children will wear to school or eat for breakfast that day, will be made by the parent who is with the children.

3.3 Emergency decisions about the children's health or safety may be made by either parent, and that parent will tell the other parent about the emergency decision as soon as possible.

3.4 Access to information about the children

Both parents will be listed on all forms and registrations as a parent and emergency contact. Both parents will have full access to school, daycare, healthcare, PFD accounts, and all other records about the children. Both parents will keep the other parent updated about the children's grades, activities, health, religious training, and personal care. The parents will not bad mouth each other in front of the children or use the children as messengers. If needed, the parents will give each other any applicable IRS forms signed by February 1, so that forms may be timely filed with the IRS.

4. SCHEDULE

4.1 Children age 6 and older

Week on-week off schedule for children age 6 and older
The children will spend one week with Parent A, and the next week with Parent B, and so on in an alternating way except for holidays and other special days described below. Pick-up and drop-off will take place this day of the week: _____ at this time: _____ am pm.

Other Schedule for Children age 6 and older

4.2 Children age 3 to 6

4-3-3-4 schedule for children age 3 to 6
The children will spend 4 days with Parent A and then 3 days with Parent B in the first week, and 3 days with Parent A and 4 days with Parent B in the second week, and so on in an alternating two week pattern except for holidays and other special days described below. Pick-up and drop-off will happen at this time: _____ am pm.

Other Schedule for Children age 3 to 6

Parent A: _____

Parent B: _____

4.3 Schedule for children age 0 to 3

4.4 Holidays

The parents may agree to celebrate holidays and birthdays together or make other agreements regarding special days. If the parents cannot reach agreement, then the schedule below will apply.

	<i>Same as regular schedule</i>	<i>Parents to alternate years*</i>	<i>Every year with Parent A</i>	<i>Every year with Parent B</i>	<i>Other Information (such as start time and end time)</i>
Children’s Birthdays					
Mother’s Day					
Father’s Day					
Parent A’s Birthday					
Parent B’s Birthday					
In-Service School Days					
Martin Luther King Day					
President’s Day					
Memorial Day Weekend					
July 4 th					
Labor Day Weekend					
Halloween					
Thanksgiving Day					
Break After Thanksgiving					
Christmas Day					
Christmas Eve					
New Year’s Day					
New Year’s Eve					
Other Winter Break					
Easter Sunday					
Spring Break					
Other:					

* With Parent A Parent B in even-numbered years such as 2020 and 2022, and the other parent in odd-numbered years such as 2019 and 2021.

Parent A: _____

Parent B: _____

4.5 Summer vacation

4.6 Conflicts in scheduling

Sometimes "holiday time" may conflict with time set aside for the other parent. When this happens, the holiday time will be observed over other schedules.

4.7 Transportation to and from visits

- Parent A will arrange and pay to transport the children to visits with Parent A. Parent B will arrange and pay to transport the children to visits with Parent B.
- Other transportation arrangement

Unless the parents agree to a different place, exchanges shall be at:

- the home of the parent where the visit will be taking place.
- _____

4.8 What happens to the schedule if a parent moves?

The schedule above applies as long as the parents live in the same community. If a parent moves more than 50 _____ miles away, not including military deployment, then this is what happens instead:

- The parent who is moving will give the other parent as much advance notice of the move as reasonably possible.
- After the parent moves, the children will live with:
 - the parent who is not moving
 - _____

And after the parent moves, the children will spend holidays, summer vacations, winter breaks, and spring breaks:

- with the parent who moved.
- according to the schedule below:

- If a parent's move or some other event creates a substantial change in circumstances, and it is in the children's best interest to modify the arrangement, then either parent may file a motion asking the court for such a modification.

4.9 Military deployment

- One or both parents are in the military and subject to deployment.
- In the month **before** deployment, and also when a deployed parent is on temporary leave from deployment, the children will live with the deploying parent for _____ weeks. The children may miss school during these times but the deploying parent will make sure that the children stay current in school work.
 - **During** deployment of one parent, the children will live with:
 - the parent who is not deployed.
 - _____
 During deployment of both parents, the children will live with: _____
- During deployment, the deployed parent may visit the children after giving 7 days advance notice to the other parent. Unless the parents agree otherwise, the visit will occur in the community where the children attend school. If the children are not in school, the visit may occur in any other community.
- **After** deployment, the schedule will return to normal.

5. FEDERAL TAX BENEFITS

- The child tax credit will be claimed every year by Parent A Parent B.
- Every year, Parent A will claim these children: _____ and Parent B will claim these children: _____
- The parents will claim the child tax credit in alternating years:
 - Parent A Parent B will claim the children for odd-numbered tax years such as 2019 and 2021, and the other parent will claim the children for even-numbered tax years such as 2020 and 2022.

6. PERMANENT FUND DIVIDEND

- Every year Parent A Parent B will apply for the children's PFD by the deadline. The parent who claims the child tax credit for any child will pay all taxes on that child's PFD.
- The children's PFD money:
 - will be saved in an account for the children.
 - may be spent for the children's health, education, and welfare.
 - may be spent only if both parents agree in writing in advance.

7. CHANGING THIS PLAN

Small changes, such as a minor adjustment to the schedule, may be made to the plan if the parents agree. Big changes may be made by filing a motion with the court as long as there is a substantial change in circumstances and the change is in the best interest of the children.

