PACKET NO. 1

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

Form Number	*Form Name*
WHERE CAN I FIND INSTRUCTIONS?	
DR-10	**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?	
DR-105	**Petition for Dissolution of Marriage (with children)**
DR-110	**Appearance and Waiver of Notice of Hearing**
DR-306	**Shared Custody Child Support Calculation**
DR-314	**Information Sheet**
DR-315	**Application for CSSD Services**
DR-316	**Information about CSSD**
DR-475	**Parenting Plan**
PUB-15	**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?	
Online	**www.courts.alaska.gov/shc/family/shcparent-ed.htm**

October 2019
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 which may be able to help you with questions about dissolution procedure.

FILING CHECKLIST **When turning in your DR-105 with the court, make sure you have also completed the following checklist items:**	
☐	DR-105: All pages are signed by both parties.
☐	DR-105: Both signatures are notarized on the last page within the past 60 days.
☐	DR-105: On page 3, make sure you have completely filled in the income information.
☐	DR-105: On page 5, make sure the VIN number, or license or registration number is provided for all vehicles.
☐	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.
☐	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.
☐	DR-105: On Page 10, make sure you have attached Form DR-475 or detailed parenting agreement.
☐	DR-105: On page 11, • if shared custody, attach: ☐ Form DR-306 ☐ Form DR-475 or detailed parenting agreement *(referenced on page 10)* • if divided custody, attach: ☐ Form DR-307 • if hybrid custody, attach: ☐ Form DR-308
☐	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.
☐	Attach proposed Qualified Domestic Relations Order (QDRO), if needed *(see page 7 of DR-10 Instructions for more information).*
☐	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.
☐	Attach income verification for both parties (two current pay stubs, recent tax returns, and W-2s).
☐	Included filled-out VS-401, Certificate of Dissolution form. **No cross-outs or white-outs acceptable.**
☐	Completed DR-314, Information Sheet.
☐	Paid filing fee or included Request for Exemption of Fees form.
An incomplete petition or failure to provide the above items could result in your hearing being delayed, or additional hearings being required 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,	)	CASE NO. _____
_____ Party B.	)	**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: _____ / _____ / 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 recent paystubs. If income is seasonal, show yearly income. If income or deductions will change after the dissolution, file documents showing expected income and deductions. The income and deductions are ☐ **monthly** ☐ **yearly.**

A. Gross Income (Do not list ATAP or SSI below.)	**Party A**	**Party B**
Gross wages	$_____	$_____
Value of employer-provided housing/food/etc.[1]	$_____	$_____
Unemployment compensation	$_____	$_____
Permanent fund dividend (PFD)	$_____	$_____
Other:_____	$_____	$_____
_____	$_____	$_____
TOTAL INCOME	**$_____**	**$_____**
B. Deductions Allowable Under Civil Rule 90.3		
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 deferred, up to 7.5% of gross wages & self-employ. income when combined with mand. contrib.	$_____	$_____
Other mandatory deductions (specify): _____	$_____	$_____
Alimony ordered in other cases and currently paid[2]	$_____	$_____
Child support ordered for prior children[3]	$_____	$_____
In-kind support for prior children[4]	$_____	$_____
Work-related child care for children in this case	$_____	$_____
Health insurance for parent (limited to 10% of wages)[5]	$_____	$_____
TOTAL DEDUCTIONS	**$_____**	**$_____**
C. Net Income		
TOTAL INCOME from section A	$_____	$_____
TOTAL DEDUCTIONS from section B	$_____	$_____
Subtract deductions from income to get **NET INCOME**	**$_____**	**$_____**

_____ Print or Type Party A's Name

_____ Print or Type Party B's Name

_____ Signature of Party A

_____ Signature of Party B

[1] This also includes COLA, military BAH, and BAS.
[2] Includes spousal support ordered in other cases and currently paid.
[3] "Prior children" include children from a different relationship who were born or adopted before the children in this case.
[4] For more information, see Prior Child Deduction Chart and Civil Rule 90.3(a)(1)(D).
[5] This deduction cannot be more than 10% of gross wages and self-employment income, under 90.3(a)(1)(F).

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 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.

2. Real Property (land and buildings) provide street address or legal description

	Value	Acquired During Marriage		Currently Possessed By			To Be Awarded To		
		yes	no	A	B	JT	A	B	JT*
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								

_____ Print or Type Party A's Name

_____ Print or Type Party B's Name

_____ Signature of Party A

_____ Signature of Party B

*For jointly awarded real property at address _____:

a. ☐ We will sell the property and split any profit with _____% to Party A and _____% to Party B. Until the property is sold, ☐ Party A ☐ Party B will make all payments and decisions about the property, and ☐ will ☐ will not be reimbursed from sale proceeds before any profit is paid.

b. ☐ One of us will buy the other out. ☐ Party A ☐ Party B will buy the other party's interest in the property in an amount equal to _____ % of the fair market value. We also agree that ☐ the amount of this payment will be $_____ or ☐ we will have a licensed appraiser or real estate broker determine the property's fair market value. We will select the appraiser or broker together.

c. ☐ Other: _____

_____

_____

_____

_____

Use separate sheets for other real property to be awarded jointly.

[Note: An award of real property to the parties jointly does not convey a right of survivorship. Consult an attorney with concerns about your right of survivorship. AS 13.12.804(a)(2).]

3. Motor Vehicles (include make, model, and license or registration number, and/or vehicle identification number for each vehicle, mobile home, ATV, boat, snow machine, etc.)

	Value	Acquired During Marriage		Currently Possessed By			To Be Awarded To		
		yes	no	A	B	JT	A	B	JT
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								

_____ Print or Type Party A's Name

_____ Print or Type Party B's Name

_____ Signature of Party A

_____ Signature of Party B

4. Other Property (furniture, appliances, jewelry, computers, guns, tools, bank accounts, etc. For bank or other financial institution accounts, you may list the *last 3 digits* of the account number and the name of the issuing institution.)

	Value	Acquired During Marriage		Currently Possessed By			To Be Awarded To		
		yes	no	A	B	JT	A	B	JT
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								

5. Retirement Benefits. We understand that this agreement is only between us and that pension plan provider(s) may require other documents to accept our agreement. We also understand that the court will not draft a waiver document or an order including a qualified domestic relations order (QDRO) that divides the retirement asset(s).

☐ Neither of us earned retirement or military pension benefits during the marriage.

☐ One or both of us earned retirement or pension benefits during the marriage:

☐ Party A earned retirement or military pension benefits during the marriage:

Last 3 numbers of account	Value of account	Being paid now? (Y/N)

☐ Party B earned retirement or military pension benefits during the marriage:

Last 3 numbers of account	Value of account	Being paid now? (Y/N)

☐ We agree that we will each keep our own retirement and pension benefits. This is fair and equitable because:

_____

_____

_____

_____	_____
Print or Type Party A's Name	Print or Type Party B's Name
_____	_____
Signature of Party A	Signature of Party B

☐ Our agreement about the distribution of retirement or military pension benefits is attached. If the agreement is not accepted by the retirement plan administrator as a qualified domestic relations order (QDRO), we agree that the court, upon motion by a party, may make any necessary changes. If changes are necessary, we agree that the effective date of the order will remain the date of our original dissolution decree.

A copy of the present value statement from the plan administrator for each retirement account is attached. [Note: **This is required.** An account statement is not the same as a present value statement. You should consult an attorney if you have concerns about the valuation of pension benefits.]

6. Transfer Deadline.
All payments from one party to the other party will be made by _____.
All documents necessary to carry out this agreement (including but not limited to signing quit claim deeds, refinancing, transferring title) will be done by _____.
Any property stored by one party for the other will be transferred by _____.

B. Debts

[List every debt owed whether or not it is a joint debt. List to whom each debt is owed and the amount owed. Then check the boxes showing whether the debt was incurred during the marriage, who now owes the debt, and who you agree will pay it. Include ALL debts that are currently owed (mortgages, car loans, credit cards, etc.) For credit card, bank card, or debit card accounts, you may list the last 4 digits of the account number and the name of the issuing institution. Note: Even though you agree who is responsible to pay a debt that is in both of your names, the bank or other creditor may still hold the other spouse responsible for the debt if payments are not made.]

		Incurred During Marriage		Currently Owed By			To Be Paid By		
Owed To	Amount	yes	no	A	B	JT	A	B	JT
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								
_____	$_____								

IV. SPOUSAL MAINTENANCE (ALIMONY) AGREEMENT

$_____ per month to be paid by ☐ Party A ☐ Party B, beginning _____ until _____ or until the recipient dies or remarries. If child support payments will be made through CSSD, you may also have spousal maintenance payments made through CSSD. Do you want spousal maintenance payments to be made through CSSD? ☐ Yes ☐ No

_____ 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 ☐ Male ☐ Female
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 ☐ Male ☐ Female
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 ☐ Male ☐ Female
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 ☐ Male ☐ Female
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

Name of Child	Physical Custody Awarded To	Legal Custody Awarded To

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)

[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 $126,000; 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	**Party A**	**Party B**
1. a. Adjusted Annual Income (from II.D. on page 4)	$ _____	$ _____
b. If line 1.a. is more than $126,000, write $126,000 here. Otherwise, repeat amount on line 1.a.:	_____	_____
2. Multiply line 1.b. by: .20 for one child; .27 for two children; .33 for three children; and .03 for each additional child	x _____	x _____
TOTAL	_____	_____
ANNUAL CHILD SUPPORT (amount from "TOTAL" line above ***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. 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	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 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	Print or Type Party B's Name
_____	_____
Signature of Party A	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. Child 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. RESTORE OR CHANGE NAME

☐ Restore Name. Party A and/or B wants to restore a **prior name** (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 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.]

Party ☐ A ☐ B, _____ 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:

_____

The party 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)

FILING CHECKLIST **When turning in your DR-105 with the court, make sure you have also completed the following checklist items:**	
☐	DR-105: All pages are signed by both parties.
☐	DR-105: Both signatures are notarized on the last page within the past 60 days.
☐	DR-105: On page 3, make sure you have completely filled in the income information.
☐	DR-105: On page 5, make sure the VIN number, or license or registration number is provided for all vehicles.
☐	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.
☐	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.
☐	DR-105: On Page 10, make sure you have attached Form DR-475 or detailed parenting agreement.
☐	DR-105: On page 11, • if shared custody, attach: ☐ Form DR-306 ☐ Form DR-475 or detailed parenting agreement *(referenced on page 10)* • if divided custody, attach: ☐ Form DR-307 • if hybrid custody, attach: ☐ Form DR-308
☐	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.
☐	Attach proposed Qualified Domestic Relations Order (QDRO), if needed *(see page 7 of DR-10 Instructions for more information).*
☐	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.
☐	Attach income verification for both parties (two current pay stubs, recent tax returns, and W-2s).
☐	Included filled-out VS-401, Certificate of Dissolution form. **No cross-outs or white-outs acceptable.**
☐	Completed DR-314, Information Sheet.
☐	Paid filing fee or included Request for Exemption of Fees form.
An incomplete petition or failure to provide the above items could result in your hearing being delayed, or additional hearings being required 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. _____
_____	)	**WAIVER OF APPEARANCE AT HEARING**

I, _____, say on oath or affirm under penalty of perjury that:

1. I have read the petition in this case and agree to all its terms relating to custody of the children, child support, visitation, spousal maintenance and tax consequences, division of property (including retirement benefits) and allocation of debts.

2. I believe the property and spousal maintenance agreements are fair and just, and take into consideration the factors listed in AS 25.24.160(a)(2) and (4) so that the economic effect of the dissolution is fairly allocated.

3. I agree that the petition constitutes the entire agreement between the parties.

4. I agree that an incompatibility of temperament has caused the irremediable breakdown of the marriage.

5. I understand fully the nature and consequences of this Petition for Dissolution of Marriage.

6. I understand that I have a right to be present at the dissolution hearing. I agree, however, that the court may proceed without me.

7. I am not under duress or coercion to sign this Waiver of Appearance at Hearing.

8. It would be a significant hardship for me to attend the hearing because:

_____
_____
_____
_____
_____

AS 25.24.200(c)
AS 25.24.220(i)

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: _____

Parent A: _____ Parent B: _____

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.

		PARENT A	**PARENT B**
1.	Adjusted annual income (from section D on form DR-305 or section II.D on page 4 of form DR-105) up to$126,000.	$ _____	$ _____
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 other 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 ☐ Parent A ☐ Parent B.

Write the paragraph 10 information on either
form DR-305, page 2, section F.2. or
form DR-105, page 11, section VIII.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:

Full Name of Child	Date of Birth	Social Security Number*

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 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 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 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., 11th 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

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.

PARENTING PLAN REQUESTED FOR CASE # _____

1. PARENTS

	Name	***Mailing Address***
Parent A	First: Middle: Last:	Street: City: State and Zip:
Parent B	First: Middle: Last:	Street: City: State and Zip:

2. CHILDREN

	Name	***Birthdate***	***Age***	***School***
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.

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

_____
_____
_____
_____

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.

	Same as regular schedule	*Parents to alternate years**	*Every year with Parent A*	*Every year with Parent B*	*Other Information (such as start time and end time)*
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 4th					
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:					
Other:					
Other:					
Other:					
Other:					
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.

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.

8. OTHER IMPORTANT PARTS OF OUR PLAN NOT MENTIONED ABOVE

_____ _____
Date Signature of Parent A

_____ _____
Date Signature of Parent B