

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

\_\_\_\_\_)
(Plaintiff)(Petitioner)
\_\_\_\_\_)
(Defendant)(Petitioner)
\_\_\_\_\_)

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

CHILD SUPPORT GUIDELINES
AFFIDAVIT [Civil Rule 90.3]

I swear or affirm under penalty of perjury that the information on this affidavit is true to the best of my knowledge and belief. [Note: delete social security numbers and account numbers from any documents you attach.] The following income and deductions are MONTHLY YEARLY (you must check one box for the math on this form to work).

NAME OF PARENT A: \_\_\_\_\_

NAME OF PARENT B: \_\_\_\_\_

Table with 3 columns: Description, PARENT A, PARENT B. Rows include Gross Income (Gross wages, housing, unemployment, PFD, other), Deductions Allowable under Civil Rule 90.3 (Federal/state/local income tax, social security, Medicare, SUI, union dues, retirement contributions, alimony, child support, etc.), and TOTAL INCOME and TOTAL DEDUCTIONS.

1 This also includes COLA, military BAH, and BAS.
2 Includes spousal support ordered in other cases and currently paid.
3 "Prior children" includes children from a different relationship 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).

	PARENT A	PARENT B
<b>C. Net Income</b>		
TOTAL INCOME from section A		
TOTAL DEDUCTIONS from section B		
Subtract deductions from income to get		
NET INCOME		
<b>D. Adjusted Annual Income</b>		
1. If Net Income in section C is <b>monthly</b> , multiply by 12 to get adjusted annual income		
2. If Net Income in section C is <b>yearly</b> , repeat Net Income here to get adjusted annual income		
3. If line 1 or 2 above is more than \$126,000, write \$126,000 here. Otherwise, repeat line 1 or 2 to get		
ADJUSTED ANNUAL INCOME		
<b>E. Multiply Adjusted Annual Income from line D.3 by:</b>		
.20 for one child		
.27 for two children	x _____	x _____
.33 for three children, and		
.03 for each additional child		
TOTAL		

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

**F. Monthly Child Support Payment** (*Types of custody are defined in Civ.R.90.3(f).*)

1. *Primary Custody.* One parent has primary physical custody. Divide Annual Child Support amount from section E for the non-custodial parent by 12 = \$ \_\_\_\_\_ to be paid each month by  Parent A  Parent B.

2. *Shared Custody. Attach form DR-306.*  
 The children will reside with each parent for a period specified in writing of at least 30% of the year. Child support payment (from line 10 of DR-306) to be paid each month except \_\_\_\_\_ = \$ \_\_\_\_\_ to be paid by  Parent A  Parent B.

3. *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.  
 Monthly child support payment (from line 7 of DR-307) = \$ \_\_\_\_\_ to be paid by  Parent A  Parent B.

4. *Hybrid Custody. Attach form DR-308.*  
 Monthly child support payment (from line 8 of DR-308) = \$ \_\_\_\_\_ to be paid by  Parent A  Parent B.

**G. Health Care Coverage for the Children.**

1. *Health Insurance.*

a. Does Parent A have health insurance available for the child(ren) at a reasonable cost through Parent A's employer, union, or otherwise?  
 Yes  No  I do not know

b. Does Parent B have health insurance available for the child(ren) at a reasonable cost through Parent B's employer, union or otherwise?  
 Yes  No  I do not know

- c. Are the children eligible for services through the Indian Health Service?  
 Yes  No
- d. Do the children have other health insurance or care available?  Yes  No  
 Describe: \_\_\_\_\_

Health insurance for the child(ren)  is being  will be purchased by:  
 Parent A at a monthly cost to Parent A of \$ \_\_\_\_\_\*  
 Parent B at a monthly cost to Parent B of \$ \_\_\_\_\_\*  
 through the above person's  employer  union  \_\_\_\_\_  
 whose name and address are \_\_\_\_\_

The cost  is  will be divided between the parents  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 coverage, none of the cost can be allocated to the children. For more information, see [Calculating the Cost of Child\(ren\)'s Health Insurance](#) chart and Civil Rule 90.3(d).*

2. *Health Care Expenses Not Covered By Insurance.*  
 Should uninsured health care expenses of the children (up to \$5,000 per calendar year) be shared equally by the parents?  Yes  No  
 If no, explain how the costs should be divided and why:  
 \_\_\_\_\_

**H. Monthly Child Support Payment** *(after adding or deducting health insurance costs).*

1. Monthly Child Support Payment from paragraph F above \$ \_\_\_\_\_
2. If obligor is buying health insurance for the child(ren), subtract 50% (or \_\_\_\_\_%) of the monthly insurance payment. - \$ \_\_\_\_\_  
*("Obligor" is the parent paying child support.)*
3. If obligee is buying health insurance for the child(ren), add 50% (or \_\_\_\_\_%) of the monthly insurance payment. + \$ \_\_\_\_\_  
*("Obligee" is the parent receiving child support.)*
4. NET MONTHLY CHILD SUPPORT PAYMENT \$ \_\_\_\_\_

- I. Seasonal Income.** Obligor's income is seasonal.  Yes  No  
*(Note: If income is seasonal, you can ask the court to order unequal monthly payments as described in Civil Rule 90.3(c)(5).)*

\_\_\_\_\_  
 Print or Type Name

\_\_\_\_\_  
 Signature

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

I certify that on \_\_\_\_\_  
 a copy of this affidavit was mailed to  
 the other parent in this case (list name):

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

Signature \_\_\_\_\_

(SEAL)