

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. [] I attached a copy of my most recent federal tax return and pay stubs to verify this information. [Note: delete social security numbers and account numbers from any documents you attach.] [] I did not attach supporting documents because: _____. 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, Value of employer-provided housing, etc., Unemployment compensation, Permanent Fund Dividend, Other), Deductions Allowable under Civil Rule 90.3 (Federal, state and local income tax, Social security tax, Medicare tax, 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
C. Net Income		
TOTAL INCOME from section A		
TOTAL DEDUCTIONS from section B		
Subtract deductions from income to get		
NET INCOME		
D. Adjusted Annual Income		
1. If Net Income in section C is monthly , multiply by 12 to get adjusted annual income		
2. If Net Income in section C is yearly , 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		
E. Multiply Adjusted Annual Income from line D.3 by:		
.20 for one child		
.27 for two children	x _____	x _____
.33 for three children, and		
.03 for each additional child		
TOTAL		

ANNUAL CHILD SUPPORT _____

(Amount from TOTAL line 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)