

# CUSTODY COMPLAINT PACKET

## FORMS FOR FILING A CHILD CUSTODY CASE

<i>Form Number</i>	<i>Form Name</i>
<b>WHERE CAN I FIND INSTRUCTIONS?</b>	
<a href="#"><u>DR-415</u></a>	<b>Instructions for Filing a Child Custody Case are online at:</b> <a href="https://public.courts.alaska.gov/web/forms/docs/dr-415.pdf">https://public.courts.alaska.gov/web/forms/docs/dr-415.pdf</a> Printed copies are available for customers with limited or no internet access.
<a href="#"><u>CIV-106</u></a>	<b>Instructions for Serving a Summons are online at:</b> <a href="https://public.courts.alaska.gov/web/forms/docs/civ-106.pdf">https://public.courts.alaska.gov/web/forms/docs/civ-106.pdf</a> Printed copies are available for customers with limited or no internet access.
<b>WHAT IS INCLUDED IN THIS PACKET?</b>	
<a href="#"><u>DR-420</u></a>	<b>Complaint for Custody of Minor Children</b>
<a href="#"><u>DR-314</u></a>	<b>Information Sheet</b>
<a href="#"><u>DR-150</u></a>	<b>Child Custody Jurisdiction Affidavit</b>
<a href="#"><u>DR-305</u></a>	<b>Child Support Guidelines Affidavit</b>
<a href="#"><u>DR-306</u></a>	<b>Shared Custody Child Support Calculation</b>
<a href="#"><u>DR-315</u></a>	<b>Application for CSSD Services</b>
<a href="#"><u>DR-316</u></a>	<b>Information about CSSD</b>
<a href="#"><u>CIV-125S</u></a>	<b>Case Description Form</b>
<b>OTHER INFORMATION</b>	
<a href="#"><u>DR-440</u></a>	You will also need an <a href="#">Answer Packet</a> to send to the defendant in order to complete the filing of your case.
<a href="#"><u>Attorneys who provide limited services</u></a>	If you need help with your case, you should talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Assn. can give you names of lawyers who handle family law cases and can provide limited legal services. For a list of attorneys who provide limited services ("unbundled legal services") go to <a href="https://alaskabar.org/for-the-public/unbundled-legal-services">https://alaskabar.org/for-the-public/unbundled-legal-services</a> Or call (907) 272-0352 or (800) 770-9999 for more information.
<a href="#"><u>Family Law Self-Help Center</u></a>	For help filling out these forms, visit the Family Law Self-Help Center's website at: <a href="http://www.courts.alaska.gov/shc/family/selfhelp.htm">www.courts.alaska.gov/shc/family/selfhelp.htm</a> . Or call (907) 264-0851 in Anchorage and outside Alaska, or (866) 279-0851 (toll free in Alaska but outside of Anchorage).

**January 2021 Alaska Court System**

The statutes, court rules and forms in this packet are available on the court's website:

[www.courts.alaska.gov/forms](http://www.courts.alaska.gov/forms).

**TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY**

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,  
v. \_\_\_\_\_  
Defendant.

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

**COMPLAINT FOR CUSTODY  
OF MINOR CHILDREN**

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

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

**1. Parent Information**

**NOTE:** *If, for any reason, you do not want the other parent to know your current address or employer, you need not provide that information. However, you **must** provide a mailing address that will allow the court and the other parent to mail required documents to you. That address may be in care of another person as long as you will receive all papers sent to you.*

**Biological Father:**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Is this person listed as the father on the children's birth certificates? ☐ Yes ☐ No  
(If no and the defendant answers denying paternity, you must first establish that this person is the father of the children. See page 10 of the instructions for information about how to do this.)

**Biological Mother:**

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Is this person listed as the mother on the children's birth certificates? ☐ Yes ☐ No

2. **The Children.** The defendant and I are the biological parents of the following children (if the mother is pregnant, include the unborn child if you and defendant are the biological parents):

Full Name of Child	Date of Birth (or expected date)	Who does child live with? (mother or father or both)	Was mother married to anyone when she became pregnant with this child? (If yes, list name of husband)

3. **Court Jurisdiction.** This court has the authority to decide the custody of the minor children as shown on the Child Custody Jurisdiction Affidavit (form DR-150) I am filing with this complaint.

4. **Other Custody Orders.**

☐ No custody order involving these children has ever been issued in Alaska or in another state or country.

☐ The following custody orders have been issued involving these children (include domestic violence orders and tribal court orders):

Court Location (City and State)	Case Number	Date of Order	Still in Effect? (Yes or No)

5. **Marital History.**

The defendant and I are not now married to each other and:

☐ have never been married to each other.

☐ were previously married to each other, but the children listed above were conceived or born after a decree of divorce or dissolution was entered.

Divorce or Dissolution Decree Information:

Location of Court (City and State): \_\_\_\_\_

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

Date of Decree: \_\_\_\_\_

6. **Legal Custody.** *(Before completing this section, read page 7 of the Instructions for an explanation of these terms.)*

Because it is in the best interests of the children, I request that I be awarded

☐ sole legal custody      ☐ shared legal custody

7. **Physical Custody.** *(Before completing this section, read pages 7-8 of the Instructions for an explanation of these terms.)*

Because it is in the best interests of the children, I request that I be awarded

☐ Primary Physical Custody. *(Children will reside with me more than 70% of the year.)*

☐ Shared Physical Custody. *(Children will reside with each parent for a specified period of at least 30% of the year.)*

I propose the following shared physical custody schedule *(Explain when each parent will have physical custody of the children. If either parent is planning a move to another community in the near future, you should explain how shared custody will be continued.):*

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☐ Divided Physical Custody      ☐ Hybrid Physical Custody.

I propose the following custody arrangement:

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8. **Visitation.**

☐ I request that the court grant the defendant the right to the following schedule of visitation with the children:

Summer Vacation:

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Holidays & Birthdays:

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Weekends:

---

---

Other:

---

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☐ I am concerned about my safety or the safety of the children when with the other parent. Therefore, I request that visitation be restricted as follows:

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9. **Child Support.** I request that child support be ordered in accordance with Civil Rule 90.3. My child support guidelines affidavit (form DR-305) is attached.

- a. Do you request that child support for each child continue for up to a year after the child turns 18? ☐ Yes ☐ No

*(Note: This support is allowed only if the child is 18 years old and (1) unmarried, (2) actively pursuing a high school diploma or equivalent level of training, and (3) living as a dependant with a parent.)*

- b. Do you request the assistance of the Child Support Services Division (CSSD) to enforce the child support order and keep records of the payments?

☐ Yes ☐ No

*(If yes, fill out form DR-315 and file it with this complaint.)*

- c. Income Withholding. *(The court must order immediate income withholding from the person ordered to pay child support and order the support paid through the Child Support Services Division (CSSD) unless one of the three exceptions authorized by Alaska Statute 25.27.062(m) applies. For an explanation of those exceptions, see form DR-10, page 13, available at the court.)*

Is there a reason why the court should not order immediate income withholding?

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10. **Permanent Fund Dividend.** I request that the court designate \_\_\_\_\_ as the parent who is authorized to apply for the children's Alaska Permanent Fund Dividends while they are minors.

BASED ON THE ABOVE, I ask the court to grant the relief requested in this complaint and any other relief appropriate under the circumstances.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff's Signature

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Email Address\*

\*☐ I authorize the court to email me court documents in this case to the email address above.

**IMPORTANT NOTICE:** You must keep the court advised of any change in address or daytime phone number until this case is closed.

**Note to Defendant**

**Forms and instructions about the procedure for answering this complaint are available at the court. Ask for the DR-440 Answer Packet.**

**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.

*If disclosure of the information on this form could harm the health, safety or liberty of you or your children, then you are not required to give a copy of this form to the other party. Instead, file this form at the court with form [DR-151](#) which is available online or from the court clerk. AS 25.30.380(e).*

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

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)  
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)  
)

CASE NUMBER: \_\_\_\_\_

## CHILD CUSTODY JURISDICTION AFFIDAVIT

**I am the person making this affidavit. My name is:**

First Name	Middle Name	Last Name
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**1. These children are the subject of the current custody proceedings:**

CHILD 1				
First Name		Middle Name	Last Name	
Date of Birth		Place of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> 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 4				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 5				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 5 children.]



2. **Have you participated as a party, witness, or in another capacity in another proceeding about the custody of any of the children listed above or about visitation with them?**

☐ Yes ☐ No

If yes, describe the other custody proceeding:

Name of the court \_\_\_\_\_

Case number \_\_\_\_\_ Date \_\_\_\_\_

Court's decision \_\_\_\_\_

3. **Do you know of a proceeding that could affect this proceeding (such as a proceeding about domestic violence, protective orders, child-in-need-of-aid, termination of parental rights, adoption, or enforcement of a court order)?** ☐ Yes ☐ No

If yes, identify the court \_\_\_\_\_

Case number \_\_\_\_\_

Type of the proceeding \_\_\_\_\_

4. **Do you know of anybody who is not a party to this proceeding who has physical custody of any of the children listed above, or claims they have a right to physical custody, legal custody, or visitation?** ☐ Yes ☐ No

If yes, list each person's name, address, and what the person claims

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

**I say on oath or affirm under penalty of perjury that my statements in this Affidavit are true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature** (sign in front of a notary)

Subscribed and sworn to or affirmed before me at (city and state) \_\_\_\_\_  
on this date \_\_\_\_\_.

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

I certify that on date \_\_\_\_\_  
a copy of this Affidavit was mailed to the  
other party in this case (list name below)

Signature \_\_\_\_\_

***NOTE: All parties have a continuing duty to tell the court of any other court proceeding in Alaska or any other state concerning the children listed above.***

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:** \_\_\_\_\_

	PARENT A	PARENT B
<b>A. Gross Income</b> (Do not list ATAP or SSI below.)		
Gross wages	_____	_____
Value of employer-provided housing, food, etc. <sup>1</sup>	_____	_____
Unemployment compensation	_____	_____
Permanent Fund Dividend (PFD)	_____	_____
Other: _____	_____	_____
TOTAL INCOME	_____	_____
<b>B. Deductions Allowable under Civil Rule 90.3</b>		
Federal, state and local income tax	_____	_____
Social security tax or self-employment tax	_____	_____
Medicare tax	_____	_____
Employment security tax (SUI)	_____	_____
Mandatory union dues	_____	_____
Mandatory retirement contributions	_____	_____
Voluntary retirement contributions if plan earnings are tax free or deferred, up to 7.5% of gross wages & self-employment income when combined with mandatory contributions	_____	_____
Other mandatory deductions (specify):	_____	_____
Alimony ordered in other cases and currently paid <sup>2</sup>	_____	_____
Child support ordered for prior children <sup>3</sup>	_____	_____
In-kind support for prior children <sup>4</sup>	_____	_____
Work-related child care for children in this case	_____	_____
Health insurance for parent (up to 10% of wages) <sup>5</sup>	_____	_____
TOTAL DEDUCTIONS	_____	_____

<sup>1</sup> This also includes COLA, military BAH, and BAS.

<sup>2</sup> Includes spousal support ordered in other cases and currently paid.

<sup>3</sup> "Prior children" includes children from a different relationship born or adopted before the children in this case.

<sup>4</sup> For more information, see [Prior Child Deduction Chart](#) and Civil Rule 90.3(a)(1)(D).

<sup>5</sup> 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 <span style="border-bottom: 1px solid black; width: 100px;"></span>	x <span style="border-bottom: 1px solid black; width: 100px;"></span>
.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: \_\_\_\_\_

(SEAL)

Signature \_\_\_\_\_

## 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.

	<b>PARENT A</b>	<b>PARENT B</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 <u>other</u> parent will have physical custody	_____ %	_____ %
5. Multiply line 2 times line 4.	\$ _____	\$ _____
6. Subtract smaller figure on line 5 from larger and write the difference in the column with the larger line 5 figure. (One line should be blank.)	\$ _____	\$ _____
7. Multiply line 6 by 1.5. (One line should be blank.)	\$ _____	\$ _____
8. Annual Child Support. Fill in the smaller of line 7 or line 2 for the parent who will pay support.	\$ _____	\$ _____
9. Number of payments per year: _____ (See Civil Rule 90.3(b)(1)(D).)		
10. Monthly Child Support Payment for all months except _____ (line 8 divided by line 9): \$ _____ to be paid by <input type="checkbox"/> Parent A <input type="checkbox"/> 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  
  
\_\_\_\_\_  
Type or Print Parent A's Name

\_\_\_\_\_  
Parent B's Signature  
  
\_\_\_\_\_  
Type or Print Parent B's Name

APPLICATION FOR SERVICES  
OF CHILD SUPPORT SERVICES DIVISION

**Notice to Court Clerk**

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

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

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

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

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

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

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

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

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

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

_____	DOB _____	_____	DOB _____
_____	DOB _____	_____	DOB _____
_____	DOB _____	_____	DOB _____

☐ A child support order is currently in effect:

Date of child support order: \_\_\_\_\_

Court case number: \_\_\_\_\_

Court location (city and state): \_\_\_\_\_

Names of parents when child support was ordered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

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

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

## **INFORMATION ABOUT CSSD**

### **December 6, 2002**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **MAIN OFFICE**

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

#### **SOUTHEAST**

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

#### **FAIRBANKS**

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

#### **MAT-SU**

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

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

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



**CASE DESCRIPTION – SUPERIOR COURT**

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

Type of Action	For Court Use Only	
Check the box that best describes the case. Mark <b>one</b> box only. For district court cases, use form CIV-125D.	Case Type	Action Code
<b>Domestic Relations</b>		
<input type="checkbox"/> Divorce With Children (or Pregnant)	Div or Cust w/Children	CISDVC
<input type="checkbox"/> Divorce Without Children	Divorce Without Children	CISDIV
<input type="checkbox"/> Uncontested Divorce With Children (or Pregnant)	Div or Cust w/Children	CISUDVC
<input type="checkbox"/> Uncontested Divorce Without Children	Divorce Without Children	CISUDIV
<input type="checkbox"/> Custody (Unmarried Parents)	Div or Cust w/Children	CISCUS
<input type="checkbox"/> Uncontested Custody (Unmarried Parents)	Div or Cust w/Children	CISUCUS
<input type="checkbox"/> Visitation by Person Other than Parent	Domestic Relations Other	CIVIS
<input type="checkbox"/> Property Division – Unmarried Partners	Domestic Relations Other	CISPROP
<input type="checkbox"/> Legal Separation With Children (or Pregnant)	Legal Separation	CICLS
<input type="checkbox"/> Legal Separation Without Children	Legal Separation	CISLS
<input type="checkbox"/> Uncontested Legal Separation with Children (or Pregnant)	Legal Separation	CIUCLS
<input type="checkbox"/> Uncontested Legal Separation Without Children	Legal Separation	CIUSLS
<input type="checkbox"/> Annulment	Domestic Relations Other	CIANNUL
<input type="checkbox"/> Paternity - Establishment	Domestic Relations Other	CISPAT
<input type="checkbox"/> Paternity - Disestablishment	Domestic Relations Other	CIDPAT
<input type="checkbox"/> Paternity – Determine Both Biological and Non-Biological Father	Domestic Relations Other	CIDEPAT
<input type="checkbox"/> Genetic Testing - Failure to Comply with Order for Testing	Domestic Relations Other	CIOSCP
<input type="checkbox"/> Administrative Child Support Order – Modification or Enforcement	Domestic Relations Other	CIPCS
<input type="checkbox"/> PFD or Native Dividend Case	Domestic Relations Other	CIPND
<input type="checkbox"/> Foreign Support Order - Registration, Modification or Enforcement under AS 25.25	Domestic Relations Other	CIUIFSA
<input type="checkbox"/> Foreign Custody Order – Registration, Modification or Enforcement under AS 25.30	Domestic Relations Other	DR483
<input type="checkbox"/> <u>Both</u> Foreign Custody & Support Order – Registration, Modification or Enforcement under AS 25.30 and AS 25.25	Domestic Relations Other	CIFCS
<input type="checkbox"/> Foreign Domestic Relations Order (Not Custody or Support) – Registration, Modification or Enforcement	Domestic Relations Other	CIDRFJ
<b>Landlord/Tenant</b>		
<input type="checkbox"/> Eviction (May Include Rent or Damages)	Eviction-Superior Court	CISFED
<input type="checkbox"/> Other Landlord/Tenant (No Eviction)	Civil Superior Court	CISLT
<b>Debt/Contract</b>		
<input type="checkbox"/> Debt Collection	Civil Superior Court	CISDEB
<input type="checkbox"/> Claim by Buyer Against Seller of Goods/Services	Civil Superior Court	CISCLAIM
<input type="checkbox"/> Employment – Discrimination	Civil Superior Court	CISEMPD
<input type="checkbox"/> Employment – Other Than Discrimination	Civil Superior Court	CISEMP
<input type="checkbox"/> Other Contract	Civil Superior Court	CISOCT
<b>Real Property Actions</b>		
<input type="checkbox"/> Condemnation	Civil Superior Court	CISCNDM
<input type="checkbox"/> Foreclosure	Civil Superior Court	CISFOR
<input type="checkbox"/> Quiet Title	Civil Superior Court	CISQIT
<input type="checkbox"/> Real Property Tax Foreclosure	Superior Court Misc Petition	CISTAX
<input type="checkbox"/> Other Real Estate Matter	Civil Superior Court	CISREM
<b>Foreign Judgment</b>		
<input type="checkbox"/> Registration of Foreign Judgment – SEE DOMESTIC RELATIONS FOR FOREIGN <b>SUPPORT/CUSTODY</b> ORDERS	Foreign Judgment Superior Ct	CISFOJ
<b>Malpractice</b>		
<input type="checkbox"/> Legal Malpractice	Civil Superior Court	CISLMP
<input type="checkbox"/> Medical Malpractice	Civil Superior Court	CISMMP
<input type="checkbox"/> Other Malpractice	Civil Superior Court	CISOMP

**CASE DESCRIPTION – SUPERIOR COURT**

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

Type of Action		For Court Use Only	
Check the box that best describes the case. Mark <b>one</b> box only. For district court cases, use form CIV-125D.		Case Type	Action Code
<b>Tort</b>			
<input type="checkbox"/> Wrongful Death		Civil Superior Court	CISPID
<input type="checkbox"/> Automobile Tort (But Not Wrongful Death)		Civil Superior Court	CISIDA
<input type="checkbox"/> Claim Against Owner of Real Property for Personal Injury		Civil Superior Court	CISPIO
<input type="checkbox"/> Product Liability		Civil Superior Court	CISPL
<input type="checkbox"/> Intentional Tort (e.g., assault, battery, vandalism)		Civil Superior Court	CISIT
<input type="checkbox"/> Slander/Libel/Defamation		Civil Superior Court	CISSLD
<input type="checkbox"/> Other Tort		Civil Superior Court	CISIDO
<input type="checkbox"/> Approval of Minor Settlement – Civil Petition <i>May also be filed as probate case.</i>		Superior Court Misc Petition	CISPET
<b>Other Civil</b>			
<input type="checkbox"/> Election Contest or Recount Appeal		Civil Superior Court	CISELE
<input type="checkbox"/> Change of Name - Adult		Change of Name	CICON
<input type="checkbox"/> Change of Name - Minor		Change of Name	CICONM
<input type="checkbox"/> Confession of Judgment		Civil Superior Court	CISCCONF
<input type="checkbox"/> Structured Settlement – AS 09.60.200		Superior Court Misc Petition	CISSE
<input type="checkbox"/> Administrative Agency Proceeding – Request for Court Assistance		Superior Court Misc Petition	CISWRNT
<input type="checkbox"/> Arbitration - Action Under Uniform Arbitration Act		Civil Superior Court	CISAP
<input type="checkbox"/> Fraud		Civil Superior Court	CISFRAUD
<input type="checkbox"/> Unfair Trade Practice and Consumer Protection		Civil Superior Court Clerk: Issue form CIV-128	CISUTP
<input type="checkbox"/> Writ of Habeas Corpus		Civil Superior Court	CIWHC
<input type="checkbox"/> Fish & Game - Abatement & Forfeiture of Equipment		Superior Court Misc Petition	CISAF
<input type="checkbox"/> Appointment of Trustee Counsel		Superior Court Misc Petition	CISTC
<input type="checkbox"/> Action Under Alaska Securities Act		Civil Superior Court	CISASA
<input type="checkbox"/> Quarantine and Isolation		Superior Court Misc Petition	CISQI
<input type="checkbox"/> Other Superior Court Complaint		Civil Superior Court	CISOCI
<input type="checkbox"/> Other Superior Court Petition		Superior Court Misc Petition	CISPET
<b>Post-Conviction Relief to Superior Court</b>			
<input type="checkbox"/> Post-Conviction Relief		Post-Conviction Relief-Sup Ct	CISPCR
<b>Appeal to Superior Court - From Administrative Agency</b>			
<input type="checkbox"/> Election Contest or Recount Appeal – SEE OTHER CIVIL			
<input type="checkbox"/> DMV Appeal		Appeal from Admin Agency	CIADDMV
<input type="checkbox"/> Employment Security Appeal		Appeal from Admin Agency	CIADRESA
<input type="checkbox"/> Administrative Agency Appeal - Other		Appeal from Admin Agency	CIADR
<input type="checkbox"/> CSSD License Review Action		Petition for Review or Relief	CICSED
<input type="checkbox"/> Petition for Review from Administrative Agency		Petition for Review or Relief	CIPRA
<input type="checkbox"/> Petition for Relief from Administrative Agency – AS 44.62.305		Petition for Review or Relief	CIPRLF
<b>Appeal to Superior Court - From District Court</b>			
<input type="checkbox"/> Civil Appeal		Appeal from District Court	CIACI2
<input type="checkbox"/> Criminal Appeal		Appeal from District Court	CIACRM
<input type="checkbox"/> Minor Offense Appeal		Appeal from District Court	CIAMO
<input type="checkbox"/> Small Claims Appeal		Appeal from District Court	CIASC
<input type="checkbox"/> Petition for Review from Civil, Criminal, or Minor Offense Case		Petition for Review or Relief	CIPRD2
<input type="checkbox"/> Petition for Review from Small Claims		Petition for Review or Relief	CIPRSC