

CUSTODY ANSWER PACKET

FORMS FOR ANSWERING A CHILD CUSTODY COMPLAINT

| <i>Form Number</i> | <i>Form Name</i> |
|---|--|
| WHERE CAN I FIND INSTRUCTIONS? | |
| <u>DR-445</u> | <p>Instructions for Answering a Child Custody Complaint are online at:</p> <p>https://public.courts.alaska.gov/web/forms/docs/dr-445.pdf</p> <p>Printed copies are available for customers with limited or no internet access.</p> |
| WHAT IS INCLUDED IN THIS PACKET? | |
| <u>DR-450</u> | Answer |
| <u>DR-314</u> | Information Sheet |
| <u>DR-150</u> | Child Custody Jurisdiction Affidavit |
| <u>DR-305</u> | Child Support Guidelines Affidavit |
| <u>DR-306</u> | Shared Custody Child Support Calculation |
| <u>DR-315</u> | Application for CSSD Services |
| <u>DR-316</u> | Information about CSSD |
| OTHER INFORMATION | |
| <u>Attorneys who provide limited services</u> | <p>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 https://alaskabar.org/for-the-public/unbundled-legal-services</p> <p>Or call (907) 272-0352 or (800) 770-9999 for more information.</p> |
| <u>Family Law Self-Help Center</u> | <p>For help filling out these forms, visit the Family Law Self-Help Center's website at: www.courts.alaska.gov/shc/family/selfhelp.htm. Or call (907) 264-0851 in Anchorage and outside Alaska, or (866) 279-0851 (toll free in Alaska but outside of Anchorage).</p> |

February 2019
Alaska Court System

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

ANSWER TO COMPLAINT FOR CUSTODY

1. Parent Information

- ☐ I agree with the parent information provided in the complaint.
☐ I disagree with the parent information provided in the complaint. The following information should be changed:

2. Children Information

- ☐ I agree that the plaintiff and I are the biological parents of the children listed in paragraph 2 of the complaint.
☐ I disagree that the plaintiff and I are the biological parents of the children listed in paragraph 2 of the complaint because

The other information in paragraph 2 of the complaint

- ☐ is correct
☐ is not correct because

3. Court Jurisdiction

I ☐ agree ☐ disagree that the court has jurisdiction to decide custody of the minor children as shown on my Child Custody Jurisdiction Affidavit (form DR-150) filed with this Answer.

4. **Other Custody Orders**

- ☐ I agree with plaintiff's statement about custody orders.
☐ I disagree with plaintiff's statement about custody orders because:

5. **Marital History**

- ☐ I agree with plaintiff's statement about the parties' marital history.
☐ I disagree with plaintiff's statement about the parties' marital history because:

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

- ☐ I agree with plaintiff's request for the award of legal custody of the children.
☐ I disagree with plaintiff's request for the award of legal custody of the children. It is in the best interests of the children that legal custody be awarded as follows:
- ☐ I be awarded sole legal custody.
☐ Plaintiff be awarded sole legal custody.
☐ Plaintiff and I be awarded shared legal custody.

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

- ☐ I agree with plaintiff's request for the award of physical custody of the children.
☐ I disagree with plaintiff's request for the award of physical custody of the children. It is in the best interests of the children that physical custody be awarded as follows:
- ☐ I be awarded primary physical custody. *(The children will reside with me more than 70% of the year.)*
☐ Plaintiff and I be awarded shared physical custody. *(The 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.)*

☐ Plaintiff and I be awarded ☐ divided ☐ hybrid physical custody as follows:

8. **Visitation.**

☐ I agree with the plaintiff's proposed visitation schedule.

☐ I disagree with the plaintiff's proposed visitation schedule and request that the court grant the following visitation schedule to ☐ me ☐ the plaintiff:

Summer Vacation:

Holidays & Birthdays:

Weekends:

Other:

☐ 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:

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

a. Do you want child support for each child to 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 want 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 answer.)

- 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?

10. **Permanent Fund Dividend.**

- ☐ I agree with plaintiff's request about the children's Permanent Fund Dividends.
- ☐ I disagree with plaintiff's request about the children's Permanent Fund Dividends because

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

| | |
|--|---|
| <hr/> <div>Date</div> | <hr/> <div>Defendant's Signature</div> |
| <i>IMPORTANT NOTICE: You must keep the court advised of any change in address or daytime phone number until this case is closed.</i> | <hr/> <div>Type or Print Name</div> |
| | <hr/> <div>Mailing Address</div> |
| | <hr/> <div>City State ZIP</div> |
| | <hr/> <div>Daytime Telephone</div> |
| | <hr/> <div>Email Address*</div> |
| | <p>*<input type="checkbox"/> I authorize the court to email me court documents in this case to the email address above.</p> |

Certificate of Service

I certify that on _____
(date)

I ☐ mailed (first class mail) ☐ hand-delivered
to the plaintiff a copy of my Answer and any other
documents I filed with the Answer.

Signature of Defendant
Page 4 of 4
DR-450 (8/18)(cs)
ANSWER TO COMPLAINT FOR CUSTODY

AS 25.20.060 - .130

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 _____

)
)
)
)
)
)
)
)

CASE NUMBER: _____

CHILD CUSTODY JURISDICTION AFFIDAVIT

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

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

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 |
|---|----------|----------|
| A. Gross Income (Do not list ATAP or SSI below.) | | |
| 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 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 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 (up to 10% of wages) ⁵ | _____ | _____ |
| 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: _____

(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.

| | 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 <div style="margin-left: 20px;">.20 for one child</div> <div style="margin-left: 20px;">.27 for two children</div> <div style="margin-left: 20px;">.33 for three children and</div> <div style="margin-left: 20px;">.03 for each additional child</div> | 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. 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

FAIRBANKS

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

SOUTHEAST

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

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.