

RESPONSE PACKET

FOR RESPONDING TO A MOTION TO CHANGE CHILD CUSTODY, SUPPORT OR VISITATION

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>DR-721</u>	Instructions are available online at: <u>https://public.courts.alaska.gov/web/forms/docs/dr-721.pdf</u> Printed copies are available for customers with limited or no internet access.
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-725</u>	Response to Motion
<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-314</u>	Information Sheet
OTHER INFORMATION	
<u>Attorneys who provide limited services</u>	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 <u>https://alaskabar.org/for-the-public/unbundled-legal-services/</u> Or call (907) 272-0352 or (800) 770-9999 for more information.
<u>Family Law Self-Help Center</u>	For help filling out these forms, visit the Family Law Self-Help Center's website at: <u>www.courts.alaska.gov/shc/family/selfhelp.htm</u> . Or call (907) 264-0851 in Anchorage and outside Alaska, or (866) 279-0851 (toll free in Alaska but outside of Anchorage). A facilitator can explain court procedure and give you forms for each part of the case, but cannot give legal advice.
Flowcharts	<u>Flowchart for Calculating Cost of Children's Health Insurance</u> <u>Flowchart for Calculating Prior Child Deduction</u>

July 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.

Mailing Address: _____

List court location, names of parties and case number exactly as shown on the motion.

AT _____

CASE NO. _____

☐ CUSTODY ☐ SUPPORT ☐ VISITATION

☐ I do **not** agree with the Motion. Reason: *(Attach any documents that support your response.)*

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2. REQUIRED ATTACHMENTS

All the forms listed below MUST be filled out and attached to this Response.

Check each box to indicate that you have completed and attached the form.

- ☐ Child Custody Jurisdiction Affidavit (form [DR-150](#))
- ☐ Child Support Guidelines Affidavit (form [DR-305](#))
- ☐ Shared Custody Child Support Calculation (form [DR-306](#)) (*required only if shared custody has been ordered or is being requested*) or form [DR-307](#) (*for divided custody*) or form [DR-308](#) (*for hybrid custody*).
- ☐ All documentation needed to support your response to the motion.

3. PARENT INFORMATION

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

Your full name: _____ Date of birth: _____

Mailing address: _____

Residence address (if different): _____

Daytime phone number: _____ Email: _____

Most recent employer: _____

Dates of employment: _____

Employer's address: _____

OATH OR AFFIRMATION

NOTE: You must sign this in front of a notary. A court clerk can provide this notary service for you (at no charge). Bring a photo ID with you for the notarization.

I swear or affirm that the above statements and any attachments are true to the best of my knowledge and belief.

Date

Signature of Person Filing Response

Printed Name

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____
Date

(SEAL)

Clerk of Court, Notary Public or other
person authorized to administer oaths.
My commission expires: _____

[You must complete the Certificate of Service on the next page.]

CERTIFICATE OF SERVICE
[MUST BE COMPLETED]

I certify that I served a copy of my completed Response and all the documents checked in paragraph 2 as follows:

On Other Parent

On the following date: _____, I ☐ mailed (first class mail) ☐ hand delivered to the other parent (or his/her attorney if the other parent is represented by an attorney) a copy of my Response and all the documents checked in paragraph 2.

Name of Other Parent or Attorney: _____

Address: _____

Signature of Person Filing Response

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
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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
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

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.