

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 https://public.courts.alaska.gov/web/forms/docs/dr-721.pdf 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
OTHER INFORMATION	
<u>Attorneys who do unbundled legal services</u>	If you need help with your case, you may want to talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Association can give you names of lawyers who handle family law cases, including some who do “unbundled legal services” (limited services instead of representing you for the whole case). Go to https://alaskabar.org/for-our-community/unbundled-legal-services/ or call (907) 272-0352 or (800) 770-9999 for more information.
<u>Family Law Self-Help Center</u>	For more information or help filling out these forms, visit the Family Law Self-Help Center’s website at https://courts.alaska.gov/shc/family/index.htm 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 help you find forms, but cannot give legal advice.
Flowcharts	Flowchart for Calculating Cost of Children’s Health Insurance Flowchart for Calculating Prior Child Deduction

October 2023

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 _____

$$\left. \begin{array}{l}) \\) \\) \\) \\) \\) \\) \end{array} \right\} _$$

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 or grey 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	
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	
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
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
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
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 _____

_____)	
Parent A (Plaintiff or Co-Petitioner))	
_____)	
Parent B (Defendant or Co-Petitioner))	CASE NO. _____
_____)	

**CHILD SUPPORT
GUIDELINES AFFIDAVIT**

For more information about income and deductions, see Civil Rule 90.3 (ak-courts.info/civrules)☐ I attached a copy of my most recent tax return and 3 pay stubs to verify this information.[**Important:** delete social security numbers & account numbers from any documents you attach.]☐ I did not attach supporting documents, because: _____

The amounts below are ☐ **MONTHLY.** ☐ **YEARLY.** [You must check one for the math on this form to work. If you decide to change from monthly to yearly (or yearly to monthly) after you start filling out the form, then start over with a blank form, or it will not work properly.]

A. Income¹ [Do not list ATAP or SSI below.]	PARENT A	PARENT B
Gross wages or salary	_____	_____
Value of employer-provided housing, food, etc. ²	_____	_____
Unemployment compensation	_____	_____
Alaska PFD (divide by 12 if using monthly amounts)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL INCOME	_____	_____
B. Deductions Allowed 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 or pension plan contributions	_____	_____
Voluntary retirement contributions ³	_____	_____
Spousal support (alimony) ordered and currently paid	_____	_____
Child support or in-kind support for prior children ⁴	_____	_____
Work-related child care for children in this case	_____	_____
Health insurance premiums for parent ⁵	_____	_____
Life insurance premiums for eligible beneficiaries ⁶	_____	_____
_____	_____	_____
TOTAL DEDUCTIONS	_____	_____

¹ Other common examples of income are self-employment and rental income, "gig" work, Alaska Native dividends, VA disability, SSDI, worker's comp, investment earnings, and pensions. This is not a full list.

² Put employer or military provided COLA, and military BAH and BAS, on this line.

³ Only if plan earnings are tax-free or tax-deferred. When added to mandatory retirement contributions, this deduction cannot be more than 7.5% of total income.

⁴ "Prior children" are children from a different relationship born or adopted before the children in this case. For more information, see "Prior Child Deduction Chart" (<https://ak-courts.info/pcdchart>).

⁵ This deduction cannot be more than 10% of total income.

⁶ "Eligible beneficiaries" are the other parent in this case and all children that you and the other parent have together. If there are additional beneficiaries of the policy, divide the premium by total number of beneficiaries, then multiply that number by eligible beneficiaries. The maximum deduction is \$1200 per year (\$100 per month).

C. Adjusted Annual Income	PARENT A	PARENT B
1. If TOTAL INCOME from section A is monthly , multiply by 12 and write the amount here. If yearly , repeat the amount from section A here:	_____	_____
2. If TOTAL DEDUCTIONS from section B are monthly , multiply by 12 and write the amount here. If yearly , repeat the amount from section B here:	_____	_____
3. Subtract line 2 from line 1 to get NET INCOME:	_____	_____
4. If line 3 is more than \$138,000, write \$138,000 here. If not, repeat line 3 here:	_____	_____
5. If TOTAL INCOME from line 1 is \$30,000 or less , subtract \$7,500 from line 1 and write the amount here. If line 1 is more than \$30,000, then repeat line 4 here:	_____	_____
6. Compare the amounts on lines 4 and 5. Write the smaller amount of those two lines here:	_____	_____
D. Multiply Adjusted Annual Income from line C.6 by:		
.20 for one child,		
.27 for two children,	x _____	x _____
.33 for three children, and		
.03 more for each additional child		
TOTAL	_____	_____

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

E. Monthly Child Support Payment [Types of custody are defined in [Civil Rule 90.3\(f\)](#).]

☐ 1. Primary Custody. The children will stay with one parent for 70% (256) or more of their overnights during the year. Take the Annual Child Support amount of the parent who does **not** have the children most of the year and divide by 12: \$_____ to be paid each month by ☐ Parent A. ☐ Parent B.

☐ 2. Shared Custody. [Attach form [DR-306](#).]
The children will stay with each parent at least 30% (110) of the overnights during the year. Child support payment (line 10 of DR-306): \$_____ 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. Child support payment (section 6 of DR-307): \$_____ to be paid by ☐ Parent A. ☐ Parent B.

☐ 4. Hybrid Custody. [Attach form [DR-308](#).]
The parents share custody of at least one child, and one or both parents have primary custody of a different child or children. Child support payment (section 8 of DR-308): \$_____ to be paid by ☐ Parent A. ☐ Parent B.

F. Health Care Coverage for the Children1. Health Insurance

a. Are the children eligible for services through any of the following?

- ☐ Parent A's employer or union ☐ Parent B's employer or union
☐ Indian Health Service ☐ TriCare (Military) ☐ Denali KidCare (Medicaid)

b. Do the children have other health insurance or care available? ☐ Yes ☐ No
Describe: _____c. Health insurance for the children ☐ 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 is: _____The cost will be divided between the parents ☐ equally. ☐ unequally, because: _____

* List only the cost to insure the children involved in this case. If there is no extra cost to the parent to include children in the parent's own coverage, none of the cost can be included as part of child support. For more info, see "Children's Health Insurance Costs" (ak-courts.info/cshealthinsurance).

2. Health Care Expenses Not Covered by InsuranceShould uninsured health care expenses of the children (up to \$5,000 per calendar year) be shared equally by the parents? ☐ Yes ☐ No, because: _____**G. Monthly Child Support Payment (after adjusting for health insurance costs)**

["Obligor" is the parent who owes support. "Obligee" is the parent who receives support.]

1. Monthly Child Support Payment from paragraph E above: \$ _____

2. If obligor is buying health insurance for the children, subtract 50% (or _____%) of the monthly insurance payment. - \$ _____3. If obligee is buying health insurance for the child(ren), add 50% (or _____%) of the monthly insurance payment. + \$ _____

4. NET MONTHLY CHILD SUPPORT PAYMENT \$ _____

H. Seasonal Income. Is obligor's income seasonal? ☐ Yes ☐ No

[If yes, you can ask the court for unequal monthly payments under Civil Rule 90.3(c)(5).]

Print or Type Name_____
Signature

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

(SEAL)

Court clerk, notary public, or other person authorized to administer oaths. My commission expires: _____I certify that on _____ at _____ [date/time], I gave a copy of this form to the other parent by ☐ email. ☐ mail. ☐ hand-delivery. Signature: _____

SHARED CUSTODY CHILD SUPPORT CALCULATION

Case Number: _____

Parent A (Plaintiff/Co-Petitioner): _____

Parent B (Defendant/Co-Petitioner): _____

Instructions: Attach this form to [DR-305](#), *Child Support Guidelines Affidavit* or to [DR-105](#), *Petition for Dissolution of Marriage*, to explain the child support calculation if the parents will have "shared physical custody" per Civil Rule 90.3(f). "Shared physical custody" means that all of the children will stay with each parent at least 30% (110) of the overnights during the year.

	PARENT A	PARENT B
1. Adjusted annual income (from line C.6 on form DR-305 or from page 4, line C.6 on form DR-105):	\$ _____	\$ _____
2. Multiply line 1 by:		
.20 for one child		
.27 for two children		
.33 for three children and	x _____	x _____
add .03 for each additional child		
Annual Child Support (if less than \$600, write "\$600" here):	\$ _____	\$ _____
3. Percentage of time each parent will have physical custody:	_____ %	_____ %
4. Percentage of time the other parent will have physical custody:	_____ %	_____ %
5. Multiply line 2 and line 4:	\$ _____	\$ _____
6. Compare amounts in line 5. The higher amount is the parent who will pay support. Subtract the smaller amount from the larger and write the difference in the column of the parent who will pay support (the other parent's line will be blank):	\$ _____	\$ _____
7. Multiply line 6 by 1.5 (one line will be blank):	\$ _____	\$ _____
8. Annual Child Support. For the parent who will pay support, fill in the smaller of line 2 or line 7:	\$ _____	\$ _____
9. Number of payments per year: _____ [This number is almost always 12, once for every month. See Civil Rule 90.3(b)(1)(D) (https://ak-courts.info/civrules) for exceptions.] Months when child support will not be paid: _____		
10. Divide line 8 by line 9 to get Monthly Child Support Payment: \$ _____ to be paid by <input type="checkbox"/> Parent A. <input type="checkbox"/> Parent B. Write this amount on either:		
• form DR-305 , page 2, line E.2. or		
• form DR-105 , page 11, line A.3.b		

Parent A's Signature_____
Parent B's Signature_____
Type or Print Parent A's Name_____
Type or Print Parent B's Name