

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>	<p>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.</p>
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>	<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/ 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). A facilitator can explain court procedure and give you forms for each part of the case, but cannot give legal advice.</p>
Flowcharts	<p>Flowchart for Calculating Cost of Children's Health Insurance Flowchart for Calculating Prior Child Deduction</p>

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.

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

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

(SEAL)

[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

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. [Note: delete social security numbers and account numbers from any documents you attach.] The following income and deductions are MONTHLY YEARLY (you must check one box for the math on this form to work).

NAME OF PARENT A: _____

NAME OF PARENT B: _____

Table with 3 columns: Description, PARENT A, PARENT B. Rows include Gross Income (Gross wages, housing, unemployment, PFD, other), Deductions Allowable under Civil Rule 90.3 (Federal/state/local income tax, social security, Medicare, SUI, union dues, retirement contributions, alimony, child support, etc.), and TOTAL INCOME/DEDUCTIONS.

1 This also includes COLA, military BAH, and BAS.
2 Includes spousal support ordered in other cases and currently paid.
3 "Prior children" includes children from a different relationship born or adopted before the children in this case.
4 For more information, see Prior Child Deduction Chart and Civil Rule 90.3(a)(1)(D).
5 This deduction cannot be more than 10% of gross wages and self-employment income, under 90.3(a)(1)(F).

	PARENT A	PARENT B
C. Net Income		
TOTAL INCOME from section A	_____	_____
TOTAL DEDUCTIONS from section B	_____	_____
Subtract deductions from income to get		
NET INCOME	_____	_____
D. Adjusted Annual Income		
1. If Net Income in section C is monthly , multiply by 12 to get adjusted annual income	_____	_____
2. If Net Income in section C is yearly , repeat Net Income here to get adjusted annual income	_____	_____
3. If line 1 or 2 above is more than \$126,000, write \$126,000 here. Otherwise, repeat line 1 or 2 to get		
ADJUSTED ANNUAL INCOME	_____	_____
E. Multiply Adjusted Annual Income from line D.3 by:		
.20 for one child		
.27 for two children	x _____	x _____
.33 for three children, and		
.03 for each additional child		
TOTAL	_____	_____

ANNUAL CHILD SUPPORT _____

(Amount from TOTAL line in paragraph E **or** \$600, whichever is larger.)

F. Monthly Child Support Payment (*Types of custody are defined in Civ.R.90.3(f).*)

1. *Primary Custody.* One parent has primary physical custody. Divide Annual Child Support amount from section E for the non-custodial parent by 12 = \$ _____ to be paid each month by Parent A Parent B.

2. *Shared Custody. Attach form DR-306.*
The children will reside with each parent for a period specified in writing of at least 30% of the year. Child support payment (from line 10 of DR-306) to be paid each month except _____ = \$ _____ to be paid by Parent A Parent B.

3. *Divided Custody. Attach form DR-307.*
Each parent will have primary custody of one or more of the children and the parents will not share custody of any of the children.
Monthly child support payment (from line 7 of DR-307) = \$ _____ to be paid by Parent A Parent B.

4. *Hybrid Custody. Attach form DR-308.*
Monthly child support payment (from line 8 of DR-308) = \$ _____ to be paid by Parent A Parent B.

G. Health Care Coverage for the Children.

1. *Health Insurance.*

a. Does Parent A have health insurance available for the child(ren) at a reasonable cost through Parent A's employer, union, or otherwise?
 Yes No I do not know

b. Does Parent B have health insurance available for the child(ren) at a reasonable cost through Parent B's employer, union or otherwise?
 Yes No I do not know

- c. Are the children eligible for services through the Indian Health Service?
 Yes No
- d. Do the children have other health insurance or care available? Yes No
 Describe: _____

Health insurance for the child(ren) is being will be purchased by:
 Parent A at a monthly cost to Parent A of \$ _____*
 Parent B at a monthly cost to Parent B of \$ _____*
 through the above person's employer union _____
 whose name and address are _____

The cost is will be divided between the parents equally _____
 Explain reason for unequal division:

* *List only the cost to insure the children involved in this case. If there is no extra cost to the parent to include the children in the parent's coverage, none of the cost can be allocated to the children. For more information, see [Calculating the Cost of Child\(ren\)'s Health Insurance](#) chart and Civil Rule 90.3(d).*

2. *Health Care Expenses Not Covered By Insurance.*
 Should uninsured health care expenses of the children (up to \$5,000 per calendar year) be shared equally by the parents? Yes No
 If no, explain how the costs should be divided and why:

H. Monthly Child Support Payment *(after adding or deducting health insurance costs).*

1. Monthly Child Support Payment from paragraph F above \$ _____
2. If obligor is buying health insurance for the child(ren), subtract 50% (or _____%) of the monthly insurance payment. - \$ _____
("Obligor" is the parent paying child support.)
3. If obligee is buying health insurance for the child(ren), add 50% (or _____%) of the monthly insurance payment. + \$ _____
("Obligee" is the parent receiving child support.)
4. NET MONTHLY CHILD SUPPORT PAYMENT \$ _____

- I. Seasonal Income.** Obligor's income is seasonal. Yes No
(Note: If income is seasonal, you can ask the court to order unequal monthly payments as described in Civil Rule 90.3(c)(5).)

 Print or Type Name

 Signature

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

I certify that on _____
 a copy of this affidavit was mailed to
 the other parent in this case (list name):

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

Signature _____

(SEAL)

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 .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

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.