

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

\_\_\_\_\_  
)  
)

PETITIONER (protected person),  M  F )

Birthdate: \_\_\_\_\_ )

Petitioner is a child. Who is signing for the child? )

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ )

Relationship to child: \_\_\_\_\_ )

v. \_\_\_\_\_ )

Case No. \_\_\_\_\_ CI

\_\_\_\_\_  
)  
)

RESPONDENT (restrained person),  M  F )

Birthdate \_\_\_\_\_ )

Respondent is a child. Who is signing for the child? )

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ )

Relationship to child: \_\_\_\_\_ )

CHILD SUPPORT INFORMATION

INSTRUCTIONS. If child support is requested in a petition for a long-term domestic violence protective order, each party must complete one of these information sheets and bring it to the court hearing on the protective order or file it with the court before that hearing. If you need help filling out the form, a court clerk can help you.

Provide information about yourself and, to the extent it is available, about the other party. A court clerk can notarize this document for you at no charge. The information in this form is required by Civil Rule 90.3 and the statutes listed at the bottom of this form. If you want a copy of Civil Rule 90.3, ask the clerk for a copy of the booklet about child support, DR-310. The rule is in the back of the booklet.

Each party must attach a copy of his or her most recent federal tax return and most recent pay stubs to verify income and deductions.

AFFIDAVIT

I swear or affirm under penalty of perjury that the following information is true to the best of my knowledge and belief.

I. Other Child Support Orders

There are no other child support orders currently in effect concerning the children involved in this case.

The following child support order(s) concerning these children is/are still in effect:  
Case No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

II. Income Information. The following income and deductions are  monthly  yearly. I have 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.]

	<u>PETITIONER</u>	<u>RESPONDENT</u>
A. Gross Income (Do not list ATAP or SSI below.)		
Gross wages	_____	_____
Value of employer-provided housing/food/etc.	_____	_____
Unemployment compensation	_____	_____
Permanent fund dividend	_____	_____
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	_____	_____
Mandatory retirement contributions	_____	_____
Mandatory union dues	_____	_____
Voluntary retirement contributions if plan earnings are tax-free or tax-deferred, up to 7.5% of gross wages and self-employment income when combined with mandatory contributions	_____	_____
Other mandatory deductions (specify)	_____	_____
_____	_____	_____
Child support/alimony ordered in other cases and currently being paid	_____	_____
Child support for children from prior relationships living with this parent, calculated under Civil Rule 90.3	_____	_____
Work-related child care for children of this marriage	_____	_____
_____	_____	_____
TOTAL DEDUCTIONS	=====	=====
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 the above figures are based on <u>monthly</u> information, multiply NET INCOME from section C by 12 to get		
ADJUSTED ANNUAL INCOME	_____	_____
2. If the above figures are based on <u>yearly</u> information, repeat the NET INCOME amount from section C to show		
ADJUSTED ANNUAL INCOME	_____	_____

III. Health Care Coverage for the Children.

A. Health Insurance.

1. Does the petitioner have health insurance available for the child(ren) at reasonable cost through his/her employer, union or otherwise?

Yes  No If yes, state name and address of employer, union or other source through which insurance is provided or available.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cost to petitioner: \$ \_\_\_\_\_ per  month  \_\_\_\_\_

2. Does the respondent have health insurance available for the child(ren) at reasonable cost through his/her employer, union or otherwise?

Yes  No If yes, state name and address of employer, union or other source through which insurance is provided or available.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cost to respondent: \$ \_\_\_\_\_ per  month  \_\_\_\_\_

3. Are the children eligible for services through the Indian Health Service?

Yes  No

4. Do the children have other health insurance or care available?

Yes  No

Describe: \_\_\_\_\_

B. Children's Health Care Expenses Not Covered By Insurance.

Is there any reason why the court should not require the parties to share equally the cost of reasonable health care expenses not covered by insurance? \_\_\_\_\_

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

- IV. Travel Expenses. Travel expenses to exercise visitation should be allocated between the parties as follows: \_\_\_\_\_

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

V. Immediate Income Withholding.

The Alaska Statutes require that child support be withheld from the income of the person paying support and paid through the Child Support Services Division (CSSD) unless one of the following exceptions is approved by the court:

- We have made the following alternative arrangement (Note that if you receive ATAP, CSSD must agree to the arrangement):

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

Also, the person paying support agrees to keep the other party (or CSSD if CSSD is enforcing the order) informed of his/her current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

- We believe there is good cause not to require immediate income withholding because it is not in the best interests of the child(ren) for the following reason:

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

Also, the person paying support agrees to keep the other party (or CSSD if CSSD is enforcing the order) informed of his/her current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

- The person paying support currently receives social security or other disability compensation that includes regular payments to the child(ren) at least equal to the child support owed each month. Monthly payment to child(ren): \$ \_\_\_\_\_  
Source of payment: \_\_\_\_\_

Note: To the extent that these payments to the children do not satisfy the monthly amount owed, the court will order that the remaining amount due be withheld from income.

VI. If you want the assistance of the Child Support Services Division (CSSD) to enforce the support order and keep records of the payments, you must apply for CSSD services. You can get an application from CSSD or you can fill out court form DR-315 (available at the clerk's office) and mail it to CSSD at 550 West 7<sup>th</sup> Ave., Suite 310, Anchorage, AK 99501.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print 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: \_\_\_\_\_