

RESPONSE PACKET

I WANT TO RESPOND TO A MOTION TO MODIFY ANOTHER STATE'S CHILD SUPPORT ORDER

You have been served with a motion asking the court to change another state's child support order. If you want to oppose the motion, you must deliver a written response to the court within **13 days** after the motion was mailed or hand-delivered to you. You can use the forms in this packet to do so.

<i>Form Number</i>	<i>Form Name</i>
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-371</u>	Response to Motion
<u>DR-314</u>	Information Sheet
<u>DR-305</u>	Child Support Guidelines Affidavit
<u>DR-306</u>	Shared Custody Child Support Calculation <i>(Required only if the parents share custody of the children. See page 2 of DR-371.)</i>
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>www.alaskabar.org/servlet/content/unbundled_legal_services_1246.html</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>

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.

Person Filing Response:

Full Name _____ Email: _____

Mailing Address: _____ Phone: _____

I authorize the court to email me court documents in this case to the email address above. If I change my email address or wish to receive documents by regular mail, I agree to notify the court. Use form TF-820, [Electronic Delivery of Case Documents](#).

NOTE: If for any reason you do not want the other parent to know your physical address, you still must provide a mailing address so the court and the other parent can serve you by mail.

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

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT _____
(court location)

Petitioner (person who registered order),

vs.

Respondent (other parent's full name)

CASE NO. _____ CI
(case number on Motion)

**RESPONSE TO MOTION
TO MODIFY ANOTHER STATE'S
CHILD SUPPORT ORDER**

1. RESPONSE

I **agree** with the *Motion*.

I **do not agree** with the *Motion* for the reason(s) below. (*Attach any documents that support your response.*)

2. REQUIRED ATTACHMENTS

Items (a) through (c) below MUST be attached to this response. Item (d) may also be required depending on the custody order. Check each box to indicate that you have completed and attached the item. These forms are available at the court and on the [court system's website](#).

- (a) All documents that support your response to the motion.
- (b) *Information Sheet* (form [DR-314](#))
- (c) *Child Support Guidelines Affidavit* (form [DR-305](#))
This form must be signed in front of a notary public or court clerk. Bring a photo ID. Fill in the requested information about your own finances and as much information about the finances of the other parent as possible. If you do not know specific information about the other parent's finances, write "unknown" in that space. You **must** attach a copy of your most recent federal tax return and most recent pay stubs to verify income and deductions.
- (d) If one parent has **primary**¹ custody of all the children, you only need to fill out the [DR-305](#). But if the court order requires **shared**², **divided**³, or **hybrid**⁴ custody, or you are asserting that one of these kinds of custody arrangements applies, then you must also fill out one of the forms below:
 - Shared Custody Child Support Calculation* (form [DR-306](#))
 - Divided Custody Child Support Calculation* (form [DR-307](#))
 - Hybrid Custody Child Support Calculation* (form [DR-308](#))

CHILD SUPPORT INSTRUCTION BOOKLET: For more information about how to complete the child support calculation forms (DR-305, DR-306, DR-307, and DR-308), see the booklet called *How to Calculate Child Support* ([DR-310](#)) on the court system's website. Also note: An Alaska court cannot change the duration of another state's child support order (the age of the child at which the duty of support ends) unless the laws of the state that issued the original order allows such a change. AS 25.25.604(a)(1) and AS 25.25.611(c) and (d).

¹ **Primary** custody means the court order requires that the children reside with one parent more than 70% of the year (256 or more overnights).

² **Shared** custody means the court order requires that the children reside with one parent at least 30% of the year (at least 110 overnights), but not more than 70% of the year (no more than 255 overnights).

³ **Divided** custody means the court order requires that one parent have *primary* custody of some of the children, the other parent have *primary* custody of the rest of the children, and the parents do not *share* physical custody of any of their children.

⁴ **Hybrid** custody means the court order requires that at least one parent have *primary* custody of one or more of the children, and the parents have *shared* custody of at least one of the children.

3. 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): _____

Phone: _____ 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
(Only sign in front of a court clerk or notary.)

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: _____

NEXT STEPS

- 1. SERVE COPY ON OTHER PARENT.** You must complete the Certificate of Service on the next page, explaining how you delivered copies of everything you are filing to the other parent (or his or her attorney if the other parent is represented by an attorney).
- 2. Copies.** Keep a copy of all documents and attachments for yourself.
- 3. Filing Location.** Mail or hand-deliver this form and all required attachments to the Alaska court location written near the top of page one. For a list of court mailing addresses, go to www.courts.alaska.gov/courtdir/index.htm.

REPLY. After the other parent receives your response, he or she has 8 days to deliver to the court his or her reply to your response. The other parent must send you a copy of any reply sent to the court.

HEARING. The judge may order a hearing if one is needed to decide any disputes about the evidence in your case. You will be notified if a hearing is scheduled. If it will be difficult for you to attend the hearing in person, contact the court to ask if you can participate by telephone.

[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 or Attorney or Custodian

I mailed (first class mail) I delivered by hand
to the other parent (or his or her attorney if the other parent is represented by an attorney) a copy of:

- this *Response (DR-371)*, and
- all the documents checked in paragraph 2.

Name of Other Parent/Attorney/Custodian: _____

Address: _____

Date mailed or delivered: _____

Signature of Person Filing Response

Print 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.

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