

# MOTION PACKET

## FOR REQUESTING A CHANGE IN CHILD CUSTODY, SUPPORT OR VISITATION

<i>Form Number</i>	<i>Form Name</i>
<b>WHERE CAN I FIND INSTRUCTIONS?</b>	
<a href="#"><u>DR-701</u></a>	<p><b>Instructions are available online at:</b>  <a href="https://public.courts.alaska.gov/web/forms/docs/dr-701.pdf">https://public.courts.alaska.gov/web/forms/docs/dr-701.pdf</a>            Printed copies are available for customers with limited or no internet access.</p>
<b>WHAT IS INCLUDED IN THIS PACKET?</b>	
<a href="#"><u>DR-705</u></a>	<b>Motion to Change Custody, Support or Visitation</b>
<a href="#"><u>DR-710</u></a>	<b>Notice of Motion</b>
<a href="#"><u>DR-150</u></a>	<b>Child Custody Jurisdiction Affidavit</b>
<a href="#"><u>DR-305</u></a>	<b>Child Support Guidelines Affidavit</b>
<a href="#"><u>DR-306</u></a>	<b>Shared Custody Child Support Calculation</b>
<a href="#"><u>DR-314</u></a>	<b>Information Sheet</b>
<a href="#"><u>DR-730</u></a>	<b>Reply to Response</b>
<b>OTHER INFORMATION</b>	
<a href="#"><u>Attorneys who provide limited services</u></a>	<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 <a href="https://alaskabar.org/for-the-public/unbundled-legal-services/">https://alaskabar.org/for-the-public/unbundled-legal-services/</a>            Or call (907) 272-0352 or (800) 770-9999 for more information.</p>
<a href="#"><u>Family Law Self-Help Center</u></a>	<p>For help filling out these forms, visit the Family Law Self-Help Center’s website at: <a href="http://www.courts.alaska.gov/shc/family/selfhelp.htm">www.courts.alaska.gov/shc/family/selfhelp.htm</a>. 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>
<b>Flowcharts</b>	<p><a href="#">Flowchart for Calculating Cost of Children’s Health Insurance</a>  <a href="#">Flowchart for Calculating Prior Child Deduction</a></p>

**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](http://www.courts.alaska.gov/forms).

Person Filing Motion:

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

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

List court location, names of parties and case number exactly as shown on original court order.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

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CASE NO. \_\_\_\_\_

**MOTION TO CHANGE ALASKA ORDER ABOUT**  
 **CUSTODY**  **SUPPORT**  **VISITATION**

There is an open Child-in-Need-of-Aid (CINA) Case.

Court Location: \_\_\_\_\_ Case number (if known): \_\_\_\_\_

**1. PARENT INFORMATION**

**NOTE:** If for any reason 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.

**Parent A (parent filing motion):**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Most recent employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**Parent B:**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**Custodian (other than parent):**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. CHILDREN**

**List the names of all children covered by your most recent court order.**

Child's Name	Date of Birth	Who is Child Living With?

[Attach extra pages for any additional children.]

Is the custody and visitation arrangement for each child the same as ordered by the court in its most recent order?  Yes  No

If your answer is "no" for any child, explain in detail how the child's current custody and visitation arrangement is different from what the court ordered. [Attach extra pages if necessary.]

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**4. CHANGE IN CHILD SUPPORT**

**NOTE:** In order to obtain an increase or decrease in support payments because of a change in income of the person making the payments, the change in income must be both long term and significant. The court will not modify a support order because of a minor or temporary increase or decrease in income. The general guideline for determining whether a change in income is significant is if the change is enough to raise or lower the support payments by 15% or more. **You must attach any documentation you have that supports your request. Examples include pay stubs, tax returns, and proof of social security or disability benefits.**

Do you want the support payments for the above children to be:

- increased**     **decreased**     **no change in support payments**

Check all of the following boxes that explain why you are requesting an increase or decrease. [Attach extra pages if necessary.]

a.  The income of the person making the child support payments has **increased or decreased.** *(If you check this box, attach documentation of the increase or decrease and explain why it has occurred.)*

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b.  Support payments should be changed because there has been a change in where the children are living. *(If you check this box, list the dates when the living arrangements changed, explain what the current living arrangements are, and attach any documents you have to support your claim.)*

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c.  Support payments should be changed because there has been a change in the availability or cost of medical insurance for the children or because medical expenses for the children have increased or decreased. *(Describe what the change should be and attach all available documents that support the requested change.)*

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d.  Other *(Be specific and attach any supporting documents.)*

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**Note:** The court must use AK Civil Rule 90.3 to calculate the support amount.<sup>1</sup> So you must also attach a completed *Child Support Guidelines Affidavit* ([DR-305](#)) with information for the court.

**Income Withholding.** I understand that the court's modification order must require that the support amount be immediately withheld from the obligor's income unless one of the **three exceptions**<sup>2</sup> shown below applies.

I request that the court **not** order immediate income withholding because:

1.  *Alternative Payment Arrangement.*

The other parent and I agree on the alternative payment arrangement<sup>3</sup> described in the attached document signed by both of us (and by CSSD if support has been assigned to the state); **and**

- if CSSD is enforcing the support order, CSSD has entered this agreement into its record; **and**
- an income withholding order has not been terminated previously and subsequently initiated; **and**
- the obligor has agreed to keep the obligee (or CSSD if CSSD is enforcing the order) informed of the obligor's current employer and the availability of employment-related health insurance coverage for the children until the support order is satisfied.

2.  *Not in Best Interests of Child(ren).*

Immediate income withholding would not be in the best interests of the child(ren) because: \_\_\_\_\_

\_\_\_\_\_ ; **AND**

- the obligor made voluntary support payments under a court or agency order, and has not been in arrears in an amount equal to the support payable for one month<sup>4</sup>; **and**
- the obligor agreed to keep the obligee (or CSSD if CSSD is enforcing the order) informed of the obligor's current employer and the availability of employment-related health insurance coverage for the children until the support order is satisfied.

3.  *Obligor Receives Other Compensation.*

The obligor is receiving social security or other disability compensation that includes regular payments to the child(ren) at least equal to the support owed each month. To the extent these payments to the child(ren) do not satisfy the monthly amount owed, I request that the remaining amount due be immediately withheld from the obligor's income pursuant to AS 25.27.062.

<sup>1</sup> *State v. Bromley*, 987 P.2d 183 (Alaska 1999).

<sup>2</sup> AS 25.27.062(m).

<sup>3</sup> The following are some examples of *alternative payment arrangements*: having a military allotment paid to the obligee; advance payment of two months' support to the obligee as security for future payments; or an automatic funds transfer from the obligor's bank or employer to the obligee.

<sup>4</sup> "In arrears" means failing to make a support payment within 30 days of the monthly due date specified in the order. AS 25.27.062(m)(2)(B).

**5. REQUIRED ATTACHMENTS.** Each of the items listed below MUST be attached to this motion. Check each box to indicate that you completed and attached the item.

- A copy of your most recent child support order
- 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 documents needed to support your request for a change in custody, visitation, or support.
- Information Sheet* (form [DR-314](#))
- Filing fee in the amount specified in [Administrative Rule 9\(b\)\(1\)](#) **or** *Request for Exemption from Payment of Fees, and Order* (form [TF-920](#)).

**6. 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 Motion  
**(Only sign in front of a court clerk or notary.)**

\_\_\_\_\_  
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.]*

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

)  
)  
) CASE NO. \_\_\_\_\_  
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**CERTIFICATE OF SERVICE FOR  
MOTION TO CHANGE CUSTODY,  
SUPPORT, OR VISITATION**

[MUST BE COMPLETED]

[Instructions: You must serve this Certificate of Service on the other party and file it with the court **AFTER** you pay the filing fee or the court approves your request to waive the filing fee.]

**OTHER PARENT** [Instructions: You must send a Response Packet to the other parent in addition to the other items listed below.]

I certify that I served the other parent by  first class mail  hand delivery a copy of (1) the *Motion*; (2) all documents checked in paragraph 5; and (3) a *Response Packet*.

Name of Other Parent: \_\_\_\_\_

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

Date mailed or hand delivered: \_\_\_\_\_

**OTHER PARENT'S ATTORNEY** [Instructions: If the other parent was represented by an attorney within the last year, you must send the attorney the documents below.]

I certify that I served the other parent's attorney by  first class mail  hand delivery a copy of (1) the *Motion*; and (2) all documents checked in paragraph 5.

Name of Other Party's Attorney: \_\_\_\_\_

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

Date mailed or hand delivered: \_\_\_\_\_

\_\_\_\_\_  
Date Filed at Court

\_\_\_\_\_  
Signature of Person Filing Certificate

\_\_\_\_\_  
Print Name





<b>CHILD 3</b>				
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			

<b>CHILD 4</b>				
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			

<b>CHILD 5</b>				
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)  
vs.  
\_\_\_\_\_  
(Defendant)(Petitioner)  
\_\_\_\_\_

CASE NO. \_\_\_\_\_

**CHILD SUPPORT GUIDELINES  
AFFIDAVIT [Civil Rule 90.3]**

I swear or affirm under penalty of perjury that the information below 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 for the math on this form to work)

	FATHER	MOTHER
<b>A. Gross Income (Do not list ATAP or SSI below.)</b>		
Gross wages	_____	_____
Value of employer-provided housing, food, etc. (also includes COLA, military BAH and BAS)	_____	_____
Unemployment compensation	_____	_____
Permanent Fund Dividend	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL INCOME	_____	_____
<b>B. Deductions Allowable under Civil Rule 90.3</b>		
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 tax-deferred, up to 7.5% of gross wages and self-employment income when combined with mandatory contributions	_____	_____
Other mandatory deductions (specify) _____	_____	_____
Spousal support (alimony) ordered in other cases and currently paid	_____	_____
Child support ordered for prior children of a different relationship and currently paid <sup>1</sup>	_____	_____
In-kind support for prior children of a different relationship calculated under 90.3(a)(1)(D) <sup>2</sup>	_____	_____
Work-related child care for children in this case	_____	_____
TOTAL DEDUCTIONS	_____	_____

<sup>1</sup> Not to exceed support amount calculated under 90.3(a)(2). "Prior children" includes children from a different relationship who were born or adopted before the children in this case.

<sup>2</sup> For more information, see [Prior Child Deduction Chart](#) and Civil Rule 90.3.

	FATHER	MOTHER
<b>C. Net Income</b>		
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 \$120,000, write \$120,000 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 <b>or</b> \$600, whichever is larger.)		

**F. Monthly Child Support Payment** (*See definitions of types of custody in Civil Rule 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  mother  father.

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  mother  father.

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  mother  father.

4. Hybrid Custody. *Attach form DR-308.*  
Monthly child support payment (from line 8 of DR-308) = \$ \_\_\_\_\_ to be paid by  mother  father.

**G. Health Care Coverage.**

1. Health Insurance.
  - a. Does father have health insurance available for the child(ren) at a reasonable cost through his employer, union or otherwise?  
 Yes  No  I do not know
  - b. Does mother have health insurance available for the child(ren) at a reasonable cost through her 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:  
 father at a monthly cost to father of \$ \_\_\_\_\_\*  
 mother at a monthly cost to mother of \$ \_\_\_\_\_\*  
 through the above person's  employer  union  \_\_\_\_\_  
 whose name and address are \_\_\_\_\_

The cost  is  will be divided between the parties  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 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 <u>obligor</u> is buying health insurance for the child(ren), <u>subtract</u> 50% (or _____%) of the monthly insurance payment.<br>(“Obligor” is the parent paying child support.) | - \$ _____ |
| 3. If <u>obligee</u> is buying health insurance for the child(ren), <u>add</u> 50% (or _____%) of the monthly insurance payment.<br>(“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).)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Type or Print Name

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 party 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: \_\_\_\_\_

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.

	<u>FATHER</u>	<u>MOTHER</u>
1. Adjusted annual income (from section D on form DR-305 or section II.D on page 4 of form DR-105) up to \$120,000.	\$ _____	\$ _____
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"/> mother <input type="checkbox"/> father.		

Write the paragraph 10 information on either form DR-305, page 2, section F.2. or form DR-105, page 10, section VIII.A.3.b.

\_\_\_\_\_  
Father's Signature  
\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Mother's Signature  
\_\_\_\_\_  
Type or 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.

**TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY**

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 \_\_\_\_\_

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CASE NO. \_\_\_\_\_

**REPLY TO RESPONSE**

- I **agree** with the Response to my Motion to Change Custody, Support or Visitation.
- I **do not agree** with the Response to my Motion to Change Custody, Support or Visitation. Reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Attach extra pages if necessary]

**Oath or Affirmation**

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

_____	_____
Date	Signature
	_____
	Type or Print Name
	_____
	Mailing Address
	_____
	City State Zip

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 Page 2.]*

**CERTIFICATE OF SERVICE**

*[ MUST BE COMPLETED ]*

I certify that I served a copy of my Reply and any attachments as shown below:

**On Other Parent**

I  mailed (first class mail)  hand delivered  
a copy of my Reply and any attachments to the other parent as follows:

Name of Other Parent: \_\_\_\_\_

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

Date mailed or delivered: \_\_\_\_\_

**On Other Parent's Attorney** *(Instructions: If the other parent was represented by an attorney within the last year, you must send a copy of your Reply and any attachments to the attorney.)*

I  mailed (first class mail)  hand delivered  
a copy of my Reply and any attachments to the other parent's attorney as follows:

Name of Attorney: \_\_\_\_\_

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

Date mailed or delivered: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Reply