IN THE SUPERIOR COURT FOR THE STATE OF ALASKA In the Matter of the Dissolution of the Marriage of Party B. PETITION FOR DISSOLUTION OF MARRIAGE (NO MINOR CHILDREN) We consent to the court's jurisdiction and request a decree of dissolution of marriage. Our marriage has broken down and we no longer want to be married. We agree this petition is the entire agreement between us. We understand that only the agreements written in this petition and its attachments are enforceable. T. **INFORMATION ABOUT THE PARTIES** Has either spouse filed an action for legal separation before filing this action? Yes No If yes, please list the case number, date, and place of filing: A. Children 1. Do you have any children (currently under age 19) born or adopted during your marriage? Yes No 2. Do you have any children together (currently under age 19) from before your marriage? | | Yes | | No 3. Is one of you now pregnant? Yes No If you checked "yes" in response to any of the above questions, you should not use this form. You must use Packet No. 1 unless paternity has been legally disestablished. (If it has been, attach to this petition a copy of the documentation disestablishing paternity.) B. Party A Length of residence in Alaska: ______ 2. Residence address: (street address) (state) (city) (zip) 3. Home phone: _____ Cell phone: 4. Mailing address: (box or street number) (city) (state) (zip) 5. Email Address*: * I authorize the court to email me court documents in this case to the email address above. 6. Occupation: Work phone: 7. Most recent employer: Print or Type Party A's Name Print or Type Party B's Name Signature of Party A Signature of Party B

C.	Pa	orty B								
	1.	Length of residence in Alaska:								
	2.	Residence address:								
		(street address)	(city)	(state)	(zip)					
	3.	Home phone:	_ Cell phone:							
	4.	Mailing address:								
		(box or street number)	(city)	(state)	(zip)					
	5.	Email Address*:								
		Email Address*:* I authorize the court to email me court do	cuments in this case to the	ne email address abo	ove.					
	6.	Occupation:	Work phoi	ne:						
	7.	Most recent employer:								
D.	Da	ate and Place of Marriage. Date of marr	iage:							
	Pla	ace of marriage: (city and state):								
E.	He	ealth Care and Health Insurance								
	Do	oes either spouse need medical care or trea	tment?	□ No						
	If y	yes, state which spouse and describe the ca	are or treatment neede	d:						
		Is either spouse covered by health insurance (through an employer or otherwise)?								
	_	☐ Yes ☐ No								
	TI)	If yes, state which spouse and the amount paid for the insurance by the spouse or spouses:								
F.	Do	Domestic Violence								
		Has either spouse been involved in any of the following during the marriage:								
		1. a criminal charge of a crime involving domestic violence,								
		a domestic violence protective order unde		-						
		injunctive relief against domestic violence								
	4.	a domestic violence protective order issue	ed in another jurisdiction	on and filed with t	he court					
		in this state under AS 18.66.140?								
		Yes No If yes, describe below:								
	Has there been any domestic violence during the marriage (whether or not the police were									
	inv	volved or anything was filed in court)?	∐ Yes L	_ No						
G.	_	as either spouse received advice from	-	vorce or dissolu	tion?					
		Yes No If yes, state which spouse	· · · — ·							
		either spouse represented by an attorney?	∐ Yes □	No						
	TĻ Ž	yes, state which spouse(s):								
	F	Print or Type Party A's Name	Print or Type	Party B's Name						
		Signature of Party A	Signatu	re of Party B						

II. FINANCIAL INFORMATION Each party **must** attach a copy of their most recent federal tax return, W2, and at least three recent paystubs. If work is seasonal, show yearly income. If income or deductions will change after the dissolution, file documents showing expected income and deductions. The following income and deductions are **monthly yearly.** A. **Income** (Do not list ATAP or SSI below.) Party A Party B Gross wages

Value of employer-provided housing/food/etc.¹ Unemployment compensation Permanent fund dividend (PFD) Other: **TOTAL INCOME** В. **Deductions Allowable Under Civil Rule 90.3** Federal, state and local income tax Social security tax (FICA) or self-employment tax Medicare tax Employment security tax (SUI) Mandatory retirement contributions Mandatory union dues Voluntary retirement contributions if plan earnings are tax-free or deferred, up to 7.5% of gross wages & selfemploy. income when combined with mand. contrib. Other mandatory deductions (specify): Alimony ordered in other cases and currently paid² Child support ordered for prior children³ In-kind support for prior children⁴ Health insurance for parent (limited to 10% of wages)⁵ **TOTAL DEDUCTIONS** C. **Net Income** TOTAL INCOME from section A TOTAL DEDUCTIONS from section B Subtract deductions from income to get **NET INCOME** Print or Type Party A's Name Print or Type Party B's Name Signature of Party A Signature of Party B

This also includes COLA, military BAH, and BAS.

Includes spousal support ordered in other cases and currently paid.

[&]quot;Prior children" include children from a different relationship who were born or adopted before this case.

For more information, see Prior Child Deduction Chart and Civil Rule 90.3(a)(1)(D).

This deduction cannot be more than 10% of gross wages and self-employment income (90.3(a)(1)(F)).

	<u>Party</u>	<u>A</u>			<u>Pa</u>	<u>rty B</u>		
\$			_	\$				_
\$			_	\$ <u></u>				_
ֆ \$			_	₽ \$				
\$			<u>-</u> -	\$				<u> </u>
\$			_	\$				_
\$			_	\$				
d for banl	kruptcy	and t	that o	case	is per	nding	١.	
						and	deb	ts.
]
	Dur	ing		sses			war	ded
<u>Value</u>	yes	no	Α	В	JT	Α	В	JT*
our right c	of survi	vorship	. AS	13.12	.804(a			nip.
								:
out the pro	operty,	, and [w					
								arket
		-						
perty to b	e awa	rded jo	ointly	· •				
perty to b		rded jo			B's Na	ame		
	d for bank D AGREE agreemer ust. en check es it now, berty agre No I Value arties joint our right of ddress blit any pre e property ut the pro before an in an amore che amoun ppraiser of	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ d for bankruptcy D AGREEMENT agreement about ust. en check the bout agreement about ust. en check the bout agreement about ust. en check the bout agreement about Acqu Dur Marr Marr Value yes arties jointly does our right of survivion ddress blit any profit with any profit	arties jointly does not cour right of survivorship ddress before any profit is put the property is sold, put the property, and [before any profit is put the amount of this pay ppraiser or real estates.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

3.	Motor Vehicles (include make, model, license or reg. number,										
	&/or vehicle ID number, for each vehicle, mobile home, ATV, boat, snow machine, etc.)			Dú	uired ring riage		urren ssess By		Å	To E Awar To	ded
	SHOW Machine, etc.)		Value	yes		Α	В	JT	Α		JT
	9	\$	<u>varao</u>	<i>y</i> 00	110	7 (31	, ,		31
		· <u>—</u>								+	
		, <u>—</u>	<u> </u>								
	<u> </u>	\$									
		\$									
		\$									
		\$									
	\$	₿									
4.	Other Personal Property (furniture, jewelry, computers, guns, tools, ban etc.) For bank or other financial ac may list the last 3 digits of the acco and the name of the issuing financia	nk a cou unt	ccounts, nts, you number	A) [M	cquired During larriage es no	F	B	ssed y JT		Awar	Го
r				Pí l							
	Signature of Party A				Signa	iture	of Pa	arty B			

	5.		nent Benefits. We under n plan provider(s) may i		•	
		also un	derstand that the court	will not draft a wa	iver document or an	order including a
		<u> </u>	d domestic relations ord			• •
			ther of us earned retiren	• •	_	_
			e or both of us earned re	•	•	•
		Ш	Party A earned retireme Last 3 numbers of account	Value of account	Being paid now? (Y/N)	e marriage:
			Last 3 numbers of account	value of account	being paid now? (1/N)	_
						-
			Party B earned retireme	nt or military pensi	on benefits during the	e marriage:
			Last 3 numbers of account	Value of account	Being paid now? (Y/N)	-
						-
						-
			We agree that we will ea	ach keep our own r	etirement and pension	n benefits.
			This is fair and equitable			
				talethautta a contra		bClade
			r agreement about the d ached. If the agreement		, ,	
			alified domestic relations		•	
		a p	arty, may make any neo	essary changes. If	changes are necessar	y, we agree that
			effective date of the ord			
		A copy	of the present value st t is attached. [Note: Th	atement from the lack is required. An	plan administrator for Laccount statement is	r each retirement s not the same as
		a prese	ent value statement. Yo	ou should consult a	n attorney if you hav	e concerns about
			uation of pension benefi	ts.]		
	6.		er Deadline.	the other wastruit	l ha dana hu	
			<u>ments</u> from one party to uments necessary to cari			limited to signing
			im deeds, refinancing, tr			
		Any <u>pro</u>	pperty stored by one par	ty for the other will	be transferred by	
В.	Deb					
			ebt owed whether or not			
			hat is owed. Then chec arriage, who now owes			
	payir	ng it. In	clude ALL debts that are	currently owed (m	ortgages, car loans, o	redit cards,
			dit card, bank card, or d			
			ber and the name of the e is responsible to pay a			
			still hold the other spou			
		Print or	Type Party A's Name		Print or Type Party	B's Name
		C: -	at was at Davit A	<u> </u>	Cincella C	No. to D
		Signa	ature of Party A		Signature of F	апту в

			Incurred During Marriage	Currently Owed By	
	Debt Owed To	<u>Amount</u> \$	yes no	A B JT	A B JT
		\$			
		\$			
		C			
		\$ \$			
IV.	SPOUSAL MAINTENANCE	(ALIMONY) AGREEN	1ENT		
	\$ per month	to be paid by Party	A Part		
	until	or until the recipien	t dies or rei	marries.	
V.	CHANGE OR RESTORE NA	ME			
	A party who is asking for fill out <i>Request to Change</i> available from the court of Party A wants to restore (First Name To former name: First Name	<i>e to New Name in Diss</i> clerk or online at <u>ak-co</u>	olution Case urts.info/dr	e (form DR-955). 955.	This form is
	☐ Party B wants to restore ((return to) a prior na n	ne . From c	urrent name:	
	First Name To former name:	Middle Name		Last Nam	e
	First Name	Middle Name		Last Nam	e
Y	 Currently charged with Currently charged with Incarcerated (for example on supervised felony properties of Required to register as ou must file Notice of Requery vailable from the court clerk of the clerk of the	a crime; or ple, in jail, in prison, or robation or on parole for a sex offender or child st to Restore Name in the	at a halfwa or a crimina kidnapper (Dissolution)	y house); or I conviction; or under AS 12.63.0	
	Print or Type Party A's	Name	Prin	t or Type Party E	3's Name
Page :	Signature of Party A 7 of 9			Signature of Pa	rty B

VI. OTHER AGREEMENTS (IF ANY)	
-	
VII. SIGNATURES AND VERIFICATIONS Do not sign until this petition has been concern be separately notarized. You will need to separately notarized.	ompletely filled out. Each signature on this page must show identification to the notary.
,	<u>rification</u>
statements made in this petition are true. I als	ury that I have read this petition and believe that all concertify that I am signing voluntarily and not because state that this petition contains the entire agreement
Signature of Party A	Signature of Party B
Date	 Date
Subscribed and sworn to or affirmed before me at, Alaska, on	Subscribed and sworn to or affirmed before me at, Alaska, on
	·
Clerk of Court, Notary Public or other person authorized to administer oaths. My commission expires:	Clerk of Court, Notary Public or other person authorized to administer oaths. My commission expires:
(SEAL)	(SEAL)

Whe	ING CHECKLIST In turning in your DR-100 with the court, make sure you have also Deleted the following checklist items:
	DR-100: All pages are signed by both parties.
	DR-100: Both signatures are notarized on the last page within the past 60 days.
	DR-100: On page 3, make sure you have completely filled in the income information.
	DR-100: On page 4 and 5, make sure you have fully described how you will divide retirement benefits and that you have attached all required documents.
	DR-100: On page 5, make sure the VIN number, or license or registration number is provided for all vehicles.
	Attach proposed Qualified Domestic Relations Order (QDRO), if needed (see page 7 of DR-15 Instructions for more information).
	Attach income verification for both parties (3 current pay stubs, recent tax returns, and W-2s).
	Included filled-out VS-401, Certificate of Dissolution form. No cross-outs or white-outs acceptable.
	Completed DR-314, Information Sheet.
	Completed DR-955 (if new name requested) or DR-957 (for name restoration, if needed) – see Section V for more information
	Paid filing fee or included Request for Exemption of Fees (form TF-920).
	complete petition or failure to provide the above items could result in some or additional hearings before your dissolution can be granted.