

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

\_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Parent A (Plaintiff or Co-Petitioner) ) )  
 \_\_\_\_\_) )  
 \_\_\_\_\_) )  
 Parent B (Defendant or Co-Petitioner) ) )  
 \_\_\_\_\_) )

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

**CHILD SUPPORT  
GUIDELINES AFFIDAVIT**

For more information about income and deductions, see Civil Rule 90.3 ([ak-courts.info/civrules](https://ak-courts.info/civrules))

I attached a copy of my most recent tax return and 3 pay stubs to verify this information.

[**Important:** delete social security numbers & account numbers from any documents you attach.]

I did not attach supporting documents, because: \_\_\_\_\_

The amounts below are  **MONTHLY.**  **YEARLY.** [You must check one for the math on this form to work. If you decide to change from monthly to yearly (or yearly to monthly) after you start filling out the form, then start over with a blank form, or it will not work properly.]

<b>A. Income<sup>1</sup></b> [Do not list ATAP or SSI below.]	<b>PARENT A</b>	<b>PARENT B</b>
Gross wages or salary	_____	_____
Value of employer-provided housing, food, etc. <sup>2</sup>	_____	_____
Unemployment compensation	_____	_____
Alaska PFD (divide by 12 if using monthly amounts)	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL INCOME</b>	_____	_____
<b>B. Deductions Allowed 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 or pension plan contributions	_____	_____
Voluntary retirement contributions <sup>3</sup>	_____	_____
Spousal support (alimony) ordered and currently paid	_____	_____
Child support or in-kind support for prior children <sup>4</sup>	_____	_____
Work-related child care for children in this case	_____	_____
Health insurance premiums for parent <sup>5</sup>	_____	_____
Life insurance premiums for eligible beneficiaries <sup>6</sup>	_____	_____
_____	_____	_____
<b>TOTAL DEDUCTIONS</b>	_____	_____

<sup>1</sup> Other common examples of income are self-employment and rental income, "gig" work, Alaska Native dividends, VA disability, SSDI, worker's comp, investment earnings, and pensions. This is not a full list.  
<sup>2</sup> Put employer or military provided COLA, and military BAH and BAS, on this line.  
<sup>3</sup> Only if plan earnings are tax-free or tax-deferred. When added to mandatory retirement contributions, this deduction cannot be more than 7.5% of total income.  
<sup>4</sup> "Prior children" are children from a different relationship born or adopted before the children in this case. For more information, see "Prior Child Deduction Chart" (<https://ak-courts.info/pcdchart>).  
<sup>5</sup> This deduction cannot be more than 10% of total income.  
<sup>6</sup> "Eligible beneficiaries" are the other parent in this case and all children that you and the other parent have together. If there are additional beneficiaries of the policy, divide the premium by total number of beneficiaries, then multiply that number by eligible beneficiaries. The maximum deduction is \$1200 per year (\$100 per month).

<b>C. Adjusted Annual Income</b>	<b>PARENT A</b>	<b>PARENT B</b>
1. If TOTAL INCOME from section A is <b>monthly</b> , multiply by 12 and write the amount here. If <b>yearly</b> , repeat the amount from section A here:	_____	_____
2. If TOTAL DEDUCTIONS from section B are <b>monthly</b> , multiply by 12 and write the amount here. If <b>yearly</b> , repeat the amount from section B here:	_____	_____
3. Subtract line 2 from line 1 to get NET INCOME:	_____	_____
4. If line 3 is <b>more</b> than \$138,000, write \$138,000 here. If not, repeat line 3 here:	_____	_____
5. If TOTAL INCOME from line 1 is \$30,000 or <b>less</b> , subtract \$7,500 from line 1 and write the amount here. If line 1 is <b>more</b> than \$30,000, then repeat line 4 here:	_____	_____
6. Compare the amounts on lines 4 and 5. Write the <b>smaller</b> amount of those two lines here:	_____	_____
<b>D. Multiply Adjusted Annual Income from line C.6 by:</b>		
.20 for one child,		
.27 for two children,	x _____	x _____
.33 for three children, and		
.03 more for each additional child		
TOTAL	_____	_____

**ANNUAL CHILD SUPPORT** \_\_\_\_\_  
 (Amount from TOTAL line in paragraph D **or** \$600, whichever is **larger**.)

**E. Monthly Child Support Payment** [Types of custody are defined in [Civil Rule 90.3\(f\)](#).]

1. Primary Custody. The children will stay with one parent for 70% (256) or more of their overnights during the year. Take the Annual Child Support amount of the parent who does **not** have the children most of the year and divide by 12: \$ \_\_\_\_\_  
 to be paid each month by  Parent A.  Parent B.

2. Shared Custody. [Attach form [DR-306](#).]  
 The children will stay with each parent at least 30% (110) of the overnights during the year. Child support payment (line 10 of DR-306): \$ \_\_\_\_\_  
 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.  
 Child support payment (section 6 of DR-307): \$ \_\_\_\_\_  
 to be paid by  Parent A.  Parent B.

4. Hybrid Custody. [Attach form [DR-308](#).]  
 The parents share custody of at least one child, and one or both parents have primary custody of a different child or children.  
 Child support payment (section 8 of DR-308): \$ \_\_\_\_\_  
 to be paid by  Parent A.  Parent B.

**F. Health Care Coverage for the Children**

1. Health Insurance

- a. Are the children eligible for services through any of the following?
  - Parent A's employer or union  Parent B's employer or union
  - Indian Health Service  TriCare (Military)  Denali KidCare (Medicaid)
- b. Do the children have other health insurance or care available?  Yes  No  
Describe: \_\_\_\_\_
- c. Health insurance for the children  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 is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The cost will be divided between the parents  equally.  unequally, because:  
\_\_\_\_\_  
\_\_\_\_\_

\* List only the cost to insure the children involved in this case. If there is no extra cost to the parent to include children in the parent's own coverage, none of the cost can be included as part of child support. For more info, see "Children's Health Insurance Costs" ([ak-courts.info/cshealthinsurance](http://ak-courts.info/cshealthinsurance)).

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, because:  
\_\_\_\_\_  
\_\_\_\_\_

**G. Monthly Child Support Payment (after adjusting for health insurance costs)**

[“Obligor” is the parent who owes support. “Obligee” is the parent who receives support.]

- 1. Monthly Child Support Payment from paragraph E above: \$ \_\_\_\_\_
- 2. If obligor is buying health insurance for the children, subtract 50% (or \_\_\_\_\_%) of the monthly insurance payment. - \$ \_\_\_\_\_
- 3. If obligee is buying health insurance for the child(ren), add 50% (or \_\_\_\_\_%) of the monthly insurance payment. + \$ \_\_\_\_\_
- 4. NET MONTHLY CHILD SUPPORT PAYMENT \$ \_\_\_\_\_

**H. Seasonal Income.** Is obligor's income seasonal?  Yes  No

[If yes, you can ask the court for unequal monthly payments under Civil Rule 90.3(c)(5).]

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

\_\_\_\_\_  
Signature

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

(SEAL)

\_\_\_\_\_  
Court clerk, notary public, or other person authorized to administer oaths. My commission expires: \_\_\_\_\_

I certify that on \_\_\_\_\_ at \_\_\_\_\_ [date/time], I gave a copy of this form to the other parent by  email.  mail.  hand-delivery. Signature: \_\_\_\_\_