

RESPONSE PACKET

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

Use this packet if you have been served with a motion asking the court to change another state's child support order, and you want to oppose (you disagree with) the motion. You must file a written response to the court within **10 days** after the motion was hand-delivered or emailed to you, or within **13 days** if the motion was mailed to you. You can use the forms in this packet to respond.

<i>Form Number</i>	<i>Form Name</i>
WHAT IS INCLUDED IN THIS PACKET?	
DR-371	Response to Motion
DR-314	Information Sheet
DR-305	Child Support Guidelines Affidavit
DR-306	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	
Attorneys who provide unbundled services	If you need help with your case, you should talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Association can give you names of lawyers who handle family law cases, including lawyers who can provide limited legal services ("unbundled legal services"). For a list of lawyers who do unbundled services, go to https://alaskabar.org/for-our-community/unbundled-legal-services/ or call (907) 272-0352 or (800) 770-9999 for more information.
Family Law Self-Help Center	For more information or help filling out these forms, visit the Family Law Self-Help Center's website at https://courts.alaska.gov/shc/family/index.htm 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 help you find forms, but cannot give legal advice.
Flowcharts	Flowchart for Calculating Cost of Children's Health Insurance Flowchart for Calculating Prior Child Deduction

September 2023
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 _____

_____))
 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)

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.]

A. Income¹ [Do not list ATAP or SSI below.]	PARENT A	PARENT B
Gross wages or salary	_____	_____
Value of employer-provided housing, food, etc. ²	_____	_____
Unemployment compensation	_____	_____
Alaska PFD (divide by 12 if using monthly amounts)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL INCOME	_____	_____
B. Deductions Allowed under Civil Rule 90.3		
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 ³	_____	_____
Spousal support (alimony) ordered and currently paid	_____	_____
Child support or in-kind support for prior children ⁴	_____	_____
Work-related child care for children in this case	_____	_____
Health insurance premiums for parent ⁵	_____	_____
Life insurance premiums for eligible beneficiaries ⁶	_____	_____
_____	_____	_____
TOTAL DEDUCTIONS	_____	_____

¹ 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.
² Put employer or military provided COLA, and military BAH and BAS, on this line.
³ 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.
⁴ "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>).
⁵ This deduction cannot be more than 10% of total income.
⁶ "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).

C. Adjusted Annual Income	PARENT A	PARENT B
1. If TOTAL INCOME from section A is monthly , multiply by 12 and write the amount here. If yearly , repeat the amount from section A here:	_____	_____
2. If TOTAL DEDUCTIONS from section B are monthly , multiply by 12 and write the amount here. If yearly , repeat the amount from section B here:	_____	_____
3. Subtract line 2 from line 1 to get NET INCOME:	_____	_____
4. If line 3 is more than \$138,000, write \$138,000 here. If not, repeat line 3 here:	_____	_____
5. If TOTAL INCOME from line 1 is \$30,000 or less , subtract \$7,500 from line 1 and write the amount here. If line 1 is more than \$30,000, then repeat line 4 here:	_____	_____
6. Compare the amounts on lines 4 and 5. Write the smaller amount of those two lines here:	_____	_____
D. Multiply Adjusted Annual Income from line C.6 by:		
.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).

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: _____

SHARED CUSTODY CHILD SUPPORT CALCULATION

Case Number: _____

Parent A (Plaintiff/Co-Petitioner): _____

Parent B (Defendant/Co-Petitioner): _____

Instructions: Attach this form to [DR-305](#), *Child Support Guidelines Affidavit* or to [DR-105](#), *Petition for Dissolution of Marriage*, to explain the child support calculation if the parents will have "shared physical custody" per Civil Rule 90.3(f). "Shared physical custody" means that all of the children will stay with each parent at least 30% (110) of the overnights during the year.

	PARENT A	PARENT B
1. Adjusted annual income (from line C.6 on form DR-305 or from page 4, line C.6 on form DR-105):	\$ _____	\$ _____
2. Multiply line 1 by: .20 for one child .27 for two children .33 for three children and add .03 for each additional child Annual Child Support (if less than \$600, write "\$600" here):	x _____ \$ _____	x _____ \$ _____
3. Percentage of time each parent will have physical custody:	_____ %	_____ %
4. Percentage of time the other parent will have physical custody:	_____ %	_____ %
5. Multiply line 2 and line 4:	\$ _____	\$ _____
6. Compare amounts in line 5. The higher amount is the parent who will pay support. Subtract the smaller amount from the larger and write the difference in the column of the parent who will pay support (the other parent's line will be blank):	\$ _____	\$ _____
7. Multiply line 6 by 1.5 (one line will be blank):	\$ _____	\$ _____
8. Annual Child Support. For the parent who will pay support, fill in the smaller of line 2 or line 7:	\$ _____	\$ _____
9. Number of payments per year: _____ [This number is almost always 12, once for every month. See Civil Rule 90.3(b)(1)(D) (https://ak-courts.info/civrules) for exceptions.] Months when child support will not be paid: _____		
10. Divide line 8 by line 9 to get Monthly Child Support Payment: \$ _____ to be paid by <input type="checkbox"/> Parent A. <input type="checkbox"/> Parent B. Write this amount on either: • form DR-305 , page 2, line E.2. or • form DR-105 , page 11, line A.3.b		

Parent A's Signature

Parent B's Signature

Type or Print Parent A's Name

Type or Print Parent B's Name