

CUSTODY ANSWER PACKET

FORMS FOR ANSWERING A CHILD CUSTODY COMPLAINT

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>DR-445</u>	<p>Instructions for answering a child custody complaint are online at https://public.courts.alaska.gov/web/forms/docs/dr-445.pdf Printed copies are available for customers with limited or no internet access.</p>
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-450</u>	Answer to Complaint for Custody
<u>DR-314</u>	Information Sheet
<u>DR-150</u>	Child Custody Jurisdiction Affidavit
<u>DR-305</u>	Child Support Guidelines Affidavit
<u>DR-306</u>	Shared Custody Child Support Calculation
<u>DR-315</u>	Application for CSED Services
<u>DR-316</u>	Information about CSED
OTHER INFORMATION	
<u>Attorneys who do unbundled legal services</u>	<p>If you need help with your case, you may want to 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 some who do “unbundled legal services” (limited services instead of representing you for the whole case). Go to https://alaskabar.org/for-our-community/unbundled-legal-services/ or call (907) 272-0352 or (800) 770-9999 for more information.</p>
<u>Family Law Self-Help Center</u>	<p>For 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).</p>

**October 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.

TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

Plaintiff,
v. _____
Defendant.

CASE NO. _____

ANSWER TO COMPLAINT FOR CUSTODY

1. Parent Information

- I agree with the parent information provided in the complaint.
- I disagree with the parent information provided in the complaint. The following information should be changed:

2. Children Information

- I agree that the plaintiff and I are the biological parents of the children listed in paragraph 2 of the complaint.
- I disagree that the plaintiff and I are the biological parents of the children listed in paragraph 2 of the complaint because

The other information in paragraph 2 of the complaint

- is correct
- is not correct because

3. Court Jurisdiction

I agree disagree that the court has jurisdiction to decide custody of the minor children as shown on my Child Custody Jurisdiction Affidavit (form DR-150) filed with this Answer.

4. **Other Custody Orders**

- I agree with plaintiff's statement about custody orders.
- I disagree with plaintiff's statement about custody orders because:

5. **Marital History**

- I agree with plaintiff's statement about the parties' marital history.
- I disagree with plaintiff's statement about the parties' marital history because:

6. **Legal Custody.** *(Before completing this section, read page 7 of the Instructions for an explanation of these terms.)*

- I agree with plaintiff's request for the award of legal custody of the children.
- I disagree with plaintiff's request for the award of legal custody of the children. It is in the best interests of the children that legal custody be awarded as follows:
 - I be awarded sole legal custody.
 - Plaintiff be awarded sole legal custody.
 - Plaintiff and I be awarded shared legal custody.

7. **Physical Custody.** *(Before completing this section, read pages 7-8 of the Instructions for an explanation of these terms.)*

- I agree with plaintiff's request for the award of physical custody of the children.
- I disagree with plaintiff's request for the award of physical custody of the children. It is in the best interests of the children that physical custody be awarded as follows:
 - I be awarded primary physical custody. *(The children will reside with me more than 70% of the year.)*
 - Plaintiff and I be awarded shared physical custody. *(The children will reside with each parent for a specified period of at least 30% of the year.)*

I propose the following shared physical custody schedule. *(Explain when each parent will have physical custody of the children. If either parent is planning a move to another community in the near future, you should explain how shared custody will be continued.)*

Plaintiff and I be awarded divided hybrid physical custody as follows:

8. **Visitation.**

I agree with the plaintiff's proposed visitation schedule.

I disagree with the plaintiff's proposed visitation schedule and request that the court grant the following visitation schedule to me the plaintiff:

Summer Vacation:

Holidays & Birthdays:

Weekends:

Other:

I am concerned about my safety or the safety of the children when with the other parent. Therefore, I request that visitation be restricted as follows:

9. **Child Support.** I understand that child support will be ordered in accordance with Civil Rule 90.3. My child support guidelines affidavit (form DR-305) is attached.

a. Do you want child support for each child to continue for up to a year after the child turns 18? Yes No

(Note: This support is allowed only if the child is 18 years old and (1) unmarried, (2) actively pursuing a high school diploma or equivalent level of training, and (3) living as a dependant with a parent.)

b. Do you want the assistance of the Child Support Enforcement Division (CSED) to enforce the child support order and keep records of the payments? Yes No

(If yes, fill out form DR-315 and file it with this answer.)

- c. Income Withholding. *The court must order immediate income withholding from the person ordered to pay child support and order the support paid through the Child Support Enforcement Division (CSED) unless one of the three exceptions authorized by Alaska Statute 25.27.062(m) applies. For an explanation of those exceptions, see form DR-10, page 13 (available at the court).*

Is there a reason why the court should not order immediate income withholding?

10. Permanent Fund Dividend.

- I agree with plaintiff's request about the children's Permanent Fund Dividends.
- I disagree with plaintiff's request about the children's Permanent Fund Dividends because

BASED ON THE ABOVE, I ask the court to grant the relief requested in this answer and any other relief appropriate under the circumstances.

Date	Defendant's Signature	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><i>IMPORTANT NOTICE: You must keep the court advised of any change in address or daytime phone number until this case is closed.</i></p> </div>	Type or Print Name	
	Mailing Address	
City	State	ZIP
	Daytime Telephone	
	Email Address*	
	* <input type="checkbox"/> I authorize the court to email me court documents in this case to the email address above.	

Certificate of Service

I certify that on _____ (date)

I mailed (first class mail) hand-delivered to the plaintiff a copy of my Answer and any other documents I filed with the Answer.

Signature of Defendant
Page 4 of 4
DR-450 (8/18)(cs)
ANSWER TO COMPLAINT FOR CUSTODY

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.

CHILD 3				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
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			

CHILD 4				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
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			

CHILD 5				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
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 _____

_____))
 _____))
 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	x _____	x _____
Annual Child Support (if less than \$600, write "\$600" here):	\$ _____	\$ _____
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

Notice to Court Clerk
If this application is filed with the court, send the application along with a copy of the child support order to CSED.

APPLICATION FOR CHILD SUPPORT ENFORCEMENT DIVISION (CSED) SERVICES

Court Case No. _____

I am voluntarily applying for the services of the Child Support Enforcement Division (CSED). I understand that CSED will take all actions necessary to enforce the child support order for the children named below. I agree that CSED can enforce the medical support order. I understand that I must provide all the information that CSED needs to enforce the support order.

My Full Name: _____ Birthdate: _____

Previous Names Used: _____

My Contact Information:

Mailing Address (include city/state/ZIP): _____

Phone: _____ cell work other Phone: _____ cell work other

Email: _____

Employer Information: _____

Other Parent's Name: _____ Birthdate: _____

Previous Names Used: _____

Other Parent's Contact Information:

Mailing Address (include city/state/ZIP): _____

Phone: _____ cell work other Phone: _____ cell work other

Email: _____

Employer Information: _____

.....
I am the children's Parent. Legal Guardian. Non-Parent Custodian.

<u>Child's Name</u>	<u>Birthdate</u>	<u>Child's Name</u>	<u>Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A child support order is currently in effect:
Date of order: _____ Court case number: _____
Court location (city and state): _____
Parents' names on order: _____
Date of marriage (if applicable): _____

_____ Date _____ Applicant's Signature

AS 25.27.265(b) requires parties in child support proceedings to give CSED their social security numbers and other specified information. Your social security number may be used to make sure that you follow the child support order. **You must provide your social security number on form [DR-314, Information Sheet](#). This form will be kept confidential.**

Visit CSED's website at www.childsupport.alaska.gov for more information.

INFORMATION ABOUT CSED July 2023

The Child Support Enforcement Division (CSED) is the state agency responsible for a number of services related to support orders.

What services does CSED provide?

- Establish and enforce an administrative child support order, if there is not already a court order. CSED will also automatically open a case (and therefore enforce the order) if the children are receiving public assistance or if the children are in state custody.
- Enforce a child support order from the court, if the parent or guardian applies for CSED services.
- If CSED established the child support order, review the amount of child support at the request of either parent, to see if it needs to be increased or decreased. CSED will make the necessary changes to an administrative order. If the order is a court order, CSED will advise clients to address these requests with the court.
- Arrange for genetic (DNA) testing where paternity is not agreed upon.
- Locate absent parents.
- Enforce health care coverage for children if it's available to the paying parent through employment or union membership.

How does a parent apply for CSED services?

You must complete an application either through the court or by submitting an online application at www.childsupport.alaska.gov. Your application should provide as much information as possible about the other parent. It must include an affidavit of payments already made or received. Be sure to attach your current custody and support order, and any previous orders you may have in the case.

How does CSED enforce child support orders?

To collect support payments, CSED will notify the paying parent's employer to withhold child support from the parent's wages and to send the money to CSED. CSED will then either give that money to the other parent, or repay the state for public assistance benefits paid on behalf of the children. CSED can also issue orders to "withhold and deliver" other assets, including commissions, retirement checks, bank accounts, Alaska Permanent Fund Dividends, Native Corporation Dividends, IRS tax refunds, stock dividends, and income-producing property.

CSED can file liens against the paying parent's property, as well as revoke state occupational and driver's licenses if that parent does not pay child support. CSED can sue the parent in court for failure to pay child support. CSED charges interest on late payments the last day of the month.

If late or missed payments (called "arrear") continue to go up, certain enforcement actions will automatically start when the amount owed reaches a certain point:

- At \$50, CSED will report to the PFD office.
- At \$150 for TANF arrears and at \$500 for non-TANF arrears, CSED will report to the Federal Offset Program (FOP).
- At \$1,000, CSED will report to the Credit Bureau.
- At either \$2,500 or 12 months unpaid, CSED will report to the Passport office and start property liens.

Note: Native Corporation Dividend funds can only be used to pay debt owed to a parent/guardian.

It is required by federal law that CSED use wage withholding for monthly payments. CSED will tell the paying parent's employer the amount of the child support order, and the employer will send the money each month to CSED. The monthly payment will be broken out in partial payments corresponding to the pay schedule. For example, if the parent is paid twice a month, CSED will ask the employer to garnish half of the monthly child support payment each pay period. Child support payments will not be collected through wage withholding if the paying parent is self-employed or if the court order states something different.

How long does it take for the non-paying parent to receive support payments made to CSED?

CSED will mail the payment to the non-paying parent, or deposit it directly to the parent's bank account, within two business days.

How does a parent sign up for direct deposit?

You may enroll or change your direct deposit information online through <https://my.alaska.gov/>. Select "CSED Member Services Portal" under the Services tab. Call (907) 269-6900 if you have questions or need assistance.

How can I find out about the payment status of my case?

There are several ways to check on the status of your child support payments:

- Call the KIDSLINE at (907) 269-6900 in Anchorage, or (800) 478-3300 outside of Anchorage (select option 2)
- Click on KIDS Online at www.childsupport.alaska.gov, located under "Online Service"
- Log into your CSED Member Services Portal through <https://my.alaska.gov/>

You will need to have your member ID number, which can be found in the introductory letters to both parents. You can also request your member ID number by calling (907) 269-6900 during business hours.

Can CSED also collect spousal support?

Yes, in cases where both child support and spousal support have been ordered, CSED will collect and enforce both types of support obligations. However, CSED cannot collect and enforce spousal support only, nor can CSED establish orders for spousal support. This must be done through the courts.

What if either parent moves out of state?

CSED can continue to collect payments and can coordinate enforcement of the support order with the child support agency in the other state.

**This information was provided by the Alaska Child Support Enforcement Division.
For more information, contact CSED.**

Mailing Address:

550 W. 7th Ave., Ste. 310
Anchorage, AK 99501

Phone: (907) 269-6900 (in Anchorage)
(800) 478-3300 (toll-free, statewide)

Website: www.childsupport.alaska.gov

Email: dor.csed.customerservice.anchorage@alaska.gov

Physical Address:

655 F St.
Anchorage, AK 99501

Fax: (907) 787-3220