

MOTION PACKET

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

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>DR-701</u>	<p>Instructions are available online at https://public.courts.alaska.gov/web/forms/docs/dr-701.pdf Printed copies are available for customers with limited or no internet access.</p>
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-705</u>	Motion to Change Custody, Support, or Visitation
<u>DR-710</u>	Notice of Motion
<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-730</u>	Reply to Response
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 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.</p>
Flowcharts	<p>Flowchart for Calculating Cost of Children’s Health Insurance Flowchart for Calculating Prior Child Deduction</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.

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: _____

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.)*

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.)*

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.)*

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

Note: The court must use AK Civil Rule 90.3 to calculate the support amount.¹ 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**² 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 arrangement³ described in the attached document signed by both of us (and by CSED if support has been assigned to the state); **and**

- if CSED is enforcing the support order, CSED 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 CSED if CSED 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 month⁴; **and**
- the obligor agreed to keep the obligee (or CSED if CSED 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.

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

² AS 25.27.062(m).

³ 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.

⁴ "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. _____
)
)
)

**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

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 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

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