

AFFIDAVIT and REQUEST for ADDRESS CONFIDENTIALITY

Complete this affidavit only if you want your address to be kept confidential.
CSED will respond in writing with a decision about your request.

I, _____, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

1. Name of noncustodial parent I do not want information released to: _____ Child Support Enforcement case number (if known): _____
2. The noncustodial parent has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my children in the following way: (Describe who was involved, when, where, and how it happened.)

3. A domestic violence protective (restraining) order has has not been issued against the noncustodial parent. (If yes, please provide information about the case): Court case number _____ Court location _____
(Describe who was involved, when, where, and how it happened): _____

4. The noncustodial parent has has not been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved. (If yes, please provide information about the case): Court case number _____ Court location _____
(Describe who was involved, when, where, and how it happened): _____

5. Other information about why I feel threatened by the noncustodial parent, and why I want my address kept confidential: _____

Signature

Date

SUBSCRIBED and SWORN to before me this _____ day of _____, 20 _____

Notary Public for the State of _____
My commission expires _____

If you can't get to a notary, please sign before a witness, and have the witness complete the information below.

I acknowledge that I know the person who signed this form is the person he or she claims to be, and that I witnessed the signature above.
Witness's signature _____ Witness's name (please print) _____
Witness's Social Security number (optional) _____ Witness's phone _____
Witness's mailing address _____

CSED main office mailing address: 550 W 7th Ave Suite 310 Anchorage AK 99501-6699