IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT_____

In re	: Marriage of	
	(Plaintiff)(Petitioner)	
	(Defendant)(Petitioner)	CASE NO. CHILD SUPPORT GUIDELINES AFFIDAVIT [Civil Rule 90.3]
knov	ear or affirm under penalty of perjury that the follow wledge and belief. I have attached a copy of my mo erify this information. The following income and de	ost recent federal tax return and pay stub
A.	Gross Income (Do not list ATAP or SSI below.) Gross wages Value of employer-provided housing/food/etc Unemployment compensation Permanent fund dividend Other: TOTAL INCOME' *If less than the federal poverty level for Alaska	E*
В.	Deductions Allowable under Civil Rule 90.3 Federal income tax Social security tax Medicare tax Employment security tax Mandatory retirement contributions Mandatory union dues Voluntary tax-deferred contributions to a qualified retirement plan, up to 7.5% of gro if not participating in a mandatory plan Other mandatory deductions (specify)	
C.	Child support/alimony ordered in other cases and currently being paid Child support for children from prior relationships living with this parent, calculated under Civil Rule 90.3 Work-related child care for children of this marriage TOTAL DEDUCTION Net Income TOTAL INCOME from section A TOTAL DEDUCTIONS from section B Subtract deductions from income to get NET INCOME	

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		FATHER	MOTHER_	
D.	Adjusted Annual Income 1. If the above figures are based on monthly information, multiply NET			
	INCOME from section C by 12 to get ADJUSTED ANNUAL INCOME			
	2. If the above figures are based on			
	yearly information, repeat the NET INCOME amount from section C to show			
	ADJUSTED ANNUAL INCOME			
E.	Multiply Adjusted Annual Income from section D* l	by:		
	.20 for one child .27 for two children	X	X	
	.33 for three children, and	Α	Α	
	.03 for each additional child			
	ANNUAL CHILD SUPPORT**	Manager April of the April		
	*If section D exceeds \$84,000, use \$84,000 instead of Rule 90.3(c)(2).	of the amount in sec	ction D. See Civil	
	**The court may vary the child support amount under	Civil Rule 90.3(c).		
F.	Monthly Child Support Payment			
	1. One parent has primary physical custody.			
	Divide Annual Child Support amount from s	section E for the no	n-custodial parent	
	by 12 = \$ to be paid each mont	(mo	other/father)	
	2. Parents will share physical custody as define	ed in Civil Rule 90	0.3(f). That is, the	
	children will reside with each parent for a p	period specified in	writing of at least	
	30% of the year. [Form DR-306 must be atta	ached to show your	calculations.]	
	Monthly child support payment (from line 9 each month except	of attached form I	·	
	\$ to be paid by		•	
G.	Health Care Coverage.	(mother/father)		
G.	1. Health Insurance.			
	a. Does father have health insurance available		at reasonable cost	
	through his employer, union or otherwise?			
	☐ Yes☐ No☐ I do not knowb. Does mother have health insurance avail	able for the child(ren) at reasonable	
	cost through her employer, union or otherv		icii) ut icusonuoie	
	Yes No I do not know			
	c. Are the children eligible for services through	gh the Indian Healt	h Service?	
	☐ Yes ☐ No	11 11 0	□ 3 7 □ 3 7	
	d. Do the children have other health insurance Describe:	e or care available?	∐ Yes ∐ No	
	Describe.			

		Health insurance for the child(ren) father at a monthly cost to father at a monthly cost to mother through the above person's employed whose name and address are	of \$* er of \$* union		
		The cost is will be divided between Explain reason for unequal division:	ween the parties equally		
	:	covers other people and you do not known amount to put on this line as follows:	n involved in this case. If the insurance also we the cost for the children alone, calculate the Divide the monthly cost of the insurance by the tiply that number by the number of children		
	2.	Health Care Expenses Not Covered By Should <u>uninsured</u> health care expenses year) be shared equally by the parents? If not, explain how the costs should be	s of the child(ren) (up to \$5,000 per calendar Yes No		
Н.	Monthly Child Support Payment (after adding or deducting health insurance c 1. Monthly Child Support Payment from paragraph F above \$				
	٥.	50% (or%) of the monthly insurance payment. +\$			
	4.	Net Monthly Child Support Payment	\$		
			Signature		
C 1	••		Type or Print Name		
		d and sworn to or affirmed before me at Date	, Alaska		
(SEAL)			Clerk of Court, Notary Public or other person authorized to administer oaths. My Commission Expires:		

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