

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]

I swear or affirm under penalty of perjury that the following information is true to the best of my knowledge and belief. I have attached a copy of my most recent federal tax return and pay stubs to verify this information. The following income and deductions are ☐ monthly ☐ yearly.

	FATHER	MOTHER
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*		
<i>*If less than the federal poverty level for Alaska, see Civil Rule 90.3(c)(1)(B).</i>		
B. 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 gross, if not participating in a mandatory plan	_____	_____
Other mandatory deductions (specify)	_____	_____
_____	_____	_____
_____	_____	_____
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 DEDUCTIONS		
C. Net Income		
TOTAL INCOME from section A	_____	_____
TOTAL DEDUCTIONS from section B	_____	_____
Subtract deductions from income to get	_____	_____
NET INCOME		



Health insurance for the child(ren) ☐ is being ☐ will be purchased by:  
☐ father at a monthly cost to father of \$ \_\_\_\_\_\*  
☐ mother at a monthly cost to mother of \$ \_\_\_\_\_\*  
through the above person's ☐ employer ☐ union ☐ \_\_\_\_\_  
whose name and address are \_\_\_\_\_

The cost ☐ is ☐ will be divided between the parties ☐ equally ☐ \_\_\_\_\_  
Explain reason for unequal division: \_\_\_\_\_

*\*List only the cost to insure the children involved in this case. If the insurance also covers other people and you do not know the cost for the children alone, calculate the amount to put on this line as follows: Divide the monthly cost of the insurance by the number of people insured. Then multiply that number by the number of children involved in this case.*

2. Health Care Expenses Not Covered By Insurance.

Should uninsured health care expenses of the child(ren) (up to \$5,000 per calendar year) be shared equally by the parents? ☐ Yes ☐ No  
If not, explain how the costs should be divided and why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Monthly Child Support Payment (after adding or deducting health insurance costs).

1. Monthly Child Support Payment from paragraph F above \$ \_\_\_\_\_

2. If obligor is buying health insurance for the child(ren), subtract  
50% (or \_\_\_\_\_%) of the monthly insurance payment. - \$ \_\_\_\_\_  
(The "obligor" is the parent paying child support.)

3. If obligee is buying health insurance for the child(ren), add  
50% (or \_\_\_\_\_%) of the monthly insurance payment. + \$ \_\_\_\_\_  
(The "obligee" is the parent receiving child support.)

4. Net Monthly Child Support Payment \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print 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: \_\_\_\_\_