STATE OF ALASKA

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION

CUSTODIAN'S APPLICATION FOR SERVICES

Custodial parents and other custodians must complete an application for services to obtain Child Support Enforcement Division (CSED) services. CSED can then establish paternity, establish child support and medical support orders, and enforce or modify existing support orders, even if the noncustodial parent lives in another state. CSED charges no fees, although the cost of determining paternity may be charged to the father. CSED collects and distributes payments from noncustodial parents; we do not provide the child support funds. When child support is established by CSED in an administrative order, the amount is calculated based on the Alaska Supreme Court's child support rule, Civil Rule 90.3.

The application must be signed, and the "Affidavit of Support Received" must be completed, signed, and notarized. If you or your children have been victims of domestic violence, you may ask that your location be kept confidential by completing the "Affidavit and Request for Address Confidentiality." Additional information about the application, your responsibilities, CSED services, and public assistance is found in the handout called "Information about Child Support Enforcement Services," which is included with this application.

If an existing order from a court, from CSED, or from another state or county child support agency mentions child support, visitation, parental rights, or child custody, you must include a complete copy of the order with your application.

After you have submitted this application, your case will be set up within 20 days, but it may take 60 days or more to make progress toward establishing or enforcing an order. During that time, contact us if you have additional information or important questions. Our automated KIDSLINE provides answers to common questions and allows you to access payment information and leave messages for caseworkers. Also, you may visit one of our offices, or go to our web page at www.csed.state.ak.us for more information. Please let us know if you need assistance or other accommodations to use our services.

KIDSLINE: (907) 269-6900 KIDSLINE Toll Free (in Alaska): 1-800-478-3300

TTY: (907) 269-6894 TTY In-State Toll-Free: 1-800-370-6894

Statewide – Main Office 550 W 7th Ave Suite 310 Anchorage AK 99501-6699 (907) 269-6900

Southeast410 Willoughby Ave Suite 107
Juneau AK 99801-1724
(907) 465-5887

Fairbanks675 7th Ave Station J2
Fairbanks AK 99701-4531
(907) 451-2830

Kenai 11312 Kenai Spur Hwy Suite 2 Kenai AK 99611-9106 (907) 283-2957 **Mat-Su** 845 W Commercial Dr Wasilla AK 99654-6937 (907) 357-3550

Mailing address for payments CSED PO Box 102760 Anchorage AK 99510-2760

For office use only: Requested: _		Sent:	_ Case #:		
	Date	Date		Reinstatement/Existing/Other	

necessary for these services, and	•	• •			
☐ Support order establishme ☐ Enforcement of an existin					
INF	ORMATION	ABOUT YOU (THE APPLIC	CANT) PLEASE PR	RINT	
Full name		Birth or previous na	ames used		
Birthdate Birthplace SSN Driver's license state and # Mailing address Home phone					
Mailing address			Home	pnone	
Residence address Employer		Work phone	an address	Work ho	
Does an attorney represent you i	n anv mattei	rs related to the child or the	other parent? □ Ye	s \square No	If ves provide the
attorney's name, address, and pl	•		•	5 🗀 110	ii yes, provide the
Have you ever received public a Families), AFDC, or Medicaid?	ssistance suc	ch as ATAP (Alaska Tempo No If yes, indicate what ty	orary Assistance), TA		
		DREN YOU ARE SEEKING	SUPPORT FOR		
Child's full name	Sex	Date and place of birth	Social security #	Who d	oes this child live with?
You are the ☐mother ☐father	Trelative	□ legal custodia	on by court order (exr	lain)	
		AL PARENT YOU ARE SEI		,	
140	110001001	ALTAKENT TOO AKE SEI	LIGHTO SOLLOCULUL	COIVI	
Full name		Birth or	previous names used		
Birthdate Birthplace SSN Driver's license state and # _					nd #
Address □Current □Last know	n				
Email address		The person is a citizen	of ☐ U.S. ☐ another	er country	
How is the person related to the HeightWeight	child or chil	dren listed above?	Montra		
Does/did the person live or work	Hair (in Alacka?	COIOT Eye COIOT	IVIATKS, S	scars, tatto	DOS
Usual occupation	ili Alaska:	Union member? (name and local numb	ner)	
Current or most recent employer		Employer address			Date of employment
Military: □None □Active □Re	serve DGus	ard Petired Branch/unit	Last rank/or	ade	Vrs in service
Tribal or Alaska Native corporate			_		
Does this person have an attorne					

	RELATIONSH	IIP BETWEEN TH	E PARENT	S	
☐ Divorced	DateAttach a compl	City/stateete copy of the divor	ce decree or	Case number order.	
☐ Married but separated	Marriage date/p	place		Separation	date
☐ Divorce/Dissolution pending	Date filed	City/State		Court case n	umber
□ Never married□ Other (explain)	Child:	Did the fa Is the fath Did the fa	ther sign an er's name or ther sign an	icate for each child (add Affidavit of Paternity? In the birth certificate? Affidavit of Paternity? In the birth certificate?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
		HER INFORMATIO	N		
 ☐ If you have been a victim of dom Confidentiality" to ask that your a for which child/children? ☐ If you have had a child support or For which child/children? ☐ If any child is eligible for Indian For which child/children? ☐ Type of coverage? ☐ Check here if you want to receive Alaska to make adjustments, if it deposits. The state will make readjustments are made. This authopen child support case or until name on the child support case or until name on the child support case it deposits are being made. Thirty accounts. You must notify CSE Direct deposit can begin only af 	address be kept case in Alaska or a Health Service, resupport payment as onable efforts thority remains in you cancel this amount match the national days written not it. Dif you close you	another state, check lanother state, check lanother state, check lanother Do you know military, or other medical Eligibility is account to correct eto notify you within a effect as long as you uthorization in writing ame on the account is ice is required to chapter account, change you account, change y	ridavit form in the read explain with a case in the case in the case in the read in the re	is included in this appli lain: In which state/cou umber? h coverage, check here ich parent? below, you are authori	and explain: zing the State of Attach a voided check or deposit slip here.
Your sig You must include a co You must complete the Af You must complete the co	omplete copy of the copy of th	ort (even if you re	ng to custo	ody, support, or pat support) and have it	notarized.
Applicant's signature:			D	ate:	

Return the completed application (pages 2-4, and page 6 if needed) and all supporting documents to:

Child Support Enforcement Division

550 W 7th Avenue Suite 310

Anchorage AK 99501-6699

AFFIDAVIT OF SUPPORT RECEIVED

If more than one page is needed, please make copies of this page. See back for instructions. If you received no support, please submit this affidavit with the "no support received" options checked in Items 3 and 4.

vorn, do swear under : : e of birth		under oa		
:	Child's	full name	Ι	S
				Date of birth
entitled to receive	ort	OR	☐ No administrate order for child sureffect at this time	upport is in
OR support I've received from the noncustodial parent. I estimate that I received \$ in			☐ I have received no child support from the noncustodial parent.	
(spousal support) I's the noncustodial part that I received \$	ve received from rent. I estimate in	OR	☐ I have receive alimony (spousa from the noncus	l support)
r: Child Support	Alimony/ Spousal	Year:	Child Support	Alimony/ Spousal
n	op o dod.	Jan		opouou.
b		Feb		
ar		Mar		
		Apr		
•				
-				
p		Sep		
	i l			
et e		Oct	l	
•		Nov		
	entitled to receive child support alimony (s) I am not sure how support I've received noncustodial parent received \$(year/month) I am not sure how (spousal support) I've the noncustodial parent that I received \$(year/month) Child Support Child Support Child Support Description	☐ child support ☐ alimony (spousal support) ☐ I am not sure how much child support I've received from the noncustodial parent. I estimate that I received \$	entitled to receive	entitled to receive

Instructions for Completing the Affidavit of Support Received

Case caption/introductory statement: Enter the state and judicial district (or county). Enter the CSED case number, if you know it, and the noncustodial parent's name, and your first name, middle initial, and last name.

Item 1: Enter each child's full name and date of birth.

Item 2: If there is an Alaska CSED support order, or another state's administrative support order, check the first option. If there is a court order, check the second option, and indicate whether the court order includes child support, alimony (spousal support), or both. If there is both a court order and an administrative order, check both the first and second options. If there is no order of any kind, check the third option.

Item 3: If you have received child support from the noncustodial parent, check the first option and complete the "Child Support" column in the table. Don't forget to indicate the year. Add pages if necessary. (See example below.) If you have received some child support, but you are not sure when or how much, check the second option and enter your best estimate (how much, and when) on the lines provided. If you have received no child support at any time, check the third option.

NOTE: If the custodial parent or the child is receiving government benefits from Social Security, the Veterans Administration, or another government agency, and the benefits are based on the noncustodial parent's disability or retirement, these benefits may be credited toward the noncustodial parent's support obligation. Please provide information about such benefits on this affidavit or in a separate writing.

Item 4: If you have received alimony or spousal support from the noncustodial parent, check the first option and complete the "Alimony/Spousal" column in the table. Don't forget to indicate the year. Add pages if necessary. If you have received some alimony or spousal support, but you are not sure when or how much, check the second option and enter your best estimate (how much, and when) on the lines provided. If you have received no alimony or spousal support at any time, check the third option.

Table: Start with the first month and year you were supposed to receive support, and continue through the current month and year. Submit additional pages, if necessary.

Year	Child	Alimony/
1999	Support	Spousal
Jan	\$125	0
Feb	\$125	0
Mar	\$300	0
Apr	0	0
May	\$150	0
Jun	\$125	0
Jul	0	0
Aug	0	0
Sep	\$200	0
Oct	\$125	0
Nov	\$200	0
Dec	\$200	0

Signature: Sign this form before a notary public or a postmaster, if no notary is available. Under Alaska law, making a false statement of a material fact, or lying under oath, can lead to a charge of perjury and may result in fines and criminal penalties.

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.

	the best of my knowledge and belief:	_, swear unde	er penalty of perjury that the fo	ollowing information is true to			
1	•	1	Chill Constant				
1.	Name of noncustodial parent I do not want information rele	eased to:	Child Support Enforcement	case number (if known):			
2.	The noncustodial parent has committed domestic violence (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	g way: Descr	ibe who was involved, when, when, when, when, when, when, when, when, when when when when when when when when	where, and how it happened.			
3.	A domestic violence protective (restraining) order has provide information about the case): Court case number						
	(Describe who was involved, when, where, and how it happ						
4.	The noncustodial parent has has not been charge or criminal court case in which I was a party, a victim, a wi	tness, or othe	rwise involved. (If yes, pleas	e provide information about the			
	case): Court case number C 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	da	y of	, 20			
			blic for the State of				
	If you can't get to a notary, please sign before a w						
Wi Wi	cknowledge that I know the person who signed this form is the itness's signature	ne person he o Witne Witne	or she claims to be, and that I vess's name (please print)	vitnessed the signature above.			
Wí	itness's mailing address CSED main office mailing address: 550 V			99501-6699			

STATE OF ALASKA

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION

INFORMATION ABOUT CHILD SUPPORT ENFORCEMENT SERVICES

Child Support Enforcement Division Services

CSED provides child support services for parents or third-party custodians. CSED can:

- collect and mail out child support payments;
- establish paternity when necessary;
- establish child support and medical support orders;
- enforce child support orders, even if the paying parent is not in Alaska;
- modify support orders if there is good reason;
- require banks, employers, the Permanent Fund, and others to withhold the paying parent's income or assets;
- attach IRS tax refunds to collect child support; and
- provide interstate services when parents move to other states.

There is no fee for these services, although the costs related to determining paternity may be charged to the father. CSED cannot monitor or modify visitation or custody orders; a court must address those matters.

Child Support Payments

Support orders established by CSED begin with the month CSED receives the application, unless the children received public assistance earlier. Once CSED receives an application, all support payments must be made through CSED unless a court order specifically provides otherwise. If a custodian receives a direct payment before the case is set up, the custodian must tell CSED, in writing, how much was received and when. Money collected by CSED is paid to the custodian, unless the custodian or the child is receiving (or has received) public assistance. In those cases, the state debt must be repaid.

CSED receives copies of all support orders issued by Alaska courts. We set up cases for these orders and send applications for services to the parties on request. If neither party applies for service, we will not enforce the court support order, but we will provide payment distribution services and payment records upon request of either party.

Establishing Paternity

If paternity has not been established and child support is requested, CSED will establish paternity. This generally occurs when a child is born to unmarried parents. Both parents can sign an affidavit if they agree about paternity. If they do not agree, CSED will require genetic tests to determine the father of the child. In some cases the father must pay for genetic testing and related costs if he proves to be the biological father.

Establishing Support Orders

CSED calculates child support amounts using the Child Support Guidelines in Alaska Supreme Court Rule of Civil Procedure 90.3. This rule requires that the child support obligation be a percentage of the adjusted annual income of the noncustodial parent based on the number of children in the support order. Parties can ask for exceptions. If a parent does not provide income information, CSED will use the best information available to determine the

parent's income from all sources. We use an "Administrative Child Support Order" when we issue a child support or medical support order. Either party can appeal the findings in that order and present evidence. After an administrative review, we may change those findings. Either party may appeal our decision to a Department of Revenue hearing officer, who will issue a new decision. Either party may then appeal the hearing officer's decision to the superior court.

Enforcing Support Orders

If child support is owed and CSED identifies the noncustodial parent's employer, bank account, or other financial account, we normally issue an Order to Withhold and Deliver those wages or assets. The withholding order is a standard method of ensuring timely support payments. Earnings are withheld directly from the payroll office or the bank account. Noncustodial parents who want to make additional payments, or who are self-employed, may pay by check or money order (please include the case number) to the payment mailing address (see the cover sheet of this application). Cash payments can be made only in person, and only in Anchorage.

Failure to make support payments may result in collection actions including liens, judgments, withholding from Permanent Fund Dividends, wages, or other income, credit bureau reporting, the seizure of bank and financial accounts, and other actions allowed under civil and criminal law. Noncustodial parents who owe more than four months of child support may also lose their occupational licenses or their driver's licenses. Noncustodial parents who owe \$5,000 or more in past child support (arrears) risk losing their passports. We file liens on real estate if arrears are at least \$2,500 or equal to one year's support. CSED may take the noncustodial parent's federal income tax refunds to pay past due support. If the custodian received public assistance in Alaska, the IRS refund is applied first to reimburse the state. IRS funds remaining after the state is paid go to the custodian.

Modifying Support Orders

Either party, or the state, has the right to request a review of a child support order. Both parties will be required to provide financial information to CSED. Private agreements between parties are not valid unless approved by the court. Situations that could result in support modification are:

- a child listed in the order has reached the age of majority or been legally emancipated;
- the child support guidelines were adopted or significantly amended after the support order was issued;
- the obligor's income has changed to the extent that support would change by 15 percent;
- at least 12 months have elapsed since the order was issued, modified, or reviewed; or
- medical support or post-majority support language is needed in the order.

If a court has issued a support order, usually the court must modify the order. If CSED or another state's child support enforcement agency has issued an administrative support order, it is not necessary to have a court modify the order.

Your Rights and Responsibilities

Child support is a special debt that must be paid before other debts. The law allows interest to be charged on payments received ten or more days past the due date, on judgments, and on most arrearages. You must provide your social security number. CSED uses it to track cases, credit payments, locate wages and assets, and enforce support obligations. If you use CSED services, you must notify us immediately of the following:

- address changes;
- permanent custody changes;

- visitation when there is a court order for visitation;
- payments received directly from the noncustodial parent;
- new employment or changes in earnings;
- availability of medical insurance coverage for the children;
- any action by the parties that may affect support (such as seeking a new or modified court order, custody changes, adoptions, bankruptcy, or other collections).

We invite parties to attend and participate in case proceedings and hearings to protect their interests. An Assistant Attorney General represents CSED in child support hearings; parties may hire attorneys at their own expense.

Medical Support

Federal regulations and Alaska statutes require parents to provide medical support for their minor children if health insurance is available at a reasonable cost. Credit for medical coverage may raise or lower the amount of ongoing child support, depending on which parent provides the coverage. Health insurance benefits available through the Indian Health Service may fulfill the medical support requirement. Custodians who receive only Medicaid must assign medical insurance or fixed amounts for medical support to the state.

Public Assistance

If the custodian receives public assistance through ATAP (the Alaska Temporary Assistance Program, formerly called AFDC), through another state's welfare program (such as those funded through TANF, the federal Temporary Aid for Needy Families program) or through Medicaid/Denali KidCare, we automatically provide services without requiring a CSED application. In ATAP or TANF cases, child support must be assigned to the state. Enforcement cannot stop while public assistance is being received, while the children are in licensed foster care, or if the other party applies for services. If the custodian receives only Medicaid/Denali KidCare and does not want cash support, CSED must be notified, and we will continue to enforce only the medical support order. If all public assistance ends, CSED services will stop upon the custodian's written request, although enforcement to recover money owed to the state may continue.

Requesting Confidentiality

The Child Support Enforcement Division may be required to release information about you or your children to other parties or agencies. Information that may be released may include names, addresses, social security numbers, and birth dates. This information will be released only when authorized by law and only as needed to take action on your case. This information will not be released to the general public. However, if your case is filed in court, information in the court case may be available to the public.

If you or your children have been victims of domestic violence, including harassment, threats, mental and emotional abuse, physical violence including sexual assault or incest, and parental kidnapping, you may ask that information about your address and location be kept confidential.

You must complete the "Affidavit and Request for Address Confidentiality," sign it before a notary or a witness, and return it within 30 days. Attach any documents you have (such as police reports, protective orders, restraining orders, or medical records) to show why you believe the release of information about your address or your location would threaten your well being. We will review your request and get back to you in writing. Please contact us if you have questions. The CSED addresses and phone numbers are on the cover sheet of this application.