

# STATE OF ALASKA

## DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION

Please Reply To:

CSED, MAILSTOP  
550 W. 7<sup>th</sup> Ave., Suite 310  
Anchorage, AK 99501-6699  
907-269-6900  
800-478-3300 Toll Free in Alaska  
907-269-6813 FAX

TO:

Date:

Case #:

### REQUEST FOR MODIFICATION OF ADMINISTRATIVE SUPPORT ORDER

I am requesting that the Child Support Enforcement Division (CSED) review the support order in the above case in accordance with the child support guidelines set out in Alaska Civil Rule 90.3. I understand that:

1. I may be required to provide income information requested by CSED.
2. A modification will require health insurance coverage for the child(ren) if insurance is available to either the obligor or obligee at a reasonable cost. Proof of Indian Health Service (or any other entity) may fulfill the requirement of medical coverage for the child(ren). If there is a cost of insurance for the child(ren), CSED will equally divide the cost between the obligor and obligee. The child support obligation will be increased or decreased to reflect the proportional cost of medical insurance from the obligor and obligee.
3. CSED will calculate the support obligation using the child support guidelines. Support may increase or decrease from the existing order. The order will be modified if there has been a material change in circumstances. For example, if support as calculated under the guidelines is more than 15 percent greater or less than the existing support order; or the order was issued before the guidelines were adopted or amended.
4. CSED may be represented by the Department of Law. The Department of Law represents only the Child Support Enforcement Division. There is no attorney-client relationship between the Department of Law attorneys and either party. Both parties are entitled to be represented by their own attorneys at their own cost.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip