

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

(Plaintiff)(Petitioner)

vs.

(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. *[Note: Delete social security numbers and account numbers from any documents you attach.]* 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	_____	_____
B. Deductions Allowable under Civil Rule 90.3		
Federal, state and local income tax	_____	_____
Social security tax or self-employment tax	_____	_____
Medicare tax	_____	_____
Employment security tax	_____	_____
Mandatory retirement contributions	_____	_____
Mandatory union dues	_____	_____
Voluntary retirement contributions if plan earnings are tax-free or tax-deferred, up to 7.5% of gross wages and self-employment income when combined with mandatory contributions	_____	_____
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	_____	_____

	FATHER	MOTHER
D. Adjusted Annual Income		
1. If the above figures are based on <u>monthly</u> information, multiply Net Income from section C by 12 to get Adjusted Annual Income		
2. If the above figures are based on <u>yearly</u> information, repeat the Net Income amount from section C to show Adjusted Annual Income		
3. If line 1 or 2 is more than \$100,000, write 100,000 here. Otherwise, repeat amount from line 1 or 2. ADJUSTED ANNUAL INCOME		
E. Multiply Adjusted Annual Income from line D.3 by:		
.20 for one child		
.27 for two children	x _____	x _____
.33 for three children, and		
.03 for each additional child		
TOTAL		

ANNUAL CHILD SUPPORT		
(amount from "TOTAL" line above <i>or</i> \$600, whichever is larger.)		

- F. Monthly Child Support Payment (*See definitions of types of custody in Civil Rule 90.3(f).*)
1. Primary Custody. One parent has primary physical custody.
Divide Annual Child Support amount from section E for the non-custodial parent by 12 = \$ _____ to be paid each month by mother father.
2. Shared Custody. *Attach form DR-306.*
The children will reside with each parent for a period specified in writing of at least 30% of the year. Monthly child support payment (from line 10 of DR-306) to be paid each month except _____ = \$ _____ to be paid by mother father.
3. Divided Custody. *Attach form DR-307.*
Each parent will have primary custody of one or more of the children and the parents will not share custody of any of the children.
Monthly child support payment (from line 7 of DR-307) = \$ _____ to be paid by mother father.
4. Hybrid Custody. *Attach form DR-308.*
Monthly child support payment (from line 8 of DR-308) = \$ _____ to be paid by mother father.

- G. Health Care Coverage.
1. Health Insurance.
- a. Does father have health insurance available for the child(ren) at reasonable cost through his employer, union or otherwise?
 Yes No I do not know
- b. Does mother have health insurance available for the child(ren) at reasonable cost through her employer, union or otherwise?
 Yes No I do not know
- c. Are the children eligible for services through the Indian Health Service?
 Yes No
- d. Do the children have other health insurance or care available? Yes No
Describe: _____

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 there is no extra cost to the parent to include the children in the parent's insurance coverage, none of the cost can be allocated to the children. See Civil Rule 90.3(d) for further explanation.*

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 \$ _____

- I. Seasonal Income. Obligor's income is seasonal. Yes No
(Note: If income is seasonal, you can ask the court to order unequal monthly payments as described in Civil Rule 90.3(c)(5).)

Signature

Type or Print Name

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____ Date

I certify that on _____
a copy of this affidavit was mailed to
the other party in this case (list name):

Clerk of Court, Notary Public or other
person authorized to administer oaths.
My Commission Expires: _____

(SEAL)

Signature _____