

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Dissolution )  
of the Marriage of )  
\_\_\_\_\_) )  
Party A, )  
\_\_\_\_\_) )  
Party B. )  
\_\_\_\_\_)

CASE NO. \_\_\_\_\_

There is an open Child-in-Need-of-Aid Case.

Court Location: \_\_\_\_\_ Case number (if known): \_\_\_\_\_

We consent to the court's jurisdiction and request a decree of dissolution of marriage. Our marriage has broken down and we no longer want to be married. We agree this petition is the entire agreement between us. We understand that only the agreements in this petition and attachments are enforceable.

Has either spouse filed an action for legal separation before filing this action?  Yes  No  
If yes, please list the case number, date, and place of filing:

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
2. Length of Alaska residence: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_
3. Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
4. Residence address: \_\_\_\_\_  
(street address) (city) (state) (ZIP)
5. Mailing address: \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)
6. Email Address\*: \_\_\_\_\_  
\* I authorize the court to email me court documents in this case to the email address above.
7. Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_
8. Most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_
9. Employer's address: \_\_\_\_\_

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
2. Length of Alaska residence: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_
3. Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
4. Residence address: \_\_\_\_\_  
(street address) (city) (state) (ZIP)
5. Mailing address: \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)
6. Email Address\*: \_\_\_\_\_  
\* I authorize the court to email me court documents in this case to the email address above.
7. Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_
8. Most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_
9. Employer's address: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

**C. Date and Place of Marriage.** Date of marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Place of marriage: \_\_\_\_\_  
(city) (state)

**D. Health Care and Health Insurance**

Does either spouse need medical care or treatment?  Yes  No

If yes, state which spouse and describe the care or treatment needed:

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

Is either spouse covered by health insurance (by an employer or otherwise)?  Yes  No  
If yes, state which spouse and the amount paid for the insurance by the spouse or spouses:

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

**E. Domestic Violence**

Has either spouse been involved in any of the following during the marriage:

1. a criminal charge of a crime involving domestic violence,
2. a domestic violence protective order under AS 18.66.100-18.66.180,
3. injunctive relief against domestic violence under former AS 25.35.010 or 25.35.020, or
4. a domestic violence protective order issued in another jurisdiction and filed with the court in this state under AS 18.66.140?

Yes  No If yes, describe below:

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

Has there been any domestic violence during the marriage (whether or not the police were involved or anything was filed in court)?  Yes  No

**F. Has either spouse received advice from an attorney about dissolution or divorce?**

Yes  No If yes, state which spouse(s): \_\_\_\_\_

Is either spouse represented by an attorney?  Yes  No

If yes, state which spouse(s): \_\_\_\_\_

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

**II. FINANCIAL INFORMATION**

Both parties **must** attach a copy of their most recent federal tax return and at least 3 paystubs. If amounts will change after the dissolution, file documents showing expected amounts.

The amounts below are  **MONTHLY.**  **YEARLY.** [You **must** check one for the math on this form to work. If you decide to change from monthly to yearly (or yearly to monthly) **after** you start filling out the form, then **start over** with a blank form, or some fields may not work.]

<b>A. Income<sup>1</sup></b> [Do not list ATAP or SSI below.]	<b>Party A</b>	<b>Party B</b>
Gross wages or salary	\$ _____	\$ _____
Value of employer-provided housing, food, etc. <sup>2</sup>	\$ _____	\$ _____
Alaska PFD (divide by 12 if using monthly amounts)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>B. Deductions Allowed under Civil Rule 90.3</b>		
Federal, state, and local income tax	\$ _____	\$ _____
Social security tax or self-employment tax	\$ _____	\$ _____
Medicare tax	\$ _____	\$ _____
Employment security tax (SUI)	\$ _____	\$ _____
Mandatory union dues	\$ _____	\$ _____
Mandatory retirement or pension plan contributions	\$ _____	\$ _____
Voluntary retirement contributions <sup>3</sup>	\$ _____	\$ _____
Spousal support (alimony) ordered and currently paid	\$ _____	\$ _____
Child support or in-kind support for prior children <sup>4</sup>	\$ _____	\$ _____
Work-related child care for children in this case	\$ _____	\$ _____
Health insurance premiums for parent <sup>5</sup>	\$ _____	\$ _____
Life insurance premiums for eligible beneficiaries <sup>6</sup>	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL DEDUCTIONS</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>C. Adjusted Net Annual Income</b>	<b>Party A</b>	<b>Party B</b>
1. If TOTAL INCOME from section A is <b>monthly</b> , multiply by 12 and write the amount here. If <b>yearly</b> , repeat the amount from section A here.	_____	_____

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

<sup>1</sup> Other common examples of income are self-employment and rental income, "gig" work, Alaska Native dividends, VA disability, SSDI, worker's comp, investment earnings, and pensions. This is not a full list.  
<sup>2</sup> Put employer or military provided COLA, and military BAH and BAS, on this line.  
<sup>3</sup> Only if plan earnings are tax-free or tax-deferred. When added to mandatory retirement contributions, this deduction cannot be more than 7.5% of total income.  
<sup>4</sup> "Prior children" are children from a different relationship born or adopted before the children in this case. For more information, see "Prior Child Deduction Chart" (<https://ak-courts.info/pcdchart>).  
<sup>5</sup> This deduction cannot be more than 10% of total income.  
<sup>6</sup> "Eligible beneficiaries" are the other parent in this case and all children that you and the other parent have together. If there are additional beneficiaries of the policy, divide the premium by total number of beneficiaries, then multiply that number by eligible beneficiaries. The maximum deduction is \$1200 per year (\$100 per month).

2. If TOTAL DEDUCTIONS from section B are **monthly**, multiply by 12 and write the amount here. If **yearly**, repeat the amount from section B here. **Party A** **Party B**
3. Subtract line 2 from line 1 to get NET INCOME: \_\_\_\_\_
4. If line 3 is **more** than \$138,000, write \$138,000 here. If not, repeat line 3 here: \_\_\_\_\_
5. If TOTAL INCOME from line 1 is \$30,000 or **less**, subtract \$7,500 from line 1 and write the amount here. If line 1 is **more** than \$30,000, then repeat line 4 here: \_\_\_\_\_
6. Compare the amounts on lines 4 and 5. Write the **smaller** amount of those two lines here: \_\_\_\_\_

**D. Monthly Expenses**

	<b>Party A</b>	<b>Party B</b>
Housing and utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Medical	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____

**E. Bankruptcy.**  Party A  Party B filed for bankruptcy and that case is pending.

**III. PROPERTY AND DEBT INFORMATION, AND AGREEMENT OF PARTIES**

Below is a list of our assets and debts, and our agreement about dividing our assets and debts. **We believe the division below is fair and just.**

**A. Assets**

[Describe all your property and its value. Then check the boxes showing whether it was acquired during the marriage, who possesses it now, and to whom you want it awarded.]

1. Do you have a written community property agreement or a community property trust under Alaska law (AS 34.77)?  Yes  No Be sure to include community property in the lists below.

	Value	Acquired During Marriage		Currently Possessed By			To Be Awarded To		
		yes	no	A	B	JT	A	B	JT*
2. Real Property (land and buildings) provide street address or legal description									
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B







**V. CHILD CUSTODY JURISDICTION INFORMATION**

A. The following are children under age 19 and born of the marriage or adopted by the parties:

<b>CHILD 1</b>				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

<b>CHILD 2</b>				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

<b>CHILD 3</b>				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B



CHILD 4				
First Name		Middle Name		Last Name
Date of Birth		Place of Birth		Gender
Current Address (since ___/___/___)		Who has custody?		Relationship
Past Addresses (last 5 years)		City and State	Who did this child live with then? (name and current address)	Relationship
From	To			

[Attach extra pages if there are more than four children.]

B. Has either Party A or Party B participated as a party, a witness, or in another capacity in another proceeding concerning the custody of any of the above children or visitation with them?  Yes  No If yes, describe the previous child custody determination:  
 Name of Court \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_\_  
 Court's Decision \_\_\_\_\_

C. Does either Party A or Party B know of a proceeding that could affect this dissolution case (such as a proceeding relating to domestic violence, protective orders, termination of parental rights, adoption or enforcement of a court order)?  Yes  No  
 If yes, describe: Name of Court \_\_\_\_\_ Case Number \_\_\_\_\_  
 Nature of Proceeding \_\_\_\_\_

D. Does either Party A or Party B know of any person not a party to this dissolution case who has physical custody of any of the above children or claims to have the right to physical custody, legal custody, or visitation?  Yes  No  
 If yes, list each person's name and address, and what the person claims:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Is Party A or Party B pregnant?  Yes  No  
 If yes, include arrangements for this child in the following sections.

F. Is paternity disputed regarding any child?  Yes  No  
 Has paternity been disestablished for any child born during the marriage?  Yes  No  
 If you answer yes to either of these questions, there may be additional requirements.

**NOTE: You both have a continuing duty to inform the court of any other court proceeding in this state or any other state concerning any of the children listed**

\_\_\_\_\_  
 Print or Type Party A's Name

\_\_\_\_\_  
 Print or Type Party B's Name

\_\_\_\_\_  
 Signature of Party A

\_\_\_\_\_  
 Signature of Party B

**VI. CHILD CUSTODY AGREEMENT**

<u>Name of Child</u>	<u>Physical Custody Awarded To</u>	<u>Legal Custody Awarded To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you agreed to a shared physical custody arrangement, you must specify the custody schedule. The details of our custody schedule are described in: *(you must attach a detailed parenting plan which outlines your shared custody schedule)*

- The attached and completed model parenting plan, [DR-475, Parenting Plan](#).
- The attached parenting agreement which is titled: \_\_\_\_\_

**VII. VISITATION AGREEMENT**

**A. Visitation Rights of Parents**

- We agree \_\_\_\_\_ will have the following specific visitation rights:
  - summer vacation: \_\_\_\_\_
  - holidays: \_\_\_\_\_
  - weekends: \_\_\_\_\_
  - other: \_\_\_\_\_

[If you want child support reduced, you must specify dates as explained in section V, page 11, of the Instructions.]

- Our agreement about parenting and visitation is set forth in the attached parenting agreement ([DR-475](#) or other). We understand that the court must approve a parenting agreement as being in our child(ren)'s best interest. We also understand that this dissolution will not be approved until we have an approved parenting plan.

**B. Visitation with Other Persons**

Names of Other Persons: \_\_\_\_\_

Describe visitation agreement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

**VIII. CHILD SUPPORT (Civil Rule 90.3)**

[You cannot waive (give up) child support or agree to a different amount than what is calculated under Civil Rule 90.3 (<https://ak-courts.info/civrules>) unless one of the exceptions in Civil Rule 90.3(c) applies.]

**A. Child Support Calculation**

	<b>Party A</b>	<b>Party B</b>
1. Adjusted Annual Income (from line C.6 on page 4)	\$ _____	\$ _____
2. Multiply line 1 by:		
.20 for one child,		
.27 for two children,	x _____	x _____
.33 for three children, and		
add .03 for each additional child		
TOTAL	_____	_____

**ANNUAL CHILD SUPPORT** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Amount from TOTAL line in paragraph A **or** \$600, whichever is **larger**.)

3. Monthly Child Support Payment (before calculating child’s health insurance adjustment). Child support will be paid as stated below. The first payment will be made no later than \_\_\_\_\_ . Payments after that will be made no later than the \_\_\_\_\_ day of each month thereafter. [See definitions of types of custody in Civil Rule 90.3(f).]
- a. Primary Custody. The children will stay with one parent for more than 70% (256) of the overnights during the year. Take the Annual Child Support amount of the parent who does **not** have the children most of the year and divide by 12: = \$ \_\_\_\_\_ to be paid each month by  Party A.  Party B.
  - b. Shared Custody. [Attach form [DR-306](#).] The children will stay with each parent at least 30% (110) of the overnights during the year. Child support payment (line 10 of DR-306): = \$ \_\_\_\_\_ to be paid by  Party A.  Party B.
  - c. 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. Child support payment (section 6 of DR-307): = \$ \_\_\_\_\_ to be paid by  Party A.  Party B.
  - d. Hybrid Custody. [Attach form [DR-308](#).] The parents share custody of at least one child, and one or both parents have primary custody of a different child or children. Child support payment (section 8 of DR-308) = \$ \_\_\_\_\_ to be paid by the  Party A  Party B.

\_\_\_\_\_  
 Print or Type Party A’s Name

\_\_\_\_\_  
 Print or Type Party B’s Name

\_\_\_\_\_  
 Signature of Party A

\_\_\_\_\_  
 Signature of Party B

4. Children's Health Care Coverage.

a. Health Insurance. If the children are covered by an insurance company other than the Indian Health Service or Tricare, you should also fill out court form [DR-330](#), *Notice to Employer Re: Children's Medical Insurance*.

(1) Does Party A have health insurance available for the child(ren) at reasonable cost through Party A's employer, union, or otherwise?  Yes  No

(2) Does Party B have health insurance available for the child(ren) at reasonable cost through Party B's employer, union, or otherwise?  Yes  No

(3) Are the children eligible for services through the Indian Health Service?  
 Yes  No

(4) Do the children have other health insurance or care available?  Yes  No  
Describe: \_\_\_\_\_

If the answer to (3) and (4) is no, one of the parents must agree to provide insurance for the child(ren) if such insurance is available at a reasonable cost. The cost of the children's insurance must be divided equally by the parents unless the court orders a different division for good cause.

AGREEMENT: Health insurance for the child(ren) will be purchased by:

Party A at a monthly cost to Party A of \$ \_\_\_\_\_\*

Party B at a monthly cost to Party B of \$ \_\_\_\_\_\*

through the above person's  employer  union  \_\_\_\_\_  
whose name and address are \_\_\_\_\_

The cost of health insurance for the child(ren) 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, you cannot deduct any cost for the children's health insurance. The parent must submit documentation from the health insurance provider (employer, union, etc.) showing separately the cost of health insurance for the parent and the parent's dependents. See Civil Rule 90.3(d) for further explanation. For more information, see [Calculating Cost of Child\(ren\)'s Health Insurance](#) chart on the court's website.]

b. Children's Health Care Expenses Not Covered by Insurance (including medical, dental, vision and mental health counseling expenses).

We agree that the children's reasonable health care expenses not covered by insurance will be paid as follows (unless they are over \$5,000 in a calendar year):

Party A will pay half and Party B will pay half.

Party A will pay \_\_\_\_\_ and Party B will pay \_\_\_\_\_.

Explain reason for not sharing these uncovered expenses equally:  
\_\_\_\_\_

If the uncovered expenses are over \$5,000 in a calendar year, the parties will pay based on their relative financial circumstances when the expense occurs.

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

We agree that each of us will reimburse the other for our share of uncovered health care expenses within 30 days after we are given the bill, proof of payment and, if applicable, a health insurance statement (EOB) showing what part of the cost is uncovered. We understand that the bills and other materials must be sent to the other parent for reimbursement within a reasonable time.

5. Monthly Child Support Payment (including adjustment for children's health insurance).
- a. Monthly Child Support Payment from paragraph 3 above (on page 11) \$ \_\_\_\_\_
  - b. 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.)
  - c. 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.)
- |                                      |          |
|--------------------------------------|----------|
| d. Net Monthly Child Support Payment | \$ _____ |
|--------------------------------------|----------|

6. We calculated the Net Monthly Child Support Payment in paragraph 5.d. according to:
- a.  The formula in Civil Rule 90.3(a) or (b).
  - b.  Civil Rule 90.3(c)(2). Obligor's adjusted annual income is more than \$138,000.
  - c.  Civil Rule 90.3(c)(3). Obligor's amount of support is less than \$600 per year. Obligor's income is low because obligor is:
    - incarcerated
    - unable to work because \_\_\_\_\_
    - other \_\_\_\_\_
  - d.  Civil Rule 90.3(c)(1). Manifest injustice will result if support is not varied because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Seasonal Income.  Obligor's income is seasonal and obligee agrees that, as long as the total annual amount remains the same, obligor can make higher payments during high income months and lower payments during low income months as follows:
- Higher Monthly Amount \$ \_\_\_\_\_ should be paid in (list months) \_\_\_\_\_
- Lower Monthly Amount \$ \_\_\_\_\_ should be paid in (list months) \_\_\_\_\_

8. Travel Expenses. Travel expenses necessary for visitation will be paid as follows:
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print or Type Party A's Name  
\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Print or Type Party B's Name  
\_\_\_\_\_  
Signature of Party B

9. Native Corporation Dividends.

- a. The custodian of any Native Corporation dividends paid on behalf of the child(ren) will be \_\_\_\_\_
- b. Except as provided below, the funds will be saved in an account for the child(ren). Both parents will have access to all statements from the account annually.
- c. Any taxes owing on any Native Corporation dividends paid on behalf of the child(ren) will be timely paid by (name) \_\_\_\_\_
- d. Any Native Corporation dividends paid on behalf of the children:
  - May be spent for the child(ren)'s health, education, and welfare.
  - May be spent only if both parents provide prior written approval.
  - Other: \_\_\_\_\_

10. Extended Visitation Credit.

- This credit does not apply to us.
- This credit applies to us because one of us will have primary physical custody and the other (the obligor parent) will have extended visits with the children for periods longer than 27 consecutive days. If and when the obligor parent actually exercises the extended visitation, child support will be reduced for these periods as follows:

\_\_\_\_\_  
[Note: This credit may not be more than 75% of the amount owed for the period.]

- B.  We agree that child support will continue while each child is 18 years old as long as the child is (1) unmarried, (2) actively pursuing a high school diploma or equivalent level of technical or vocational training, and (3) living as a dependent with the obligee parent or guardian or a designee of the parent or guardian.  We object to continuing child support to the date of graduation because: \_\_\_\_\_

- C. **Do you want the assistance of the Child Support Enforcement Division (CSED) to enforce the support order and keep records of the payments?**  Yes  No  
If yes, fill out the attached application for CSED services. [Note: If the parent with custody of the children is receiving assistance from the Alaska Temporary Assistance Program (ATAP), child support payments must be made to CSED.]

**D. Immediate Income Withholding**

Child support will be withheld from the income of the person paying support and paid through the Child Support Enforcement Division (CSED) unless one of the following exceptions is approved by the court:

- We made the following alternative arrangement [Note that if you receive ATAP, CSED must agree to the arrangement]:

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

Also, the person paying support agrees to keep the other party (or CSED if CSED is enforcing the order) informed of their current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

- We believe there is good cause not to require immediate income withholding because it is not in the best interests of the child(ren) for the following reason:

\_\_\_\_\_  
Also, the person paying support agrees to keep the other party (or CSED if CSED is enforcing the order) informed of their current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

- The person paying support currently receives social security or other disability compensation that includes regular payments to the child(ren) at least equal to the child support owed each month. Monthly payment to child(ren): \$\_\_\_\_\_. Source of the payment: \_\_\_\_\_. [Note: To the extent that these payments to the children do not satisfy the monthly amount owed, the court will order that the remaining amount due be withheld from income.]

#### **E. Federal Taxes**

1. Federal Tax Credit. We agree as follows:

- \_\_\_\_\_ will claim the child(ren) every year.
- Every year, Party A will claim the following child(ren) \_\_\_\_\_ and Party B will claim the following child(ren) \_\_\_\_\_
- The parents will claim the child(ren) in alternating years with  Party A  Party B claiming the child(ren) for odd-numbered tax years such as 2019 and 2021, and the other parent claiming them for even-numbered tax years such as 2020 and 2022.
- Other: \_\_\_\_\_

The parties also agree to provide each other with a signed IRS Form 8332, if needed, by February 1 so that it may be timely filed with the IRS.

This agreement regarding tax benefits may be modified without a court order if both parties agree in writing. As required by AS 25.24.232, we also agree that the parent who has physical custody of the child(ren) for a period less than the other parent may not claim the tax benefits in any tax year if on December 31 of that year the parent was behind in child support payments in an amount more than four times the monthly child support obligation.

2. Federal Tax Considerations. We understand that physical custody of a child may impact whether we can claim tax benefits such as the Earned Income Credit, Head of Household filing status, and Credit for Dependent (Child) Care Expenses.

#### **F. Permanent Fund Dividend (PFD)**

1. We agree that \_\_\_\_\_ will timely apply for the Alaska PFD on behalf of the child(ren) while they are minors.  The parent who claims the child(ren) for tax purposes also agrees to timely pay the taxes on the children's PFD.
2. Except as provided below, the child(ren)'s PFD funds will be saved in an account for the child(ren). Both parents will have access to all statements from the account annually.

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

3. The child(ren)'s PFD funds:

May be spent for the child(ren)'s health, education, and welfare.

May be spent only if both parents provide prior written approval.

Other: \_\_\_\_\_

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

**IX. CHANGE OR RESTORE NAME**

Party A  Party B wants a **new name**.

A party who is requesting a name other than a name the party had before this marriage must fill out *Request to Change to New Name in Dissolution Case* (form DR-955). This form is available from the court clerk or online at [ak-courts.info/dr955](http://ak-courts.info/dr955).

Party A wants to restore (return to) a **prior name**. From current name:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
First Name                      Middle Name                      Last Name  
To former name:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
First Name                      Middle Name                      Last Name

Party B wants to restore (return to) a **prior name**. From current name:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
First Name                      Middle Name                      Last Name  
To former name:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
First Name                      Middle Name                      Last Name

**NOTE:** If you are asking to restore your prior name, **and** you are:

- Currently charged with a crime; **or**
- Incarcerated (for example, in jail, in prison, or at a halfway house); **or**
- On supervised felony probation or on parole for a criminal conviction; **or**
- Required to register as a sex offender or child kidnapper under AS 12.63.010;

You **must** file *Notice of Request to Restore Name in Dissolution or Divorce Case* (form DR-957), available from the court clerk or online at [ak-courts.info/dr957](http://ak-courts.info/dr957).

**X. OTHER AGREEMENTS (IF ANY)**

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

\_\_\_\_\_  
Print or Type Party A's Name

\_\_\_\_\_  
Print or Type Party B's Name

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B



**XI. SIGNATURES AND VERIFICATIONS**

After you have both completely filled out this petition, each of you must sign below in front of a notary. Each signature on this page must be separately notarized. You will need to show identification to the notary.

**Verification**

I say on oath or affirm under penalty of perjury that I have read this petition and believe that all statements made in this petition are true. I also certify that I am signing voluntarily and not because of fear, threat, coercion, or restraint. I also state that this petition contains the entire agreement between my spouse and me.

\_\_\_\_\_  
Signature of Party A

\_\_\_\_\_  
Signature of Party B

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Subscribed and sworn to or affirmed before me  
at \_\_\_\_\_, Alaska,  
\_\_\_\_\_.

Subscribed and sworn to or affirmed before me  
at \_\_\_\_\_, Alaska, on  
\_\_\_\_\_.

\_\_\_\_\_  
Clerk of Court, Notary Public or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Clerk of Court, Notary Public or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_

(SEAL)

(SEAL)

## FILING CHECKLIST

**When turning in your DR-105 with the court, make sure you have also completed the following checklist items:**

<input type="checkbox"/>	DR-105: All pages are signed by both parties.
<input type="checkbox"/>	DR-105: Both signatures are notarized on the last page within the past 60 days.
<input type="checkbox"/>	DR-105: On page 3, make sure you have completely filled in the income information.
<input type="checkbox"/>	DR-105: On page 5, make sure the VIN, license, or registration number is provided for all vehicles.
<input type="checkbox"/>	DR-105: On page 6 and 7, make sure you have fully described how you will divide retirement benefits and that you have attached all required documents.
<input type="checkbox"/>	DR-105: On Page 9, if you marked that paternity was disputed or disestablished for any child, you must attach an affidavit of paternity, a certified birth certificate, or DNA results.
<input type="checkbox"/>	DR-105: On Page 10, make sure you have attached Form DR-475 or detailed parenting agreement.
<input type="checkbox"/>	DR-105: On page 11, <ul style="list-style-type: none"><li>• if <u>shared custody</u>, attach:<ul style="list-style-type: none"><li><input type="checkbox"/> Form DR-306</li><li><input type="checkbox"/> Form DR-475 or detailed parenting agreement (<i>referenced on page 10</i>)</li></ul></li><li>• if <u>divided custody</u>, attach:<ul style="list-style-type: none"><li><input type="checkbox"/> Form DR-307</li></ul></li><li>• if <u>hybrid custody</u>, attach:<ul style="list-style-type: none"><li><input type="checkbox"/> Form DR-308</li></ul></li></ul>
<input type="checkbox"/>	DR-105: On page 11-13, make sure the child support payment section is completely filled out. <b>Note:</b> If you are requesting to reduce or have no child support, you must clearly demonstrate why it is necessary before the court will consider the request.
<input type="checkbox"/>	Attach proposed Qualified Domestic Relations Order (QDRO), if needed ( <i>see page 7 of DR-10 Instructions for more information</i> ).
<input type="checkbox"/>	Attach Certificate of Completion of Education Requirement. Shows compliance with parent education requirement. You can find information about the education requirements for your location here: <a href="http://www.courts.alaska.gov/shc/family/shcparent-ed.htm">www.courts.alaska.gov/shc/family/shcparent-ed.htm</a> .
<input type="checkbox"/>	Attach income verification for both parties (3 current pay stubs, recent tax returns, and W-2s).
<input type="checkbox"/>	Included filled-out VS-401, Certificate of Dissolution form. <b>No cross-outs or white-outs acceptable.</b>
<input type="checkbox"/>	Completed DR-955 (if new name requested) or DR-957 (for name restoration, if needed) <b>and</b> completed <a href="#">VS-405</a> - see Section IX for more information
<input type="checkbox"/>	Completed DR-314, Information Sheet.
<input type="checkbox"/>	Paid filing fee or included Request for Exemption of Fees form.

**An incomplete petition or failure to provide the above items could result in delays or additional hearings before your dissolution can be granted.**