

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT FAIRBANKS

_____))
_____))
_____))
_____)) CASE NO. _____
_____))
_____))
_____)) **MOTION FOR EMPLOYER-REPORTED
WAGES IN DEFAULT CASE**

[This form may only be used in default cases in Fairbanks.]

1. I am making this request in order to establish, modify, or enforce a child support obligation.

2. I am Parent A Parent B the custodian of the children in this case.

3. I request that the court obtain employer-reported wage information about the following parent(s) from the Child Support Enforcement Division (CSED):

Parent A's Name: _____ Date of Birth: _____

Parent B's Name: _____ Date of Birth: _____

4. I understand that employer-reported wage information is available from CSED only if I have an open case with CSED or submit an application for CSED services.

An [application](#) for CSED services is attached.

There is already an open case with CSED. CSED #: _____

Signature of person making request

Print or type name

Date

Notice to Opposing Parties: You have the right to file a response to this motion. Forms and instructions (CIV-808 Packet) are available at courts and at www.courts.alaska.gov/forms/index.htm. File your response at (court address): _____. You must also mail a copy to the person who filed the motion. You must respond within 10 days if the motion was personally served on you or within 13 days from the date of mailing if the motion was mailed to you.

Certificate of Distribution:

I certify that on (date) _____ I sent a copy of this request to:

Parent A or **Parent A's** attorney named _____

Parent B or **Parent B's** attorney named _____

Custodian named _____

Signature _____