

# RESPONSE PACKET

## FOR RESPONDING TO A MOTION TO CHANGE PARENTING PLAN (CUSTODY) OR CHILD SUPPORT

<i>Form Number</i>	<i>Form Name</i>
<b>WHERE CAN I FIND INSTRUCTIONS?</b>	
<a href="#"><u>DR-721</u></a>	Instructions are available online at <a href="https://public.courts.alaska.gov/web/forms/docs/dr-721.pdf">https://public.courts.alaska.gov/web/forms/docs/dr-721.pdf</a> Printed copies are available for customers with limited or no internet access.
<b>WHAT IS INCLUDED IN THIS PACKET?</b>	
<a href="#"><u>DR-725</u></a>	Response to Motion to Change Parenting Plan or Child Support
<a href="#"><u>DR-150</u></a>	Child Custody Jurisdiction Affidavit
<a href="#"><u>DR-305</u></a>	Child Support Guidelines Affidavit
<a href="#"><u>DR-306</u></a>	Shared Custody Child Support Calculation
<b>OTHER INFORMATION</b>	
<a href="#"><u>Attorneys who do unbundled legal services</u></a>	If you need help with your case, you may want to talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Association can give you names of lawyers who handle family law cases, including some who do “unbundled legal services” (limited services instead of representing you for the whole case). Go to <a href="https://alaskabar.org/for-our-community/unbundled-legal-services/">https://alaskabar.org/for-our-community/unbundled-legal-services/</a> or call <b>(907) 272-0352</b> or <b>(800) 770-9999</b> for more information.
<a href="#"><u>Family Law Self-Help Center</u></a>	For more information or help filling out these forms, visit the Family Law Self-Help Center’s website at <a href="https://courts.alaska.gov/shc/family/index.htm">https://courts.alaska.gov/shc/family/index.htm</a> or call <b>(907) 264-0851</b> (in Anchorage and outside Alaska) or <b>(866) 279-0851</b> (toll free in Alaska but outside of Anchorage). A facilitator can explain court procedure and help you find forms, but cannot give legal advice.
<b>Flowcharts</b>	<a href="#">Flowchart for Calculating Cost of Children’s Health Insurance</a> <a href="#">Flowchart for Calculating Prior Child Deduction</a>

**September 2024  
Alaska Court System**

The statutes, court rules, and forms in this packet are available on the court’s website:  
[www.courts.alaska.gov/forms](http://www.courts.alaska.gov/forms).



2. **REQUIRED ATTACHMENTS.** Each of the items listed below **must** be attached to this motion. Check each box to indicate that you completed and attached the item.

- Child Custody Jurisdiction Affidavit* (form [DR-150](#))
- Child Support Guidelines Affidavit* (form [DR-305](#))
- All documents needed to support your response to the motion.

**Required if one of these specific types of custody has been ordered or requested:**

- Shared Custody Child Support Calculation* (form [DR-306](#))
- Divided Custody Child Support Calculation* (form [DR-307](#))
- Hybrid Custody Child Support Calculation* (form [DR-308](#))

3. **PARENT INFORMATION**

If for any reason you do not want the other parent to know your current address or employer, you do not need to provide that information. However, you **must** provide a mailing address where the court and the other parent can mail you required documents. That address may be in care of another person as long as you will receive all papers sent to you.

Your full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

- I agree that the court and other parties can email me court documents in this case to the email address above. I agree to notify the court if I change my email address or wish to receive documents by regular mail. [Use form [TF-820](#), *Electronic Delivery of Case Documents*.]

Most recent employer: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**[You must complete the signature, notarization, and Certificate of Service on the next page.]**

**OATH OR AFFIRMATION**

Sign this in front of a notary. A court clerk can provide this notary service for you at no charge. Bring a photo ID with you for the notarization. If you do not have access to a notary or court clerk, you may fill out and attach *Self Certification (No Notary Available)* (form [TF-835](#)).

I swear or affirm that the above statements and any attachments are true to the best of my knowledge and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Person Filing Response

\_\_\_\_\_ Print or Type Name

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

\_\_\_\_\_ Court clerk, notary public, or other person authorized to administer oaths. My commission expires: \_\_\_\_\_

(SEAL)

**CERTIFICATE OF SERVICE**

I certify that I served a copy of my completed response and all the documents checked in paragraph 2 on the other parent (or their lawyer, if the other parent is represented by a lawyer) by  mail.  email.  hand-delivery.

Name of Other Parent/Lawyer: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date sent or hand-delivered: \_\_\_\_\_ Time sent (if emailed): \_\_\_\_\_

\_\_\_\_\_ Signature of Person Filing Response

If disclosure of the information on this form could harm the health, safety or liberty of you or your children, then you are not required to give a copy of this form to the other party. Instead, file this form at the court with form [DR-151](#) which is available online or from the court clerk. AS 25.30.380(e).

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

Case Name:

In the Matter of:

\_\_\_\_\_

\_\_\_\_\_, Parent A (Plaintiff/Petitioner)

\_\_\_\_\_, Parent B (Defendant/Respondent)

\_\_\_\_\_ Case No.: \_\_\_\_\_

### CHILD CUSTODY JURISDICTION AFFIDAVIT

**I am the person making this affidavit.**

Name (include first, middle, and last): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**1. These children are the subject of the current custody proceedings:**

CHILD 1				
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			

CHILD 2				
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			

<b>CHILD 4</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 5</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			

[Attach extra pages if there are more than 5 children. Write only on one side of the page.]

2. **Have you participated as a party, witness, or in another capacity in another proceeding about the custody of any of the children listed above or about visitation with them?**

Yes  No

If yes, describe the other custody proceeding:

Name of the court \_\_\_\_\_

Case number \_\_\_\_\_ Date \_\_\_\_\_

Court's decision \_\_\_\_\_

3. **Do you know of a proceeding that could affect this proceeding (such as a proceeding about domestic violence, protective orders, child-in-need-of-aid, termination of parental rights, adoption, or enforcement of a court order)?**  Yes  No

If yes, identify the court \_\_\_\_\_

Case number \_\_\_\_\_

Type of the proceeding \_\_\_\_\_

4. **Do you know of anybody who is not a party to this proceeding who has physical custody of any of the children listed above, or claims they have a right to physical custody, legal custody, or visitation?**  Yes  No

If yes, list each person's name, address, and what the person claims

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

**I say on oath or affirm under penalty of perjury that my statements in this Affidavit are true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature** (sign in front of a notary)

Subscribed and sworn to or affirmed before me at (city and state) \_\_\_\_\_  
on this date \_\_\_\_\_.

\_\_\_\_\_  
Court clerk, notary public, or other person  
authorized to administer oaths

My commission expires \_\_\_\_\_

[If you are **not** filing and serving this affidavit together with the complaint or other papers opening the case, then you **must** fill out the text box below to explain how you gave a copy to all of the other people in this case.]

I certify that on \_\_\_\_\_ [date], I  emailed  mailed  hand-delivered a copy of this affidavit to (list names):

\_\_\_\_\_  
Signature: \_\_\_\_\_

**[NOTE: All parties have a continuing duty to tell the court of any other court proceeding in Alaska or any other state concerning the children listed above.]**

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

\_\_\_\_\_)
Parent A (Plaintiff or Co-Petitioner)
\_\_\_\_\_)
Parent B (Defendant or Co-Petitioner)
\_\_\_\_\_)

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

CHILD SUPPORT
GUIDELINES AFFIDAVIT

For more information about income and deductions, see Civil Rule 90.3. (ak-courts.info/civrules)

I attached a copy of my most recent tax return, 3 pay stubs, and documents needed to show my deductions to verify this information.

[Important: delete social security numbers & account numbers from any documents you attach.]

I did not attach supporting documents, because: \_\_\_\_\_

The amounts below are MONTHLY. YEARLY. [Make sure you are consistent with using monthly or yearly numbers. For example, if you check "monthly," remember to divide yearly amounts (like the PFD) by 12 before entering the information below.]

Table with 3 columns: Description, PARENT A, PARENT B. Rows include Income (Gross wages, housing, unemployment, Alaska PFD), Deductions (Federal/state/local tax, social security, Medicare, etc.), and Total Income/Deductions.

1 Other common examples of income are self-employment and rental income, "gig" work, Alaska Native dividends, disability (VA, SSDI, worker's comp), investment earnings, and pensions. This is not a full list.
2 Put employer or military provided COLA, and military BAH and BAS, on this line.
3 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.
4 "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).
5 This deduction cannot be more than 10% of total income.
6 "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).



<b>C. Adjusted Annual Income</b>	<b>PARENT A</b>	<b>PARENT 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:	_____	_____
2. If TOTAL DEDUCTIONS from section B are <b>monthly</b> , multiply by 12 and write the amount here. If <b>yearly</b> , repeat the amount from section B here:	_____	_____
3. Subtract line 2 from line 1 to get NET INCOME:	_____	_____
4. If line 3 is <b>more</b> than \$138,000, write \$138,000 here. If not, repeat line 3 here:	_____	_____
5. If TOTAL INCOME from line 1 is \$30,000 or <b>less</b> , subtract \$7,500 from line 1 and write the amount here. If line 1 is <b>more</b> than \$30,000, then repeat line 4 here:	_____	_____
6. Compare the amounts on lines 4 and 5. Write the <b>smaller</b> amount of those two lines here:	_____	_____
<b>D. Multiply Adjusted Annual Income from line C.6 by:</b>		
.20 for one child,		
.27 for two children,	x _____	x _____
.33 for three children, and		
.03 more for each additional child		
TOTAL	_____	_____

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

**E. Monthly Child Support Payment** [Types of custody are defined in Civil Rule 90.3(f). Check **one** only.]

1. Primary Custody. The children will stay with one parent for 70% (256) or more of their 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  Parent A.  Parent B.

2. 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  Parent A.  Parent B.

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.  
 Child support payment (section 6 of DR-307): \$ \_\_\_\_\_  
 to be paid by  Parent A.  Parent B.

4. 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  Parent A.  Parent B.

**F. Health Care Coverage for the Children**

1. Health Insurance

- a. Are the children eligible for services through any of the following?
  - Parent A's employer or union  Parent B's employer or union
  - Indian Health Service  TriCare (Military)  Denali KidCare (Medicaid)
- b. Do the children have other health insurance or care available?  Yes  No  
Describe: \_\_\_\_\_
- c. Health insurance for the children  is being  will be purchased by:
  - Parent A at a monthly cost to Parent A of \$ \_\_\_\_\_ \*
  - Parent B at a monthly cost to Parent B of \$ \_\_\_\_\_ \*
 through the above person's  employer  union  \_\_\_\_\_  
 whose name and address is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The cost will be divided between the parents  equally.  unequally, because:  
\_\_\_\_\_  
\_\_\_\_\_

\* List only the cost to insure the children involved in this case. If there is no extra cost to the parent to include children in the parent's own coverage, none of the cost can be included as part of child support. For more info, see "Children's Health Insurance Costs" ([ak-courts.info/cshealthinsurance](http://ak-courts.info/cshealthinsurance)).

2. Health Care Expenses Not Covered by Insurance

Should uninsured health care expenses of the children (up to \$5,000 per calendar year) be shared equally by the parents?  Yes  No, because:  
\_\_\_\_\_  
\_\_\_\_\_

**G. Monthly Child Support Payment (after adjusting for health insurance costs)**

[“Obligor” is the parent who owes support. “Obligee” is the parent who receives support.]

- 1. Monthly Child Support Payment from paragraph E above: \$ \_\_\_\_\_
- 2. If obligor is buying health insurance for the children, subtract 50% (or \_\_\_\_\_%) of the monthly insurance payment. - \$ \_\_\_\_\_
- 3. If obligee is buying health insurance for the child(ren), add 50% (or \_\_\_\_\_%) of the monthly insurance payment. + \$ \_\_\_\_\_
- 4. NET MONTHLY CHILD SUPPORT PAYMENT \$ \_\_\_\_\_

**H. Seasonal Income.** Is obligor's income seasonal?  Yes  No

[If yes, you can ask the court for unequal monthly payments under Civil Rule 90.3(c)(5).]

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

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

(SEAL)

\_\_\_\_\_  
Court clerk, notary public, or other person authorized to administer oaths. My commission expires: \_\_\_\_\_

I certify that on \_\_\_\_\_ at \_\_\_\_\_ [date/time], I gave a copy of this form to the other parent by  email.  mail.  hand-delivery. Signature: \_\_\_\_\_

**SHARED CUSTODY CHILD SUPPORT CALCULATION**

Case Number: \_\_\_\_\_

Parent A (Plaintiff/Co-Petitioner): \_\_\_\_\_

Parent B (Defendant/Co-Petitioner): \_\_\_\_\_

Instructions: Attach this form to [DR-305](#), *Child Support Guidelines Affidavit* or to [DR-105](#), *Petition for Dissolution of Marriage*, to explain the child support calculation if the parents will have "shared physical custody" per Civil Rule 90.3(f). "Shared physical custody" means that all of the children will stay with each parent at least 30% (110) of the overnights during the year.

	<b>PARENT A</b>	<b>PARENT B</b>
1. Adjusted annual income (from line C.6 on form DR-305 <b>or</b> from page 4, line C.6 on form DR-105):	\$ _____	\$ _____
2. Multiply line 1 by: .20 for one child .27 for two children .33 for three children and add .03 for each additional child	x _____	x _____
Annual Child Support (if less than \$600, write "\$600" here):	\$ _____	\$ _____
3. Percentage of time each parent will have physical custody:	_____ %	_____ %
4. Percentage of time the <b>other</b> parent will have physical custody:	_____ %	_____ %
5. Multiply line 2 and line 4:	\$ _____	\$ _____
6. Compare amounts in line 5. <b>The higher amount is the parent who will pay support.</b> Subtract the smaller amount from the larger and write the difference in the column of the parent who will pay support (the other parent's line will be blank):	\$ _____	\$ _____
7. Multiply line 6 by 1.5 (one line will be blank):	\$ _____	\$ _____
8. <b>Annual Child Support.</b> For the parent who will pay support, fill in the smaller of line 2 or line 7:	\$ _____	\$ _____
9. Number of payments per year: _____ [This number is almost always 12, once for every month. See Civil Rule 90.3(b)(1)(D) ( <a href="https://ak-courts.info/civrules">https://ak-courts.info/civrules</a> ) for exceptions.] Months when child support will <b>not</b> be paid: _____		
10. Divide line 8 by line 9 to get Monthly Child Support Payment: \$ _____ to be paid by <input type="checkbox"/> Parent A. <input type="checkbox"/> Parent B. <b>Write this amount on either:</b> • form <a href="#">DR-305</a> , page 2, line E.2. <b>or</b> • form <a href="#">DR-105</a> , page 11, line A.3.b		

\_\_\_\_\_  
Parent A's Signature

\_\_\_\_\_  
Parent B's Signature

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

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