OFFICE USE ONLY		
TA	MED only	
DPA Case No.		

Child Support Services Division 550 W 7<sup>th</sup> Ave Suite 310 Anchorage, AK 99501-6699

## **CHILD SUPPORT INFORMATION**

COMPLETE A SEPARATE FORM FOR EACH NONCUSTODIAL PARENT. PLEASE PRINT IN INK.

The information you provide will be used to establish and/or enforce child support. Information about Child Support

Services Division is	provided at the back of this for	orm, see pages 6-8. Please remove those pages for your reference.
Your name:		SSN:
Address:		City/State/Zip Code:
Phone:	Email:	Driver's License: State No
Your relationship to o	children:	other Other (explain)
Noncustodial parent's	s full legal name:	SSN:
Have you ever receiv	ed public assistance such as A'	TAP (Alaska Temporary Assistance Program), TANF (Temporary
Assistance to Needy	Families), AFDC (Aid to Fami	lies with Dependent Children), or Medicaid?
indicate what type, w	hen, in what state, and provide	e a case number if known.
s	UPPLYING INFORMATION	N TO CSSD – CONFIDENTIALITY AND SAFETY
payments (ATAP/ be asked to tell the establish paternity	ΓANF) or medical support for name of the noncustodial pa if the child has no legal father	tion to get child support for a child receiving Temporary Assistance r a child receiving medical assistance (Medicaid). This means you will rent and where he or she lives and works. You must help CSSD er. If you are receiving Temporary Assistance, any money you receive must be given to the state through CSSD.
for your belief, yo		bring harm to you or your children, and you can provide support narking the 3 <sup>rd</sup> option below. You will be asked by your Public e" claim forms.
be harmed if the CSSD will automa	noncustodial parent has you atically send you paperwork	g child support, but you are afraid that you or your children will ar address, you may request CSSD keep your address confidential. It or you can contact CSSD (see page 9 for contact information) seems be released to the noncustodial parent.
and you do not ha approved third pa	ive good cause, your Tempo arty for your family. CSSD	have good cause not to cooperate. If you do not cooperate orary Assistance payment will be reduced and sent to a DPA will continue to pursue child support against the noncustodial as the Division of Public Assistance approves good cause.
☐ I agree to coo	perate with CSSD (sign below	and complete the rest of this form)
☐ I agree to coo	perate with CSSD but I want i	my address kept confidential (sign below and complete the rest of this
form)		
☐ I believe I ha	ve <b>good cause</b> to not cooperate	e with CSSD (sign below and <b>do not</b> complete the rest of this form)
Signature		Date
i		

#### INFORMATION ABOUT THE CHILD or CHILDREN

Child's name	State where child was conceived	Date of birth	Place of birth (city, county, state)	Social Security Number	Father's name	Is father on birth certificate? If no, complete Page 5
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No

INFORMATION FOR LOCATING THE NONCUSTODIAL PARENT If a question does not apply, write "N/A." If you don't know the answer, write "UNKNOWN." Other names noncustodial parent may use: Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Sex: \_\_\_ Eye color: \_\_\_\_ Hair color: \_\_\_\_ Scars, tattoos, distinguishing features: \_\_\_\_\_\_ Driver's License: State \_\_\_\_\_ No. \_\_\_\_\_ \_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_ Above address is current last known (as of when \_\_\_\_\_\_) Phone: \_\_\_\_\_ Mailing address (if different from above): \_\_\_\_ If the noncustodial parent lives in another state, did he or she live or work in Alaska? Yes No If yes, when did he or she leave Alaska? \_\_\_\_\_ What was his or her last address in Alaska? \_\_\_\_\_ Does the noncustodial parent have relatives in Alaska? Yes No If yes, who and where? INFORMATION ABOUT THE NONCUSTODIAL PARENT'S EMPLOYMENT AND ASSETS Usual occupation: \_\_\_\_\_ Employer address & phone Dates of employment (if known) Employer Does the noncustodial parent have medical insurance for the children? Yes No I don't know If yes, provide type, policy, group number, etc. Union member? \_\_\_\_\_ Tribe or Native Corporation member? \_\_\_\_\_ List other payments or benefits the noncustodial parent receives (unemployment, retirement, disability, insurance

settlements, SSI):

Other assets (bank accounts, stocks, land, property): \_\_\_\_\_

## **MARITAL STATUS INFORMATION**

r lease provide the following	information about the parents of th	e children hsted on this form.				
Married:	Date:	Where:				
Married and separated:	Date of separation:	Where:				
Divorce pending:	Date filed / Where (what court)	:				
Divorced:	Date final:	Where:				
Never married:	If the parents never married, has paternity been established by court or administrative					
	order for each child listed?					
CUSTODY AND SUPPORT ORDERS  Is there a custody order regarding the children?   Yes  No  If yes, provide the following information about the order:						
State/County:	Court/Agency:	Date:				
Do you have a child support order?  Yes No If yes, provide the following information about the order:						
State/County:	Court/Agency:	Date:				
owed to you. If the noncusto the support payments over to If you are applying for med	dial parent pays child support whil CSSD. This is true even if there is	i KidCare) only, you can choose not to have cash support				
Are you appl	lying for medical assistance only?	Yes No				
If yes, do you	u want cash support enforced?	☐ Yes ☐ No				
		will contact you to arrange repayment of that money. ild support payments, instead of immediately in a lump				
If you are applying for Temporary Assistance, or you are applying for Medicaid or Denali KidCare and you want cash support, you must complete the "Statement of Child Support Received", which CSSD will send you when they open a child support case on your behalf.						
Send copies of all pater	nity, custody, and support ord	lers, and divorce or dissolution decrees.				
Under penalty of perjury, I attest that the above information is true and complete.						
Signature Date						

## **Instructions for Completion of Paternity Witness Statement**

The Child Support Services Division (CSSD) will start an action to establish paternity of the children listed on your application if you checked "no" on the top of page 2 because the father is not listed on the birth record.

If you are the mother of the children, you must fill out the following Paternity Witness Statement for each child. If you are a  $3^{rd}$  party applying for services you do not need to complete this form.

- Read each question carefully and answer all the questions as best as you can.
- Please use ink to answer each question.

#### **After you complete the Paternity Witness Statement(s):**

- Sign the form(s) in front of a "Witness". This would be an adult that watched you sign the form and verified your identification, or it could also be a Division of Public Assistance (DPA) caseworker.
- Be sure the "Witness" completes their portion at the bottom of the form.

If you have any questions concerning the completion of this form please call CSSD on the KIDS line at (907) 269-6900.

# PATERNITY WITNESS STATEMENT CSSD Case No:

Petitioner: State of Alaska, Dept of Revenue Child Support Services Division Ex Rel –

CSSD 04-1603a rev. 12/06 (9 pp.)

#### **Respondent:**

# A Separate Statement is Required for each Child needing Paternity Established (Use the back of the form if additional space is needed)

1.	I,			_, on oath, under penal	ty of perjury depose and allege:	
I am t	he natura	al mother of the child named	d below.			
			Child's Date of Birth	Child's Gender	Place of Birth, (City, County, State)	
Date Mother Got Pregnant (Month, Date, Year)		_	Full Term Pregnancy Yes No (If		e Mother Got Pregnant (City, County, State)	
	hild was	conceived as a result of sex l above.	ual intercourse between _		and me during	
If '	Yes, the	amed as the father on the ch man's name and address are ld was born in another stat	<b>:</b>		the birth certificate.	
b. I w	as marrie	ed at the time of this child's	birth.    Yes    No	o. (If Yes, complete t	he following).	
	A.	Husband's name (first, r	middle, last) and last know	n address:		
	В.	•	ot the father of this child an prior findings of nonpaterr	11 1	documents, including divorce decree,	
		s were completed to determine the sults, explain outcome, as			ed:	
		al intercourse with another roll days after the child was con			nild's natural father) during the time 30 days the following).	
	a.	The name(s) and address	s(es) of the other man/men	n:		
	b. The other man/men are biologically related to the man I am naming as the child's natural father.   Yes If Yes, state the biological relationship (e.g., brother, cousin, uncle, etc.)					
	c.	I do not believe the other	er man/men is/are the father	er because:		
corre	ct to my		ef. I agree to submit my		TABLISHING PATERNITY are true and custodian, my child to genetic testing	
DATI	 E		SIG	NATURE		
Witne	ess (Print	Name)				
Witne	ess Signa	ture			Date Signed	
Addre	ess of Wi	itness				
Telep	hone # o	f Witness				
	e that I v		s signed this form to be th	e person they state the	ey are and I have witnessed their signature	

Page 5 of 9

Child Support Application (Public Assistance)

This page intentionally left blank

## STATE OF ALASKA

# DEPARTMENT OF REVENUE CHILD SUPPORT SERVICES DIVISION

### INFORMATION ABOUT CHILD SUPPORT SERVICES

### **Child Support Services Division Services**

CSSD provides child support services for parents or third-party custodians. CSSD can:

- collect and mail out child support payments;
- establish paternity;
- establish child support and medical support orders;
- enforce child support orders, even if the paying parent is not in Alaska;
- modify support orders if there is good reason;
- require banks, employers, the Permanent Fund, and others to withhold the paying parent's income or assets;
- attach IRS tax refunds to collect child support; and
- provide interstate services when parents move to other states.

There is no fee for these services, although the costs of determining paternity may be charged to the father. CSSD cannot monitor or modify visitation or custody orders; a court must address those matters.

#### **Child Support Payments**

Support orders established by CSSD begin with the month CSSD receives the application, unless the children received public assistance earlier. Once CSSD receives an application, all support payments must be made through CSSD unless a court order specifically provides otherwise. If a custodian receives a direct payment before the case is set up, the custodian must tell CSSD, in writing, how much was received and when. Money collected by CSSD is paid to the custodian, unless the custodian or the child is receiving or has received Temporary Assistance. In those cases, the state debt must be repaid.

#### **Establishing Paternity**

If paternity has not been established and child support is requested, CSSD will establish paternity. This generally occurs when a child is born to unmarried parents. If the child was born in Alaska, parents can contact the Bureau of Vital Statistics to complete an affidavit if they agree about paternity. If the child was born in another state, they must contact that state for assistance. If they disagree, CSSD will require genetic tests to determine paternity. The father may be required to pay for genetic tests and related costs if he proves to be the biological father.

#### **Establishing Support Orders**

CSSD calculates child support amounts using the Child Support Guidelines in Alaska Supreme Court Rule of Civil Procedure 90.3. This rule requires that the child support obligation be a percentage of the adjusted annual income of the noncustodial parent based on the number of children in the support order. Parties can ask for exceptions. If a parent does not provide income information, CSSD will use the best information available to determine the parent's income from all sources.

We use an "Administrative Child Support Order" when we issue a child support or medical support order. Either party can appeal the findings in that order and present evidence. After an administrative review, we may change those findings. Either party may appeal our decision to a Department of Revenue hearing officer. Either party may then appeal the hearing officer's decision to the superior court.

#### **Enforcing Support Orders**

If child support is owed and CSSD identifies the noncustodial parent's employer, bank account, or other financial account, we normally issue an Order to Withhold and Deliver those wages or assets. The withholding order is a standard method of ensuring timely support payments. Support is withheld directly from the payroll office or the bank account. Noncustodial parents who want to make additional payments, or who are self-employed, may pay by check or money order. Please include the case number with the payment, and send it to the payment mailing address (see the cover sheet of this application). Cash payments can be made only in person, and only in Anchorage.

Failure to pay support may result in collection actions including liens, judgments, withholding from Permanent Fund Dividends, wages, or other income, credit bureau reporting, the seizure of bank and financial accounts, and other civil and criminal law actions. Noncustodial parents who owe more than four months of child support may lose their occupational licenses or their driver's licenses. Noncustodial parents who owe \$5,000 or more in past child support (arrears) risk losing their passports. We file liens on real estate if arrears are at least \$2,500 or equal to one year's support. CSSD may take the noncustodial parent's federal income tax refunds to pay arrears. If the custodian received public assistance in Alaska, then the IRS refund is applied first to reimburse the state. IRS funds remaining after the state is paid go to the custodian.

#### **Modifying Support Orders**

Either party, or the state, has the right to request a review of a child support order. Both parties will be required to provide financial information to CSSD. Private agreements between parties are not valid unless approved by the court. Situations that could result in a modification are:

- a child listed in the order has reached the age of majority or been legally emancipated;
- the child support guidelines were adopted or significantly amended after the support order was issued;
- the obligor's income has changed to the extent that support would change by 15 percent; or
- medical support or post-majority support language is needed in the order.

If a court has issued a support order, usually the court must modify the order. If CSSD or another child support agency issues an administrative support order, the agency can modify it.

#### Your Rights and Responsibilities

Alaska law allows interest to be charged on payments received ten or more days past the due date, on judgments, and on most arrearages.

If you use CSSD services, you must notify us immediately of the following:

- address changes,
- new employment, or changes in earnings;
- permanent custody changes;
- visitation when there is a court order for visitation;
- payments received directly from the noncustodial parent;
- availability of medical insurance coverage for the children;
- any action by the parties that may affect support (such as seeking a new or modified court order, custody changes, adoptions, bankruptcy, or other collections).

We invite parties to attend and participate in case proceedings and hearings to protect their interests. An Assistant Attorney General represents CSSD; parties may hire attorneys at their own expense.

#### **Medical Support**

At least one of the parents is required by law to provide medical support for their minor children if health insurance is available at a reasonable cost. Credit for medical coverage may raise or lower the amount of ongoing child support, depending on which parent provides the coverage. Health insurance benefits available through the Indian Health Service or the military may fulfill the medical support requirement. Custodians who receive only Medicaid must assign to the state their medical insurance benefits and any cash medical support ordered.

#### **Public Assistance**

If the custodian receives public assistance through ATAP (the Alaska Temporary Assistance Program, which replaced AFDC), through another state welfare program (such as those funded through TANF, the federal Temporary Assistance for Needy Families program) or through Medicaid or Denali KidCare, we automatically provide services without requiring a CSSD application. In ATAP or TANF cases, child support must be assigned to the state. This means the state will establish a child support order and keep the child support received up to the amount of public assistance paid out. Enforcement cannot stop while public assistance is being received, while the children are in licensed foster care, or if the other party applies for services. If the custodian receives only Medicaid or Denali KidCare and does not want cash support, CSSD must be notified, and we will continue to enforce only the medical support order. If all public assistance ends, CSSD services will stop upon the custodian's written request, although enforcement to recover money owed to the state may continue.

#### **Requesting Confidentiality**

The Child Support Services Division may be required to release information about you or your children to other parties or agencies. Information that may be released may include names, addresses, social security numbers, and birth dates. This information will be released only when authorized by law and only as needed to take action on your case. This information will not be released to the general public. However, if your case is filed in court, information in the court case may be available to the public.

If you or your children have been victims of domestic violence, including harassment, threats, mental and emotional abuse, physical violence including sexual assault or incest, and parental kidnapping, you may ask that information about your address and location be kept confidential.

You must complete an "Affidavit and Request for Address Confidentiality," which will be mailed to you when CSSD opens a case on your behalf, sign it before a notary or a witness, and return it within 30 days. Attach any documents you have (such as police reports, protective orders, restraining orders, or medical records) to show why you believe the release of information about your address or your location would threaten your well-being. CSSD will review your request and get back to you in writing. Please call CSSD if you have questions.

### **Contacting CSSD**

Our automated KIDSLINE provides answers to common questions and allows you to access payment information and leave messages for caseworkers. Also, you may visit one of our offices or go to our web page at <a href="https://www.childsupport.alaska.gov">www.childsupport.alaska.gov</a> for more information. Please let us know if you need assistance or other accommodations to use our services.

KIDSLINE: (907) 269-6900

TDD: (907) 269-6894

**Statewide -Main Office** 550 W 7<sup>th</sup> Ave Suite 310 Anchorage AK 99501-6699 (907) 269-6900

**Southeast** 

410 Willoughby Ave Suite 107 Juneau AK 99801-1724 (907) 465-5887 KIDSLINE Toll Free (in Alaska): 1-800-478-3300 TDD machine Toll Free (in Alaska): 1-800-370-6894

**Fairbanks** 

675 7<sup>th</sup> Ave Station J2 Fairbanks AK 99701-4531 (907) 451-2830

Mailing address for payments

CSSD PO Box 102760 Anchorage AK 99510-2760 845 W Commercial Drive

Wasilla AK 99654-6937

(907) 357-3550