

Person Filing Response:
Name: _____ Daytime Telephone No. _____
Mailing Address: _____

TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY

List court location, names of parties and case number exactly as shown on the motion.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

)
)
)
)
)
)
)
) CASE NO. _____

) RESPONSE TO MOTION TO CHANGE

CUSTODY SUPPORT VISITATION

1. RESPONSE

I agree with the Motion.

I do **not** agree with the Motion. Reason: *(Attach any documents that support your response.)* _____

2. **REQUIRED ATTACHMENTS. Each of the forms listed below MUST be filled out and attached to this Response.** Check each box to indicate that you have completed and attached the form.

- Child Custody Jurisdiction Affidavit (form DR-150)
- Child Support Guidelines Affidavit (form DR-305)
- Shared Custody Child Support Calculation (form DR-306) *(required only if shared custody has been ordered or is being requested)* or form DR-307 *(for divided custody)* or form DR-308 *(for hybrid custody)*.
- All documentation needed to support your response to the motion.

3. **PARENT INFORMATION**

NOTE: If for any reason you do not want the other parent to know your current address or employer, you need not provide that information. However, you **must** provide a mailing address that will allow the court and the other parent to 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): _____

Daytime phone number: _____

Most recent employer: _____

Dates of employment: _____

Employer's address: _____

OATH OR AFFIRMATION

NOTE: You must 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.

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

Printed Name

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

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

(SEAL)

[You must complete the Certificate of Service on the next page.]

CERTIFICATE OF SERVICE
[MUST BE COMPLETED]

I certify that I served a copy of my completed Response and all the documents checked in paragraph 2 as follows:

On Other Parent

I mailed (first class mail) hand delivered
to the other parent (or his/her attorney if the other parent is represented by an attorney) a
copy of my Response and all the documents checked in paragraph 2.

Name of Other Parent or Attorney: _____
Address: _____
Date mailed or delivered: _____

On the Child Support Services Division (*Instructions: If the Child Support Services Division (CSSD) is enforcing the current child support order, you must send a copy of your Response and all the documents checked in paragraph 2 to the Attorney General's Office.*)

I mailed (first class mail) hand delivered
a copy of my Response and all the documents checked in paragraph 2 to:

Attorney General's Office
Collections and Support Section
1031 West Fourth Avenue, Suite 200
Anchorage, AK 99501

Date mailed or delivered: _____

Signature of Person Filing Response