

# STATE OF ALASKA

## DEPARTMENT OF REVENUE

### CHILD SUPPORT SERVICES DIVISION

Please Reply To:

CSSD, MS 5  
550 WEST 7<sup>th</sup> AVE., SUITE 310  
ANCHORAGE, AK 99501-6699

**RE: Directions for Form Completion**  
**Case No:**

**Case Name:** \_\_\_\_\_ **v.** \_\_\_\_\_

The Non-Custodial Parent has been located outside the State of Alaska. In order for the other state to establish paternity/support order, medical order or modify an existing child support order, you must complete the attached forms.

**\*Type or use a ballpoint pen to fill out the forms.**

**\*Please ensure your signature is notarized on pages 6A and 10.**

**\*Please forward copies of the following documents:**

1. Children's Birth Certificates
2. Proof of Guardianship (if custodial party on the case is not child's mother/father)
3. Marriage Certificate (pertaining to this case)
4. Any orders: i.e. Divorce Order, Child Support, Domestic Violence etc.
5. Please provide 3 of your most recent pay stubs.

**\*The General Testimony form must be returned to our office within 30-days or:**

- a). We may close your case
- b). Public Assistance may be notified of your unwillingness to cooperate

**The State of Alaska cannot move forward on your case without this completed document.**

\*If you have any questions, please call me at (907) 269-

**\*Warning: The information you provide might be released by the state where the other party resides. If the health, safety or liberty of you or your child would be put at risk by disclosure of identifying information, complete the enclosed "Affidavit and Request for Nondisclosure of Identifying Information." If you do not, the address could be disclosed.**

Sincerely,

Child Support Specialist I  
Interstate Initiation Section  
Enclosures

CSSD 04-1745B (Rev 12/1/06)

TDD machine only: (907) 269-6894 / TDD machine only, toll free (In-state, outside Anchorage): (800) 370-6894

TOLL FREE (In-state, outside Anchorage): (800) 478-3300  
ANCHORAGE: (907) 269-6900 FAX: (907) 269-6813 or 6914

SOUTHEAST: (907) 465-5887  
FAIRBANKS: (907) 451-2830

MAT-SU: (907) 357-3550



**D. Information about Current Spouse or Partner of Child(ren)'s Mother**

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [ ] Yes [ ] No [ ] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?**

[ ] Yes [ ] No [ ] Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**II. Personal Information About Child(ren)'s Father**

[ ] See Section X

A.1. Father is: [ ] Obligee [ ] Obligor	2. [ ] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last) Nickname, Alias		
4. Home Address [ ] Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ( )	8. Work Phone ( )
9. Employer Name & Address [ ] Confirmed _____ (date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

**B. Physical Description of Child(ren)'s Father (Attach photo if available.)**

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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**C. Present Marital Status of Child(ren)'s Father**

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
7. <input type="checkbox"/> Unknown		

**D. Information about Current Spouse or Partner of Child(ren)'s Father**

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?**

Yes  No  Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**III. Personal Information About Caretaker Other than Parent**  See Section X

1. Caretaker's Relation to Child is: <input type="checkbox"/> Has legal custody/guardianship of child	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last) Nickname, alias, maiden name, former married name, etc.			
4. Home Address <input type="checkbox"/> Confirmed _____(date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ( )	9. Work Phone ( )	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____(date)	11(a). Occupation, Trade or Profession		
	11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$	13. Other Monthly Income (& source) \$		
14. Date Child(ren) Began Residing With Caretaker			

**IV. Legal Relationship of Parents**

[ ] See Section X

- 1. [ ] Never married to each other    2. [ ] Married on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State
- 3. [ ] Married by common law for the period \_\_\_\_\_ in \_\_\_\_\_  
Dates County/State
- 4. [ ] Separated on \_\_\_\_\_    5. [ ] Divorced on \_\_\_\_\_ in \_\_\_\_\_  
Date Date County/State
- 6. [ ] Legally separated on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State
- 7. [ ] Divorce pending in \_\_\_\_\_    8. [ ] Support Order Entered on \_\_\_\_\_  
County/State Date
- 9. [ ] No support order    10. [ ] Other \_\_\_\_\_

11. Tribunal & Location (Divorce, Legal Separation, Support Order):

**V. Dependent Child(ren) in this Action**

[ ] See Section X

A. List obligor's (named on page 1 of this form) child(ren) only.

[ ] Nondisclosure Finding Attached

1. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other: _____
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in \_\_\_\_\_ on \_\_\_\_\_.

State Month/Year

**VI. Medical Insurance**

See Section X

- 1. Is obligor required by a child support order to provide medical insurance for the child(ren)?  Yes  No
- 2. Is obligor required by a child support order to provide medical insurance for the obligee?  Yes  No
- 3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee	
Obligee	<input type="checkbox"/>	<input type="checkbox"/>	Obligee's Insurance Company:
Obligor	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Obligor's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Other Insurance Company:
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	

- 4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ \_\_\_\_\_  
 (If medical insurance is provided by the obligee or obligee's employer, skip to number 6).
- 5. Obligee can purchase needed medical insurance at a monthly cost of: \$ \_\_\_\_\_
- 6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer?  
 Yes  No  Unknown
- 7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance?  
 Yes  No  
 (If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)
- 8. Is the obligee asking to be reimbursed for medical coverage by obligor?  Yes  No  Unknown

**VII. Support Order and Payment Information**

[ ] See Section X

1. Does a support order exist? (If "No", skip to page 7.) [ ] Yes [ ] No

2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? [ ] Yes [ ] No If "Yes", Identify Period of Residency:

From: \_\_\_\_\_ Thru: \_\_\_\_\_

3. If a modification is being requested, indicate the basis for the request below:

- [ ] The earnings of the obligor have substantially increased or decreased.
- [ ] The earnings of the obligee have substantially increased or decreased.
- [ ] The needs of a party or of the child(ren) have substantially increased or decreased.
- [ ] Other, Explain \_\_\_\_\_

4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement (attach documentation) \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

6. Other Unpaid Costs and Fees \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

Explain: \_\_\_\_\_

7. Direct Payments to Oblige: [ ] Affidavit from Oblige Attached [ ] No Direct Payments Received

8. Obligor's support payment history:

- [ ] Certified copy of tribunal/agency payment history is attached. (Skip to page 7).
- [ ] Payment history provided on page 6a.
- [ ] N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
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**VIII. TANF / Foster Care/Medical Assistance Status**

[ ] See Section X

[If no TANF/Foster Care/Medical Assistance benefits were paid, skip to Section IX.]

1. Period during which TANF/Foster Care was paid:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ by: \_\_\_\_\_  
First month year Last month year State

2. Total amount of TANF/Foster Care paid: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ \_\_\_\_\_  
 by: \_\_\_\_\_  
Agency or Person

**IX. Financial Information**

[ ] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

**A. Monthly Income from All Sources:**

1. Is the petitioner employed? [ ] Yes; occupation: \_\_\_\_\_ [ ] No; income source: \_\_\_\_\_

2. Gross Monthly Income Amounts:	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
a) Public Assistance			
i) SSI	\$ _____	\$ _____	\$ _____
ii) Family Assistance	\$ _____	\$ _____	\$ _____
iii) Other	\$ _____	\$ _____	\$ _____
b) Base pay salary, wages	\$ _____	\$ _____	\$ _____
c) Overtime, commissions, tips, bonuses, parttime	\$ _____	\$ _____	\$ _____
d) Unemployment compensation	\$ _____	\$ _____	\$ _____
e) Worker's compensation	\$ _____	\$ _____	\$ _____
f) Social Security Disability	\$ _____	\$ _____	\$ _____
g) Social Security Retirement	\$ _____	\$ _____	\$ _____
h) Dividends and interest	\$ _____	\$ _____	\$ _____
i) Trust/Annuity Income	\$ _____	\$ _____	\$ _____
j) Pensions,retirement	\$ _____	\$ _____	\$ _____
k) Child support	\$ _____	\$ _____	\$ _____
l) Spousal support/alimony	\$ _____	\$ _____	\$ _____
m) All other sources	\$ _____	\$ _____	\$ _____

Explain "other sources": \_\_\_\_\_

3. Total Gross Monthly (lines "2a" through "2m") \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Deductions From Gross			
a) Federal Income Tax	\$ _____	\$ _____	\$ _____
b) State Income Tax	\$ _____	\$ _____	\$ _____
c) Local Tax	\$ _____	\$ _____	\$ _____
d) F.I.C.A.	\$ _____	\$ _____	\$ _____

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
5. Adjusted Net Monthly (lines "3" minus lines "4a through 4d")	\$ _____	\$ _____	\$ _____
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
7. Net Monthly Income (line 5 minus lines "6a through 6g")	\$ _____	\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent paystubs from each current employer for all parties shown.

<b>B. Monthly Expenses</b>	<u>Petitioner</u>	<u>Obligor's Dependents</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider: _____		
Frequency _____ Per _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Internet service	\$ _____	\$ _____
22) Other; Explain	\$ _____	\$ _____
<b>Total Monthly Expenses</b> (lines 1 through 22)	\$ _____	\$ _____

C. Assets:

1) Real Estate

\_\_\_\_\_ Address

\_\_\_\_\_ Owner(s)

\_\_\_\_\_ Title

\$ \_\_\_\_\_ Assessed Value minus \$ \_\_\_\_\_ Mortgage(s) = \$ \_\_\_\_\_

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

\_\_\_\_\_ \$

Institution or Plan Name and Account No.

\_\_\_\_\_ \$

Institution or Plan Name and Account No.

3) Tax Deferred Annuity Plan(s)

\$ \_\_\_\_\_

4) Life Insurance: Present Cash Value

\$ \_\_\_\_\_

5) Savings & Checking Accounts, Money Market Accounts, & CDs

\_\_\_\_\_ \$

Institution Name and Account Number

\_\_\_\_\_ \$

Institution Name and Account Number

6) Automobiles/Vehicles

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Estimated Value minus \$ \_\_\_\_\_ Loan Balance = \$ \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Estimated Value minus \$ \_\_\_\_\_ Loan Balance = \$ \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Estimated Value minus \$ \_\_\_\_\_ Loan Balance = \$ \_\_\_\_\_

7) Other (e.g., Personal Property, Securities, etc). Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Total Assets (lines 1 through 7) \$ \_\_\_\_\_

**X. Other Pertinent Information**

(Attach additional sheets if necessary).

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**XI. Verification**

Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

Copy of the certified child support payment records.

Copies of three most recent paystubs from current employer.

Copies of bills for prenatal, postnatal and general health care of mother and child.

Assignment or subrogation of support rights.

"Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

Copy of child(ren)'s birth certificate(s).

Acknowledgment of parentage.

Documentation of legal custody/guardianship of child(ren).

Documentation that children are in foster care.

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

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

Date	Petitioner (Name/Title)	Signature
------	-------------------------	-----------

Date	Agency Representative (Name/Title)	Signature
------	------------------------------------	-----------

Sworn to and Signed Before me This Date County/State	Notary Public, Tribunal/Agency Official and Title	Commission Expires
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**STATE OF ALASKA**  
**Department of Revenue**  
**Child Support Services Division**

## **Confidentiality of Information for Victims of Domestic Violence**

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 as authorized by law and only as needed to take action in your case. We will not release information to the general public. However, if your case is filed with the 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, or parental kidnapping, you may ask that information about your address and location be kept confidential.**

You must complete the "Affidavit and Request for Nondisclosure of Identifying Information," 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 contact CSSD if you have questions.

*If we don't hear from you in 30 days,  
your address and other information may be released.*

KIDSLINE: (907) 269-6900  
TDD machine: (907) 269-6894

KIDSLINE Toll Free (in Alaska): 1-800-478-3300  
TDD machine Toll Free (in Alaska): 1-800-370-6894

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

**Fairbanks**  
675 7th Ave Station J2  
Fairbanks AK 99701-4526  
(907) 451-2830

**Mat-Su**  
845 W Commercial Drive  
Wasilla AK 99654-6937  
(907) 357-3550

**Southeast**  
333 Willoughby Ave 11th floor  
Juneau AK 99801-1724  
(907) 465-5887  
Ref: Alaska Statute 25.27.275

## Affidavit and Request for Nondisclosure of Identifying Information

Complete this affidavit **only** if you want your address and information about your location to be kept confidential and not released to a person (such as a parent or custodian) **who would otherwise be entitled to have information about your child support case**. CSSD will respond in writing with a decision about your request for confidentiality.

I, \_\_\_\_\_, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

Name of person I do not want information released to: \_\_\_\_\_

Person's relationship to me or the child: \_\_\_\_\_

CSSD case number: \_\_\_\_\_

**Please check all that apply:**

- ( ) 1. This person has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child.
- ( ) 2. A domestic restraining or violence protective order has been issued against the person.
- ( ) 3. The person has been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved.

If you checked any of the above please explain what happened, when, where and who was involved. \_\_\_\_\_

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

If you checked # 2 or 3, please indicate the Court location and case number: \_\_\_\_\_

If you did not check any of the boxes above, please explain why you feel threatened by this person. \_\_\_\_\_

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

**If you need additional space for your answers, please use the back of this page.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

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

\*\*\*\*\*

**If you can't get to a notary, please sign before a witness, and have the witness complete the information below.**

I acknowledge that I know the person who signed this form is the person he or she claims to be, and that I witnessed the signature above.

Signature of witness \_\_\_\_\_ Witness's Social Security# (optional) \_\_\_\_\_

Printed name of witness \_\_\_\_\_ Telephone number of witness \_\_\_\_\_

Mailing address of witness \_\_\_\_\_

CSSD main office mailing address: 550 W 7th Ave Suite 310 Anchorage AK 99501-6699