

Alaska Department of Revenue  
**Child Support Services Division**

**Power of Attorney**

I, \_\_\_\_\_ do hereby appoint  
(Name of person granting power of attorney)

\_\_\_\_\_  
(Name of agent)

\_\_\_\_\_  
(phone number of agent)

\_\_\_\_\_  
(mailing address of agent)

\_\_\_\_\_  
(email address of agent)

\_\_\_\_\_  
(city, state and zip of agent)

as my attorney-in-fact to act as I have checked below in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters,

View and receive information for the following child support cases:  
Case number: \_\_\_\_\_ Other party name: \_\_\_\_\_  
Case number: \_\_\_\_\_ Other party name: \_\_\_\_\_  
Case number: \_\_\_\_\_ Other party name: \_\_\_\_\_

To act on my behalf for the following child support cases:  
Case number: \_\_\_\_\_ Other party name: \_\_\_\_\_  
Case number: \_\_\_\_\_ Other party name: \_\_\_\_\_  
Case number: \_\_\_\_\_ Other party name: \_\_\_\_\_

This power of attorney is valid for one year from the date of execution.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

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

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

Notary Public in and for the state of \_\_\_\_\_

For validation purposes, the following information is required about the agent:

\_\_\_\_\_  
(Agent's date of birth)

\_\_\_\_\_  
(Agent's form of identification)

\_\_\_\_\_  
(Agent's Identification number)