

Child Support Services Division

Please Reply To:

CSSD, MS 5

550 W. 7th Ave., Suite 310
Anchorage, AK 99501-6699
Telephone: (907) 269-6900
FAX: (907) 787-3220
www. childsupport.alaska.gov

RE: Directions for Completion of General Testimony

Case No:

Case Name:

The Non-Custodial Parent has been located outside the State of Alaska. In order for us to ask for assistance from the other state, you must complete the attached forms.

You must type or use a **black ballpoint pen** to fill out the forms. Your signature **must be notarized** on pages 6A & 10 of the *General Testimony* form. If any *Affidavits in Support of Establishing Paternity* forms are included, they must be notarized on page 3. Free notary services are available in our Customer Service Center, located at 550 W 7th Ave, Anchorage, 3rd floor.

Please complete and return the forms within 30 days. If you do not return these forms, we cannot move forward with your case. If you are receiving public assistance we will be required to report your failure to cooperate.

Please provide with your completed forms 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 following forms are available to view or print from our website
www.childsupport.alaska.gov/Forms/forms.asp

- [Affidavit and Request for Nondisclosure of Identifying Information](#) (form #29)
- [Instructions for Affidavit in Support of Establishing Paternity](#) (form #8A)
- [Registration Statement and instructions](#) (form #12)
- [Instructions for General Testimony](#) (form #15)

If you need assistance completing the forms, please contact me at (907) 269-6900 and I can assist you over the phone or an appointment can be set up to help you in our office.

Sincerely,

Child Support Specialist I
Enclosures

CSSD 04-1745B (Rev 2/20/13)

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)787-3220

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

MAT-SU: (907) 357-3550

GENERAL TESTIMONY

Petitioner: Name (first, middle, last) IV-D Case: TANF
 Social Security Number IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance

Respondent: Name (first, middle, last)
 Social Security Number Non-IV-D Case:

File Stamp

Responding IV-D Case Identifier _____

Responding Tribunal Number _____

Initiating IV-D Case Identifier _____

Initiating Tribunal Number _____

Petitioner is: Obligee Caretaker Other than Parent
 Obligor Foster Care

Respondent is: Obligee Caretaker Other than Parent
 Obligor Foster Care

being duly sworn, under penalties of perjury, testifies as follows:

 Name (first, middle, last)

I. Personal Information About Child(ren)'s Mother

See Section X

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (first, middle, 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. Home Phone ()		8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> 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 and location)			

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

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

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 of Partner of Child (ren)'s Mother

1. Name of Current Spouse or Partner (first, middle, 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 children (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, middle, 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, middle, 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, middle, 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, middle, 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 and 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 Martial 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 of Partner of Child (ren)'s Father

1. Name of Current Spouse or Partner (first, middle, 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 children (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, middle, 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, middle, 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, middle, 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, middle, 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, middle, last) _____		f. Paternity Established? [] Yes (check how) [] No [] By order [] By voluntary acknowledgment [] By adoption [] By conclusive marital presumption [] Other:	
b. Address _____		g. Support Order Established? [] Yes [] No	
c. Social Security Number _____		h. Living with Petitioner? [] Yes [] No	
d. Sex _____	e. Date of Birth _____		
2. a. Full Legal Name (first, middle, last) _____		f. Paternity Established? [] Yes (check how) [] No [] By order [] By voluntary acknowledgment [] By adoption [] By conclusive marital presumption [] Other:	
b. Address _____		g. Support Order Established? [] Yes [] No	
c. Social Security Number _____		h. Living with Petitioner? [] Yes [] No	
d. Sex _____	e. Date of Birth _____		
3. a. Full Legal Name (first, middle, last) _____		f. Paternity Established? [] Yes (check how) [] No [] By order [] By voluntary acknowledgment [] By adoption [] By conclusive marital presumption [] Other:	
b. Address _____		g. Support Order Established? [] Yes [] No	
c. Social Security Number _____		h. Living with Petitioner? [] Yes [] No	
d. Sex _____	e. Date of Birth _____		

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 \$ _____ as of _____
(attach documentation) 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, commission, tips, bonuses, part time	\$ _____	\$ _____	\$ _____
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 (lines 5 minus lines "6a through 6g")	\$ _____	\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

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

B. Monthly Expenses:

	<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	\$ _____	\$ _____
Total Monthly Expenses (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 Number

_____ \$ _____
 Institution or Plan Name and Account Number

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

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

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

_____ \$ _____ minus \$ _____ = \$ _____
 Make Model Year Estimated Value 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).

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 pay stubs 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