

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)

AK

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, including signing for administrative child support orders, modified child support orders, and paternity documents via certified mail or process server:

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_____.

Notary Public in and for the state of _____

My commission expires: _____

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

(Agent's date of birth)

Select Form of ID

(Agent's form of identification)

(Agent's Identification number)