

Case Type: CIDSC

**TYPE OR PRINT IN BLACK INK**

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT FAIRBANKS

In the Matter of the Dissolution )  
of the Marriage of )  
\_\_\_\_\_ and )  
\_\_\_\_\_, )  
Husband and Wife. )  
\_\_\_\_\_ )

CASE NO. \_\_\_\_\_

PETITION FOR DISSOLUTION  
OF MARRIAGE

We consent to the court's jurisdiction and request a decree of dissolution of marriage pursuant to AS 25.24.200-.260. An incompatibility of temperament has caused the irremediable breakdown of our marriage. We agree this petition constitutes the entire agreement between us. We understand that agreements not written in this petition or its attachments will not be enforceable.

**I. INFORMATION ABOUT PETITIONERS**

Has either spouse filed an action for legal separation prior to the filing of this action?  
 Yes  No. If yes, please list case number, date and place of filing: \_\_\_\_\_

**A. Husband**

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ (city) (state)
2. Length of Alaska residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_
3. Residence address: \_\_\_\_\_ (street address) (city) (state) (ZIP)
4. Mailing address: \_\_\_\_\_ (box or street number) (city) (state) (ZIP)
5. Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_
6. Most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Employer's address: \_\_\_\_\_
8. Driver's License No. \_\_\_\_\_

**B. Wife**

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ (city) (state)
2. Length of Alaska residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_
3. Residence address: \_\_\_\_\_ (street address) (city) (state) (ZIP)
4. Mailing address: \_\_\_\_\_ (box or street number) (city) (state) (ZIP)
5. Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_
6. Most recent employer: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Employer's address: \_\_\_\_\_
8. Driver's License No. \_\_\_\_\_

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

C. Date and place of marriage: \_\_\_\_\_

D. Does either spouse require medical care or treatment?  Yes  No

If yes, state which spouse and describe the care or treatment required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is either spouse covered by health insurance (through an employer or otherwise)?

Yes  No

If yes, state which spouse and the amount paid for the insurance by the spouse or spouses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Have any of the following been issued or filed during the marriage by or regarding either spouse as defendant, participant, or respondent:

1. a criminal charge of a crime involving domestic violence;
2. a domestic violence protective order under AS 18.66.100-18.66.180;
3. injunctive relief against domestic violence under former AS 25.35.010 or 25.35.020; or
4. a domestic violence protective order issued in another jurisdiction and filed with the court in this state under AS 18.66.140?

Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has there been any domestic violence during the marriage (whether or not a complaint was filed)?  Yes  No

F. Has either spouse received advice from legal counsel about a divorce or dissolution?

Yes  No

If yes, state which spouse(s): \_\_\_\_\_

Is either spouse represented by legal counsel?  Yes  No

If yes, state which spouse(s): \_\_\_\_\_

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

II. FINANCIAL INFORMATION AND AGREEMENT OF PETITIONERS

Each party must attach a copy of his or her most recent federal tax return and most recent pay stubs to verify income and deductions.

The following income and deductions are  monthly  yearly.  
 If your work is seasonal, show yearly income.

A. Gross Income (Do not list ATAP or SSI below.)	<u>Husband</u>	<u>Wife</u>
Gross Wages	\$ _____	\$ _____
Value of employer-provided housing/food/etc.	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Permanent fund dividend	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

B. Deductions Allowable Under Civil Rule 90.3		
Federal, state and local income tax	\$ _____	\$ _____
Social security tax or self-employment tax	\$ _____	\$ _____
Medicare tax	\$ _____	\$ _____
Employment security tax	\$ _____	\$ _____
Mandatory retirement contributions	\$ _____	\$ _____
Mandatory union dues	\$ _____	\$ _____
Voluntary retirement contributions if plan earnings are tax-free or tax-deferred, up to 7.5% of gross wages and self-employment income when combined with mandatory contributions	\$ _____	\$ _____
Other mandatory deductions (specify):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Child support/alimony ordered in other cases and currently being paid	\$ _____	\$ _____
Child support for children from prior relationships living with this parent, calculated under Civil Rule 90.3	\$ _____	\$ _____
Work-related child care for children of this marriage	\$ _____	\$ _____
<b>TOTAL DEDUCTIONS</b>	<b>\$ _____</b>	<b>\$ _____</b>

C. Net Income		
TOTAL INCOME from section A	\$ _____	\$ _____
TOTAL DEDUCTIONS from section B	\$ _____	\$ _____
Subtract deductions from income to get		
<b>NET INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

\_\_\_\_\_  
 Husband's Signature

\_\_\_\_\_  
 Wife's Signature

D. Adjusted Annual Income

Husband

Wife

1. If the above figures are based on monthly information, multiply NET INCOME from section C by 12 to get

ADJUSTED ANNUAL INCOME	\$ _____	\$ _____
------------------------	----------	----------

2. If the above figures are based on yearly information, repeat the NET INCOME amount from section C to show

ADJUSTED ANNUAL INCOME	\$ _____	\$ _____
------------------------	----------	----------

This figure will be used to calculate child support on page 9.

E. Monthly Expenses

Husband

Wife

Housing & Utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL	\$ _____	\$ _____
-------	----------	----------

F. Assets

[Describe your property and its value. Then check the boxes showing whether it was acquired during the marriage, who owns it now and to whom you want it awarded.]

1. Do you have a written community property agreement or a community property trust under Alaska law (AS 34.77)?  Yes  No  
 Be sure to include any community property in the lists below.

2. Real Property (land & buildings). Legal description required.	Value	Acquired During Marriage		Presently Owned By			To Be Awarded To		
		yes	no	H	W	JT	H	W	JT
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

3. Motor Vehicles (include make, model, vehicle ID/serial number and license number of each vehicle, mobile home, ATV, boat and snow machine)

	Value	Acquired During Marriage		Presently Owned By			To Be Awarded To		
		yes	no	H	W	JT	H	W	JT
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

4. Other Property (household furnishings, appliances, jewelry, computers, guns, tools, bank accounts, etc. For bank, credit union, or other financial institution accounts, you may list the last 3 digits of the account number and the name of the issuing institution.)

	Value	Acquired During Marriage		Presently Owned By			To Be Awarded To		
		yes	no	H	W	JT	H	W	JT
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

5. Retirement Benefits.

- Neither spouse has earned retirement or military pension benefits during the marriage.
- Our agreement about the distribution of retirement or military pension benefits is attached. If this agreement is not accepted by the retirement plan administrator as a qualified domestic relations order, we agree that the court, upon motion by a party, may make any necessary corrections. We agree any such court-ordered modifications will be effective retroactive to the date of the original dissolution decree.

A copy of the present value statement from the plan administrator for each retirement account is attached.

6. Title transfer. All transactions necessary to effect any transfers required by the above agreements will be completed by \_\_\_\_\_ (date).

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

G. Debts

[List to whom each debt is owed and the amount owed. Then check the boxes showing whether the debt was incurred during the marriage, who now owes the debt and who you agree will be responsible for paying it. For credit card, bank card, or debit card accounts, you may list the last 4 digits of the account number and the name of the issuing institution.]

<u>Owed To</u>	<u>Amount</u>	Incurred During Marriage		Presently Owed By			To Be Paid By		
		yes	no	H	W	JT	H	W	JT
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								
_____	\$ _____								

We believe the above division of assets and debts is fair and just.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

III. CHILD CUSTODY JURISDICTION INFORMATION

A. The following are children under age 19 born of the marriage or adopted by the petitioners:

Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

Child's Name		Place of Birth		Birthdate
		Sex	Marital Status	School Grade
Present Address (since ____ / ____ / ____)			Who Has Custody	Relationship
Prior Residences for past 5 years (dates)	City & State	Person child lived with (Name & Current Address)		Relationship
to				
to				
to				

B. Has either the husband or the wife participated as a party, a witness or in another capacity in another proceeding concerning the custody of any of the above children or visitation with them?  Yes  No

If yes, describe the previous child custody determination:

Name of Court \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_\_  
 Court's Decision \_\_\_\_\_

C. Does either the husband or the wife know of a proceeding that could affect the current proceeding (including a proceeding relating to domestic violence, protective orders, termination of parental rights, adoption or enforcement of a court order)?  Yes  No

If so, describe: Name of Court \_\_\_\_\_ Case Number \_\_\_\_\_  
 Nature of Proceeding \_\_\_\_\_

D. Does either the husband or the wife know of any person not a party to this proceeding who has physical custody of any of the above children or claims to have the right to physical custody, legal custody, or visitation?  Yes  No

If so, list each person's name and address and what the person claims: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Is the wife pregnant?  Yes  No If yes, include arrangements for this child in the following sections.

**NOTE: You both have a continuing duty to inform the court of any other court proceeding in this state or any other state concerning any of the children listed above.**

IV. CHILD CUSTODY AGREEMENT

<u>Name of Child</u>	<u>Physical Custody Awarded To</u>	<u>Legal Custody Awarded To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
 Husband's Signature

\_\_\_\_\_  
 Wife's Signature

V. VISITATION AGREEMENT

A. Visitation Rights of Parents.

We agree \_\_\_\_\_ will have the following specific visitation rights:

summer vacation: \_\_\_\_\_  
\_\_\_\_\_

holidays: \_\_\_\_\_  
\_\_\_\_\_

weekends: \_\_\_\_\_  
\_\_\_\_\_

other: \_\_\_\_\_  
\_\_\_\_\_

[If you want child support reduced, you must specify dates as explained in section V, page 11, of the Instructions.]

Our agreement concerning visitation is contained in the attached Model Parenting Agreement (form DR-475)

B. Visitation Rights of Other Persons (grandparents, etc.)

Names of Other Persons: \_\_\_\_\_

Describe visitation agreement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. CHILD SUPPORT (Civil Rule 90.3)

A. Child Support Calculation

	<u>Husband</u>	<u>Wife</u>
1.a. Adjusted Annual Income (from II.D. on page 4)	\$ _____	\$ _____
b. If line 1.a. is more than \$105,000, write \$105,000 here. Otherwise, repeat amount on line 1.a.:	_____	_____
2. Multiply line 1.b. by:		
.20 for one child;		
.27 for two children;	x _____	x _____
.33 for three children; and		
.03 for each additional child		
TOTAL	_____	_____

ANNUAL CHILD SUPPORT	\$ _____	\$ _____
(amount from "TOTAL" line above <i>or</i> \$600, whichever is larger.)		

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

3. Monthly Child Support Payment (before calculating health insurance adjustment).

Child support will be paid as stated below. The first payment will be made no later than \_\_\_\_\_ . Subsequent payments will be made no later than the 1<sup>st</sup> day of each month thereafter. (See definitions of types of custody in Civil Rule 90.3(f).)

- a. Primary Custody. One parent has primary physical custody. Divide Annual Child Support amount from line 2 above for the non-custodial parent by 12 = \$ \_\_\_\_\_ to be paid each month by  mother  father.
- b. Shared Custody. The children will reside with each parent for a period specified in writing of at least 30% of the year. [Attach form DR-306 to show calculations.] Monthly child support payment (from line 10 of DR-306) to be paid each month except \_\_\_\_\_ = \$ \_\_\_\_\_ to be paid by  mother  father.
- c. Divided Custody. Each parent will have primary custody of one or more of the children and the parents will not share custody of any of the children. [Attach form DR-307 to show your calculations.] Monthly child support payment (from line 7 of DR-307) = \$ \_\_\_\_\_ to be paid by  mother  father.
- d. Hybrid Custody. [Attach form DR-308 to show your calculations.] Monthly child support payment (from line 8 of DR-308) = \$ \_\_\_\_\_ to be paid by  mother  father.

4. Health Care Coverage

a. Health Insurance.

- (1) Does father have health insurance available for the child(ren) at reasonable cost through his employer, union or otherwise?  Yes  No
- (2) Does mother have health insurance available for the child(ren) at reasonable cost through her employer, union or otherwise?  Yes  No
- (3) Are the children eligible for services through the Indian Health Service?  
 Yes  No
- (4) Do the children have other health insurance or care available?  Yes  No  
Describe: \_\_\_\_\_

If the answer to (3) and (4) is no, one of the parents must agree to provide insurance for the child(ren) if such insurance is available at reasonable cost. The cost of the children's insurance must be divided equally by the parents unless the court orders another division for good cause.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

AGREEMENT: Health insurance for the child(ren) will be purchased by

father at a monthly cost to father of \$ \_\_\_\_\_ \*

mother at a monthly cost to mother of \$ \_\_\_\_\_ \*

through the above person's  employer  union  \_\_\_\_\_  
whose name and address are \_\_\_\_\_

The cost will be divided between the parties  equally  \_\_\_\_\_

Explain reason for unequal division: \_\_\_\_\_

*\*List only the cost to insure the children involved in this case. If there is no extra cost to the parent to include the children in the parent's insurance coverage, none of the cost can be allocated to the children. See Civil Rule 90.3(d) for further explanation.*

b. Health Care Expenses Not Covered By Insurance (including medical, dental, vision and mental health counseling expenses).

We agree that the cost of the children's reasonable health care expenses not covered by insurance will be paid as follows (unless the expenses are over \$5,000 in a calendar year):

Father will pay half and mother will pay half.

Father will pay \_\_\_\_\_ and mother will pay \_\_\_\_\_.

Explain reason for not sharing these uninsured expenses equally:

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

If the uncovered expenses are over \$5,000 in a calendar year, the expenses must be allocated based on the parties' relative financial circumstances when the expense occurs.

We agree that each of us will reimburse the other for our share of uncovered health care expenses within 30 days after we are given the bill, proof of payment and, if applicable, a health insurance statement showing what part of the cost is uncovered. We understand that the bills and other materials must be sent to the other parent for reimbursement within a reasonable time.

5. Monthly Child Support Payment (after adding or deducting health insurance costs).

a. Monthly Child Support Payment from paragraph 3 above (on page 10) \$ \_\_\_\_\_

b. If obligor is buying health insurance for the child(ren), subtract 50% (or \_\_\_\_\_ %) of the monthly insurance payment. - \$ \_\_\_\_\_  
(The "obligor" is the parent paying child support.)

c. If obligee is buying health insurance for the child(ren), add 50% (or \_\_\_\_\_ %) of the monthly insurance payment. + \$ \_\_\_\_\_  
(The "obligee" is the parent receiving child support.)

d. Net Monthly Child Support Payment	\$ _____
--------------------------------------	----------

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

6. Request For Different Child Support Amount

The above "Net Monthly Child Support Payment" was calculated as required by the Child Support Guidelines Rule, Civil Rule 90.3. However, we believe the following unusual circumstances exist which justify a different child support amount than that stated in paragraph 5.d. above:

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

7. Seasonal Income.  Obligor's income is seasonal and obligee agrees that, as long as the total annual amount remains the same, obligor can make higher payments during high income months and lower payments during low income months as follows:

Higher Monthly Amount \$ \_\_\_\_\_ should be paid in (list months) \_\_\_\_\_

Lower Monthly Amount \$ \_\_\_\_\_ should be paid in (list months) \_\_\_\_\_

8. Travel Expenses. Travel expenses necessary to exercise visitation will be allocated between the parties as follows: \_\_\_\_\_

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

B. Do you want support to continue while each child is 18 years old as long as the child is (1) unmarried, (2) actively pursuing a high school diploma or equivalent level of technical or vocational training, and (3) living as a dependent with the obligee parent or guardian or a designee of the parent or guardian?  Yes  No

C. Immediate Income Withholding.

Child support will be withheld from the income of the person paying support and paid through the Child Support Services Division (CSSD) unless one of the following exceptions is approved by the court:

We have made the following alternative arrangement (Note that if you receive ATAP, CSSD must agree to the arrangement.):

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

Also, the person paying support agrees to keep the other party (or CSSD if CSSD is enforcing the order) informed of his/her current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

We believe there is good cause not to require immediate income withholding because it is not in the best interests of the child(ren) for the following reason: \_\_\_\_\_

Also, the person paying support agrees to keep the other party (or CSSD if CSSD is enforcing the order) informed of his/her current employer and the availability of employment-related health insurance coverage for the child(ren) until the support order is satisfied.

The person paying support currently receives social security or other disability compensation that includes regular payments to the child(ren) at least equal to the child support owed each month. Monthly payment to child(ren): \$\_\_\_\_\_.  
Source of payment: \_\_\_\_\_

Note: To the extent that these payments to the children do not satisfy the monthly amount owed, the court will order that the remaining amount due be withheld from income.

D. Do you want the assistance of the Child Support Services Division (CSSD) to enforce the support order and keep records of the payments?  Yes  No

If yes, fill out the attached application for CSSD services. [Note: If the parent with custody of the children is receiving assistance from the Alaska Temporary Assistance Program (ATAP), child support payments must be made to CSSD.]

E. Federal Tax Exemption. Under federal tax law, the parent who has physical custody of a child for the greater part of the year ordinarily has the right to claim the exemption for the child, unless that parent agrees not to claim the exemption by signing IRS Form 8332 each year.

\_\_\_\_\_ agrees to sign IRS Form 8332 allowing the other parent, \_\_\_\_\_, to claim the exemption for the following child(ren): \_\_\_\_\_ in the following years: \_\_\_\_\_

The above agreement may be modified without court order if both parties agree in writing and if permitted by federal tax law.

As required by AS 25.24.232, we agree that the parent who has physical custody of the child(ren) for a period less than the other parent may not claim the exemption in any tax year if on December 31 of that year the parent was behind in child support payments in an amount more than four times the monthly child support obligation.

F. Permanent Fund Dividend. We agree that any applications for the Alaska PFD on behalf of the children, while they are minors, will be filed by \_\_\_\_\_. This agreement about the PFD applications may be changed, without court order, if both parties agree in writing.

VII. SPOUSAL MAINTENANCE (ALIMONY): \$\_\_\_\_\_ per month to be paid by  Husband  Wife, beginning \_\_\_\_\_ until \_\_\_\_\_ or until the recipient dies or remarries.

If child support payments will be made through the Child Support Services Division, you may also have spousal maintenance payments made through CSSD. Do you want spousal maintenance payments to be made through CSSD?  Yes  No

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature



X. SIGNATURES AND VERIFICATIONS.

Do not sign until this petition has been completely filled out. Each signature on this page must be individually notarized.

**Verification**

I say on oath or affirm under penalty of perjury that I have read the foregoing petition and believe all statements made in the petition are true. I further certify that my signature is voluntary and not the result of fear, threat, coercion, or restraint. I further state that this petition contains the entire agreement between my spouse and myself.

\_\_\_\_\_  
Husband's Signature

\_\_\_\_\_  
Wife's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska, on \_\_\_\_\_

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska, on \_\_\_\_\_

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

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

(SEAL)

(SEAL)