

**You must use black ink to fill out this form.**

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA**

**AT** \_\_\_\_\_  
*City or Town where the Court is located*

\_\_\_\_\_  
Plaintiff,  
v. \_\_\_\_\_  
Defendant.  
\_\_\_\_\_  
Your Case No. \_\_\_\_\_

**AGREEMENT & ORDER FOR CHILD SUPPORT ARREARS SETTLEMENT**

We, \_\_\_\_\_ and \_\_\_\_\_, reached a settlement  
*(Print father's name here) (Print mother's name here)*

about the payment of child support arrears. The agreement is as follows:

1.  The court  Child Support Services Division (CSSD) ordered the  Plaintiff  
 Defendant to pay child support \$ \_\_\_\_\_ / month on \_\_\_\_\_ for :  
*(date)*

Name	Date of Birth

2. As of \_\_\_\_\_,  Plaintiff  Defendant owes the other parent  
*(date)*

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\$\_\_\_\_\_ in back child support. This includes \$\_\_\_\_\_ in principal and \$\_\_\_\_\_ in interest.

3. The obligor (person who owes child support) is unable to pay the full amount of back child support because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The obligee (person who receives child support) agrees to accept a lump sum of \$\_\_\_\_\_ as full payment of all back child support that the obligor owes.

5. The obligor will pay the obligee as follows:

**The obligor will pay the obligee directly.**

**The obligor will write a check for the lump sum amount payable to the Child Support Services Division**, including the parties' names and CSSD Case No. \_\_\_\_\_ on the check. The check will be mailed or hand delivered to CSSD at:

CSSD  
550 W. Seventh Ave., Suite 310  
Anchorage, AK 99501-6699  
(907) 269-6900, (800) 478-3300  
(907) 269-6894 TTD (800) 370-6894 TTD toll free in Alaska

CSSD will pay the obligee the full amount on behalf of the obligor.

**Other method of payment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ more pages are attached and incorporated by reference.  
(# of pages attached)

This agreement can only be changed by both parties in writing AND with court approval.

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I swear or affirm that the above is true to the best of my knowledge.

\_\_\_\_\_  
**Plaintiff's** Signature (In blue ink if possible)

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on \_\_\_\_\_  
Name of City, Town or Village Date

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

\*\*\*\*\*

I swear or affirm that the above is true to the best of my knowledge.

\_\_\_\_\_  
Date **Defendant's** Signature (In blue ink if possible)

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on \_\_\_\_\_  
Name of City, Town or Village Date

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

\*\*\*\*\*

**ORDER**

I have reviewed the above child support arrears agreement. I find good cause and approve the agreement. **IT IS SO ORDERED.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge \_\_\_\_\_

<p>I certify that on _____ a copy of the above was mailed to <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant  <input type="checkbox"/> CSSD at their addresses of record <input type="checkbox"/> Other: _____</p> <p>_____ Deputy Clerk / JA</p>
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