

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

Your Name: \_\_\_\_\_

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

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

NOTE: If for any reason you do not wish the other party to know your physical address, you still must provide a mailing address so that the court and the other party can serve you by mail.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_  
*City or Town where the Court is located*

\_\_\_\_\_  
Plaintiff (You – the current Father)  
v. \_\_\_\_\_  
Defendant (Mother)

Your Case No. \_\_\_\_\_

**COMPLAINT by CURRENT FATHER TO DISESTABLISH PATERNITY**

**IMPORTANT:** *If you think you know who the biological father is, DO NOT use this form. Instead, you can use Complaint by Current Father to Disestablish Self and Establish Biological Father, SHC-137 [Word](#) | [PDF](#). The court generally wants to be able to establish a new father when disestablishing. Having the right name on a birth certificate is important for many reasons, including that the child gets all benefits he or she is entitled to, such as social security or health insurance.*

**1. Who are the people involved in this case?**

- A.** I am the plaintiff and currently named as the legal father of the following child(ren). I would like to be disestablished and removed from the birth certificates.

Child's Name	Date of Birth	Father's Name

- B.** The defendant is the mother.

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

**2. Where does everyone live?**

A. I am a resident of  the State of Alaska  other \_\_\_\_\_.

B. The child(ren) live in  the State of Alaska  other \_\_\_\_\_.

✓ **YOU MUST** attach a *Child Custody Jurisdiction Affidavit*, [DR-150](#).

C. The Defendant lives in  the State of Alaska  other \_\_\_\_\_.

D. If I do not live in Alaska, I am submitting to the court's jurisdiction because the Defendant lives in Alaska, it is the most convenient forum and in the child(ren)'s best interests.

**3. What is/was your marital status?**

A.  I was married to the Defendant when she was pregnant or gave birth.

B.  I married the Defendant after the child(ren) was/were born and we are now married.

C.  I was divorced from Defendant on \_\_\_\_\_ by the court in \_\_\_\_\_.

D.  I am not currently, nor have I ever been married to Defendant.

E. Other: \_\_\_\_\_

**4. Who is named as the father on the birth certificate?**

A.  No father is listed.

B.  Plaintiff (me).

C. Other: \_\_\_\_\_

**5. If someone is listed as father on the birth certificate, how was paternity established?**

A.  I was married to the defendant when she got pregnant or gave birth.

B.  I signed an *Affidavit* or *Acknowledgement of Paternity*.

C.  The Office of Children's Services (OCS) established paternity.

D.  The Child Support Services Division (CSSD) established paternity.

E. Other: \_\_\_\_\_

You must use black ink to fill out this form.

6. **Comments to help the Judge understand situation:** *(add sheets if necessary)*

---

---

---

7. **Why do you believe that you are not the biological father of the child(ren)?**

A.  DNA testing has excluded me. The ORIGINAL results are attached.

B.  Other: \_\_\_\_\_

---

---

8. **Do you need the court to order DNA testing?**

No

Yes, I have attached:

- Motion & Affidavit for Genetic (DNA) Testing, SHC-1370 [Word](#) | [PDF](#), and
- proposed Order for Genetic (DNA) Testing, SHC-1375 [Word](#) | [PDF](#).

9. **What about child support?**

A. Has CSSD ordered anyone to pay child support?

No  Me  Defendant  Other \_\_\_\_\_

B. Is CSSD in the process of setting up an order?

No  Yes

C. Has the court ordered anyone to pay child support for this child(ren)?

No  Me  Defendant  Other \_\_\_\_\_

**IMPORTANT:** If any child support has been ordered, send a copy of this complaint to the Collections and Support Section of the Attorney General's Office. The mailing address is provided at the end of this form.

10. **Has anyone applied for public benefits (ATAP, TANF, Food Stamps etc.) to support this child?**

No  Me  Defendant  Other \_\_\_\_\_

**IMPORTANT:** If there are public benefits, send a copy of this complaint to the Collections and Support Section of the Attorney General's Office. The mailing address is provided at the end of this form.

You must use black ink to fill out this form.

11. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REQUEST FOR RELIEF

#### WHEREFORE, I REQUEST:

1. That a *Final Order* be entered that disestablishes me (the plaintiff) as the biological/legal father of the minor child(ren) listed;
2. That the Bureau of Vital Statistics be given notice to remove my (the plaintiff) name from the birth certificate(s) of the minor child(ren);
3. That the *Final Order* relieve me (the plaintiff) of any ongoing child support obligation from the date I filed this *Complaint*;
4. That arrearages be modified as allowed by law.

**NOTE:** *The general rule is that child support cannot be retroactively modified. This means the court cannot go back and change past due child support amounts. However, depending on how the original obligation was established, the court may be able to set aside some or all of the arrearages. This is a complicated area of law and you should consult an attorney to find out whether something can be done in your case.*

5. Other: \_\_\_\_\_  
\_\_\_\_\_

6. For such other and further relief as the Court deems fit and proper.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature (In blue ink if possible)

**See next page for list of attachments and service instructions**

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

### **Attachments**

I have attached the following documents and served them with this Complaint on Defendant:

- Child Custody Jurisdiction Affidavit, [DR-150](#) (**Required**)
- A copy of the CSSD or Court's order for child support (*if there is one*)
- The ORIGINAL DNA testing results (*if this has been done already*)
- Motion & Affidavit for Genetic (DNA) Testing, SHC-1370 [Word](#) | [PDF](#)
- proposed Order for Genetic (DNA) Testing, SHC-1375 [Word](#) | [PDF](#)
- Other: \_\_\_\_\_

### **Service Instructions**

Copies for the defendant:

After you open the court case, **you must serve the defendant** with a copy of this form and all of its attachments **by certified mail / restricted delivery/ return receipt OR by process server.**

Copies for CSSD:

If CSSD is collecting child support, in the process of setting up an order, or the child(ren) have benefited from public assistance, send a copy of this form and all of its attachments to the Attorney General's Office **by first class mail**. Look at your court case number to determine which office is handling your case:

Court case numbers beginning with a 1, 2 or 3:

*Examples: 1JN-05-8888, 2BE-05-8888 or 3AN-05-8888*

Attorney General's Office  
Collections and Support Section  
1031 West Fourth Ave., Ste. 200  
Anchorage, AK 99501

Court case numbers beginning with a 4:

*Example: or 4FA-05-8888*

Attorney General's Office  
Collections and Support Section  
100 Cushman St., Ste. 400  
Fairbanks, AK 99701