

STATE OF ALASKA
Department of Revenue
Child Support Services Division

Confidentiality of Information for Victims of Domestic Violence

The Child Support Services Division may be required to release information about you or your children to other parties or agencies. Information that may be released may include names, addresses, social security numbers, and birth dates. This information will be released only as authorized by law and only as needed to take action in your case. We will not release information to the general public. However, if your case is filed with the court, information in the court case may be available to the public.

If you or your children have been victims of domestic violence, including harassment, threats, mental and emotional abuse, physical violence including sexual assault or incest, or parental kidnapping, you may ask that information about your address and location be kept confidential.

You must complete the "Affidavit and Request for Nondisclosure of Identifying Information," sign it before a notary or a witness, and return it within 30 days. Attach any documents you have (such as police reports, protective orders, restraining orders, or medical records) to show why you believe the release of information about your address or your location would threaten your well being. CSSD will review your request and get back to you in writing. Please contact CSSD if you have questions.

***If we don't hear from you in 30 days,
your address and other information may be released.***

KIDSLINE: (907) 269-6900
TDD machine: (907) 269-6894

KIDSLINE Toll Free (in Alaska): 1-800-478-3300
TDD machine Toll Free (in Alaska): 1-800-370-6894

Statewide - Main Office
550 W 7th Ave Suite 310
Anchorage AK 99501-6699
(907) 269-6900

Fairbanks
675 7th Ave Station J2
Fairbanks AK 99701-4526
(907) 451-2830

Mat-Su
845 W Commercial Drive
Wasilla AK 99654-6937
(907) 357-3550

Southeast
240 Main Street, First Floor
Juneau AK 99801-0402
(907) 465-5887
Ref: Alaska Statute 25.27.275

Affidavit and Request for Nondisclosure of Identifying Information

Complete this affidavit **only** if you want your address and information about your location to be kept confidential and not released to a person (such as a parent or custodian) **who would otherwise be entitled to have information about your child support case.** CSSD will respond in writing with a decision about your request for confidentiality.

I, _____, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

Name of person I do not want information released to: _____

Person's relationship to me or the child: _____

CSSD case number: <CASEID>

Please check all that apply:

- 1. This person has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child.
- 2. A domestic restraining or violence protective order has been issued against the person.
- 3. The person has been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved.

If you checked any of the above please explain what happened, when, where and who was involved. _____

If you checked # 2 or 3, please indicate the Court location and case number: _____

If you did not check any of the boxes above, please explain why you feel threatened by this person. _____

If you need additional space for your answers, please use the back of this page.

Signature Date

SUBSCRIBED and SWORN to before me this _____ day of _____, 20 _____

Notary Public for the State of _____
My commission expires _____

If you can't get to a notary, please sign before a witness, and have the witness complete the information below.

I acknowledge that I know the person who signed this form is the person he or she claims to be, and that I witnessed the signature above.

Signature of witness _____ Witness's Social Security# (optional) _____

Printed name of witness _____ Telephone number of witness _____

Mailing address of witness _____

CSSD main office mailing address: 550 W 7th Ave Suite 310 Anchorage AK 99501-6699