

Alaska Department of Revenue

Child Support Services Division

Please Reply To:

CSSD, MS 5

550 W. 7th Ave., Suite 310
Anchorage, AK 99501-6699
Telephone: (907) 269-6900
FAX: (907) 787-3220
www.childsupport.alaska.gov

RE: Directions for Completion of Registration Statement
Case No:

Case Name:

The Non-Custodial Parent has been located outside the State of Alaska. In order for us to ask for assistance from the other state, you must complete the attached forms.

You must type or use a **black ballpoint pen** to fill out the **highlighted areas** of the forms. I will complete the *Case Summary* and the other party information with the most current information when I receive it back from you. Your **signature must be notarized**. Free notary services are available in our Customer Service Center, located at 550 W 7th Ave, Anchorage, 3rd floor.

Please complete and return the forms within 30 days. If you do not return these forms, we cannot move forward with your case. If you are receiving public assistance we will be required to report your failure to cooperate.

The following forms are available to view or print from our website
www.childsupport.alaska.gov/Forms/forms.asp

- [Affidavit and Request for Nondisclosure of Identifying Information](#) (form #29)
- [Instructions for Affidavit in Support of Establishing Paternity](#) (form #8A)
- [Registration Statement and instructions](#) (form #12)

If you need assistance completing the forms, please contact me at (907) 269-6900 and I can assist you over the phone or an appointment can be set up to help you in our office.

Sincerely,

Child Support Specialist I
Enclosures

CSSD 04-1740B (Rev 11/14/12)

TDD machine only: (907) 269-6894 / TDD machine only, toll free (In-state, outside Anchorage): (800) 370-6894

TOLL FREE (In-state, outside Anchorage): (800) 478-3300
ANCHORAGE: (907) 269-6900 FAX: (907) 787-3220

SOUTHEAST: (907) 465-5887
FAIRBANKS: (907) 451-2830

MAT-SU: (907) 357-3550

REGISTRATION STATEMENT

Responding IV-D Case Identifier _____

Responding Tribunal Number _____

Initiating IV-D Case Identifier _____

Initiating Tribunal Number _____

Action: [] Register for Enforcement
[] Register for Modification

I. Case Summary (Background of this Matter: Court / Administrative Actions)

Date of Support Order _____ State and County Issuing Order _____ Tribunal Case Number _____

Support Amount/Frequency _____ Date of Last Payment _____ Amount of Arrears _____ Period of Computation
\$ _____ \$ _____ thru _____
Date Date

[] Tribunal Has Determined This to Be Controlling Order [] Only Order

II. Mother Information [] Obligor [] Oblige
Full Name _____ Address (Street, City, State, Zip) _____ Employer (Name, Street, City, State, Zip) _____
(first, middle, last)

Aliases, Maiden Name _____

Social Security Number: _____

III. Father Information [] Obligor [] Oblige
Full Name _____ Address (Street, City, State, Zip) _____ Employer (Name, Street, City, State, Zip) _____
(first, middle, last)

Aliases _____

Social Security Number: _____

IV. Caretaker (If Not a Parent) Relationship to Child(ren) _____ [] Has legal custody/guardianship of
Full Name _____ Address (Street, City, State, Zip) _____ child(ren)
(first, middle, last)

Aliases _____

Social Security Number: _____

V. Additional Case Information

[] Nondisclosure Finding Attached

This order is registered in the following states:

Description and location of any property not exempt from execution:

Other: _____

VI. Verification / Certification

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

Date [] Party Seeking Registration [] Records Custodian

Sworn to and Signed Before Me This _____ Notary Public, Court/Agency Official and Title _____ Commission Expires _____
Date, County/State