## Alaska Department of Revenue

## **Child Support Services Division**

## **Power of Attorney**

Ι,	do hereby appoint
(Name of person granting pov	ver of attorney)
(Name of agent)	(phone number of agent)
(mailing address of agent)	(email address of agent)
(city, state and zip of agent)	
	t as I have checked below in my name, place and stead in any way which I
	personally present, with respect to the following matters,
	information for the following child support cases, including signing for d support orders, modified child support orders, and paternity documents via cocess server:
Case number:	Other party name:
Case number:	Other party name:
Case number:	Other party name:
To act on my beha	If for the following child support cases:
1 1	Other party name:
	Other party name:
	Other party name:
This power of attorney is v	alid for one year from the date of execution.
(Printed Name)	(Signature)
SUBSCRIBED AND SW	ORN to before me this
day of, 20_	<del></del>
Notary Public in and for the My commission expires:	ne state of
For validation nurnoses, the	e following information is required about the agent:
1 of various purposes, the	
(Agent's date of birth)	Select form of ID  (Agent's form of identification) (Agent's Identification number)
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04-0007 (Rev 11/8/2021)	