

**STATE OF ALASKA**  
**DEPARTMENT OF REVENUE**  
*CHILD SUPPORT SERVICES DIVISION*

Please Reply To:  
CSSD, MS 5  
550 WEST 7<sup>th</sup> AVE., SUITE 310  
ANCHORAGE, AK 99501-6699

**RE: Directions for Completion of Registration Statement**  
**Case No:**

**Case Name:** v.

The Non-Custodial Parent has been located outside the State of Alaska. The enclosed *Registration Statement* form is required by the other state to enforce or modify your child support order.

Please use a ballpoint pen to sign the enclosed form(s) before a Notary Public. Please complete the highlighted sections. I will complete the information in the Case Summary area as well as the information for the other party.

**\*Warning:** The information you provide might be released by the state where the other party resides. If the health, safety or liberty of you or your child would be put at risk by disclosure of identifying information, complete the enclosed "Affidavit and Request for Nondisclosure of Identifying Information." If you have already completed this form and been granted Non-Disclosure there is no need to complete it again.

**The *Registration Statement(s)* must be returned to our office within 30 days or:**

- a) We may close your case; or
- b) Public Assistance will be notified of your unwillingness to cooperate.

\*If you have any questions, please call me at (907) 269-  
Sincerely,

Child Support Specialist I  
Interstate Initiation Section  
Enclosures

CSSD 04-1740B (Rev 8/15/11)

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

# INSTRUCTIONS FOR REGISTRATION STATEMENT

## PURPOSE OF THE FORM:

The Registration Statement is completed by the initiating jurisdiction to request registration of an existing order for enforcement and/or modification. The purpose of the form is to refer specific order information to the responding State. This form can be used in IV-D and non-IV-D interstate cases. It should be included with the other appropriate forms and directed to the responding State's central registry. In non-IV-D cases, contact the responding State central registry to determine appropriate procedures. It is important to remember that a separate Registration Statement is needed for each order that the initiating State is requesting be registered by the responding State.

Italicized text that appears within a "box" refers to policy or provides additional information.

## HEADING/CAPTION:

- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's IV-D case identifier, and Tribunal number.

*Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.*

- In the appropriate spaces, enter the Initiating jurisdiction's IV-D case identifier, and tribunal number.

*Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.*

## ACTION:

Check the appropriate box indicating whether you are registering this order for enforcement or modification. NOTE that registration for enforcement should be accompanied by Transmittal #1. Registration for modification should be accompanied by Transmittal #1, Uniform Support Petition, and General Testimony.

## SECTION I, CASE SUMMARY:

Provide complete information for all court/administrative actions regarding support for dependents. Use a separate Registration Statement form for each court/administrative order you are requesting be registered. For the listed order, under "Period of Computation", enter the month, day, and year for both the beginning of the current support obligation and the end date of the computation. The information in this section will be used to aid in verifying calculated arrearages and to assist in determining/verifying which order is controlling and which State has continuing exclusive jurisdiction. The arrears statement/payment history must support this calculation. If this order was determined by a tribunal to be the controlling order, check the appropriate box. If this is the only order, check "Only order".

Attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach two copies, one of which is certified, of any support order. NOTE, however, that some responding States may be able to take certain administrative enforcement actions (e.g., interstate income withholding) without having a certified copy of the order, although a regular copy is necessary.

## SECTION II, MOTHER INFORMATION:

This section provides basic information about the child(ren)'s mother. Check the appropriate box to indicate if the mother is the obligor or obligee. Provide the mother's full name (first, middle, last) as well as aliases and maiden name, and all other information. Provide the name and full address of the mother's employer. If the mother's name does not match with the court or administrative order, explain in Section V. If a nondisclosure finding exists, do not enter the mother's address/identifying information on the form; you may enter a substitute address.

**SECTION III, FATHER INFORMATION:**

This section provides basic information about the child(ren)'s father. Check the appropriate box to indicate if the father is the obligor or obligee. Provide the father's full name (first, middle, last) as well as aliases, and all other information. Provide the name and full address of the father's employer. If the father's name does not match with the court or administrative order, explain in Section V.

**SECTION IV, CARETAKER (IF NOT A PARENT):**

Complete this section only if the child(ren)'s caretaker is not the child(ren)'s parent. In the space labeled "Relationship to Child(ren)", indicate the relationship of the caretaker to the child(ren). Provide the caretaker's full name (first, middle, last) as well as aliases or maiden name, and all other information. Indicate whether the caretaker has legal custody/ guardianship of child(ren), if known.

**SECTION V, ADDITIONAL CASE INFORMATION:**

In this section, provide additional information which may be useful to the responding jurisdiction in working the case, such as a complete listing of all States where the child support order has previously been registered and a description, including the location, of all known property or assets not exempt from execution. In addition to the requested information, use this portion of the form to provide other information which may assist the responding jurisdiction in its efforts to register the order.

**SECTION VI, VERIFICATION/CERTIFICATION:**

- The Registration Statement may be signed by either the party seeking registration or an authorized IV-D representative/records custodian. Check the appropriate box to indicate who has signed this form.
- The verification signature requires a notary

**The Paperwork Reduction Act of 1995**

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**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