

## Child Support Services Division

Please Reply To:

CSSD, MS 5

550 W. 7<sup>th</sup> 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](http://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