IN THE SUPERIOR COURT FOR THE STATE OF ALASKA In the Matter of the Dissolution of the Marriage of CASE NO. _____ Party A and Party B. PETITION FOR DISSOLUTION OF MARRIAGE (NO MINOR CHILDREN) We consent to the court's jurisdiction and request a decree of dissolution of marriage. Our marriage has broken down and we no longer want to be married. We agree this petition is the entire agreement between us. We understand that only the agreements written in this petition and its attachments are enforceable. I. **INFORMATION ABOUT PETITIONERS** If yes, please list the case number, date, and place of filing: A. Children 1. Are there any children under age 19 who were born to a party or adopted during the time Yes you were married? □ No ☐ Yes □ No 2. Is a party now pregnant? If you checked "yes" in response to either of the above questions, you should not use this form. You must use Packet No. 1 unless paternity has been legally disestablished. (If it has been, attach to this petition a copy of the documentation disestablishing paternity.) B. Party A Length of residence in Alaska: 2. Residence address: _____ (street address) (city) (state) (giz) 3. Home phone: _____ Cell phone: _____ 4. Mailing address: _____ (box or street number) (city) (state) (zip) 5. Occupation: _____ Work phone: _____ 6. Most recent employer: Signature of Party A Signature of Party B

C.	Pa	arty B										
	1. Length of residence in Alaska:											
	2.	Residence address:										
		(street address)	(city)	(state)	(zip)							
	3.	Home phone:	_ Cell phone:									
	4.	Mailing address:										
		(box or street number)	(city)	(state)	(zip)							
	5.	Occupation:	Work phone	e:								
	6.	Most recent employer:										
D.	Da	ate and Place of Marriage Date of mar	riage· /	/ *	20							
٠.	-	ate and Place of Marriage. Date of mar	(month)	(day)	20							
	Pla	ace of marriage:										
		(city)		(state)								
E.		ealth Care and Health Insurance										
		pes either spouse need medical care or trea		No								
	lf :	yes, state which spouse and describe the c	are or treatment needed	l:								
	_											
		Is either spouse covered by health insurance (through an employer or otherwise)?										
		Yes No If yes, state which spouse and the amount paid for the insurance by the spouse or spouses:										
	•••	in yes, state which spouse and the amount paid for the insurance by the spouse of spouses.										
F.	Do	omestic Violence										
		Has either spouse been involved in any of the following during the marriage:										
		 a criminal charge of a crime involving domestic violence, 										
		2. a domestic violence protective order under AS 18.66.100 - 18.66.180,										
		3. injunctive relief against domestic violence under former AS 25.35.010 or 25.35.020, or										
		4. a domestic violence protective order issued in another jurisdiction and filed with the cour										
	•	in this state under AS 18.66.140?	od in another junealotier	rana maa wiin t	no ocan							
		Yes No If yes, describe below:										
	Has there been any domestic violence during the marriage (whether or not the police were											
		volved or anything was filed in court)?		No								
G.	Has either spouse received advice from an attorney about divorce or dissolution?											
		Yes No If yes, state which spous										
		either spouse represented by an attorney?		No								
	lf :	yes, state which spouse(s):										
		Signature of Party A	Signature	e of Party B								
٠ - c	0		=									

II. FINANCIAL INFORMATION

Each party must attach a copy of his or her most recent federal tax return, W2, and at least two of his or her most recent paystubs to verify income and deductions. If work is seasonal, show yearly income. If income or deductions will change after the dissolution, file documents showing expected income and deductions. The following income and deductions are \square monthly \square yearly. **A. Gross Income** (Do not list ATAP or SSI.) Party B Party A Gross wages Value of employer-provided housing/food/BAH/BAS/COLA/etc. Unemployment compensation Permanent Fund Dividend Other: _____ TOTAL INCOME **B.** Deductions Federal, state, and local income tax Social security (FICA) or self-employ. tax Medicare tax Employment security tax (SUI) Mandatory retirement deductions Mandatory union dues Voluntary retirement contributions if plan earnings are tax-free or deferred, up to 7.5% of gross wages & self-employ. income when combined with mandatory contrib. Other mandatory deductions (specify): Spousal support (alimony) ordered in other cases and currently paid Child support ordered for prior children of a different relationship and currently paid In-kind support for prior children of a different relationship calculated under 90.3(a)(1)(D)² Work-related child care for children in this case TOTAL DEDUCTIONS C. Net Income TOTAL INCOME from section A TOTAL DEDUCTIONS from section B Subtract deductions from income to get **NET INCOME**

For more information, see Prior Child Deduction Chart and Civil Rule 90.3.

Signature of Party A

Signature of Party B

Not to exceed support amount calculated under 90.3(a)(2). "Prior children" includes children from a different relationship who were born or adopted before the children in this case.

	D.	Mor	nthly Expenses	Party A			<u>Party B</u>						
			sing and utilities	\$		_ \$							
		Food		\$		_ \$							
			nsportation	<u>\$</u>		_							
		Med		\$		_ \$							
		Otne	er	\$ \$		_ \$ \$							
				Ψ		_ Ψ							
			TOTAL EXPENSES	\$		_ \$							
	E.	BAN	IKRUPTCY. Party A Party B f	iled for bar	nkruptcy and t	that case is per	nding.						
II.			RTY AND DEBT INFORMATION, A			-	_						
			s a list of our assets and debts, and or		ent about divid	ding our assets	and debts.						
			ieve the division below is fair and	l just.									
	A.	Ass											
		_	scribe all your property and its value. in suired during the marriage, who posses										
		1.	Do you have a written community punder Alaska law (AS 34.77)?										
					Acquired	Currently	To Be						
					During	Possessed	Awarded						
		2.	Real Property (land and buildings)		Marriage	Ву	То						
			provide street address or legal	<u>Value</u>	yes no	A B JT	A B JT*						
			description										
			\$										
			\$										
			\$										
			This to the supplied of year and the state of										
			[Note: An award of real property to the										
			Consult an attorney with concerns about your right of survivorship. AS 13.12.804(a)(2).] *For jointly awarded real property at address:										
			a. We will sell the property and										
			% to Party B. Until										
			all payments and decisions a										
			reimbursed from sale procee				iii fiot be						
			ty B will buy th	B will buy the other									
		, , % of th											
			value. We also agree that										
			or we will have a licensed	or real estate broker determine the									
			property's fair market value.	ill select the appraiser or broker together.									
			c. Other:				_						
			Use separate sheets for other real p	roperty to	be awarded jo	ointly.							

account number and the name of financial During Possessed Awai institution. Marriage By	Be rded
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$)))
jewelry, computers, guns, tools, bank accounts, etc.) For bank or other financial institution accounts, you may list the last 3 digits of the Acquired account number and the name of financial During Possessed Awar institution. Value	
jewelry, computers, guns, tools, bank accounts, etc.) For bank or other financial institution accounts, you may list the last 3 digits of the Acquired account number and the name of financial During Possessed Awar institution. Value	
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jewelry, computers, guns, tools, bank accounts, etc.) For bank or other financial institution accounts, you may list the last 3 digits of the Acquired account number and the name of financial During Possessed Awar institution. Value	
	D Be arded To B JT
Signature of Party A Signature of Party B	

	5.	pensior also un	nent Benefits. We undern n plan provider(s) may nderstand that the court and domestic relations ord	require other docu will not draft a wa	ments to accept our iver document or an o	agreement. We order including a
		☐ Nei	ther of us earned retiren	nent or military pen	sion benefits during th	ne marriage.
			e or both of us earned re		-	_
			Party A earned retireme	nt or military pension	on benefits during the	marriage:
			Last 3 numbers of account	Value of account	Being paid now? (Y/N)	
			Party B earned retireme	• •		marriage:
			Last 3 numbers of account	Value of account	Being paid now? (Y/N)	
			We agree that we will ea	ach keen our own r	etirement and nension	ı n henefits
			This is fair and equitable	•	curement and pension	i benenes.
Our agreement about the distribution of					ment or military pension	on benefits is
attached. If the agreement is not accepted by the retirement plan administra						
			alified domestic relations	· • //		
		-	arty, may make any nece	, –		
			effective date of the ord			
		A (rement account is attac	hed. [Note: This	om the plan adminis is required. An acco	strator for each
		not	copy of the present vertices are rement account is attack the same as a <u>present</u>	value statement.	You should consult a	n attorney if you
		hav	e concerns about the va	luation of pension b	penefits.]	
	6.		er Deadline.			
			ments from one party to			Control to at anti-
			uments necessary to cari iim deeds, refinancing, tr			
			operty stored by one par			
_	Dab	. —	by one par	cy for the other will	be dulisteried by	'
В.	Deb					
			ebt owed whether or not			
			that is owed. Then che			
	during the marriage, who now owes the debt, and who you agree will be responsible for paying it. Include <u>ALL</u> debts that are currently owed (mortgages, car loans, credit cards					
	etc.)	For cre	edit card, bank card, or c	lebit card accounts,	, you may list the last	4 digits of the
			nber and the name of the			
			e is responsible to pay a still hold the other spou			
	Cicui	icoi illay	Juli Hold the other 3pou	oc responsible for t	ne debt ii payments a	i e rioc made.]
		Signa	ature of Party A		Signature of P	arty B

						Du	ırred ring riage		Currer Owed	itly By		To Be Paid B	
	_		Owed To	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			no	A	В	JT	A	В	JT
IV.	SPO		INTENANCE			MENT							
	\$		per month	to be paid	by 🗌 Part	ty A 🗌] Party	/ B, be	eginni	ng			
	until			or until	the recipie	nt dies	or ren	narrie	S.				
V.	RES		CHANGE OF										
	Ш		ame. Petition										
			(Party A's curi			To:_		(Party	/ A's p	rior fu	II name	<u>-</u>)	
		From:	(Party B's curi	rent full nar	me)	To:		(Par	tv R's	nrior f	ull nam	ne)	
Change to New Name. [Before checking this box, it is important instructions. Failure to publish notice of your hearing on the condecree of dissolution or result in denial of the requested name of Petitioner_								it to r ourt's chang	ead p webs e.]	ages 1 site ma	10-11 ay del	of the ay the	
	(current legal name)												
	known by a <u>new name</u> , which is												
			seeks this na s, or to defra	_	•					-	_	-	-
		Sianatı	ıre of Party A					Siana	nture	of Par	tv B		

VI. OTHER AGREEMENTS (IF ANY)	OTHER AGREEMENTS (IF ANY)							
-								
·								
-								
	SIGNATURES AND VERIFICATIONS Do not sign until this petition has been completely filled out. Each signature on this page must be separately notarized. You will need to show identification to the notary.							
Ve	<u>erification</u>							
statements made in this petition are true. I al	jury that I have read this petition and believe that all lso certify that I am signing voluntarily and not because state that this petition contains the entire agreement							
Signature of Party A	Signature of Party B							
Date								
Subscribed and sworn to or affirmed before me at, Alaska, on								
	_·							
Clerk of Court, Notary Public or other person authorized to administer oaths. My commission expires:	Clerk of Court, Notary Public or other person authorized to administer oaths. My commission expires:							
(SEAL)	(SEAL)							