

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT ANCHORAGE

TERESSA GARDINER n/k/a
TERESSA FAUVER,

Plaintiff,

vs.

JERRY GARDINER, JR.,

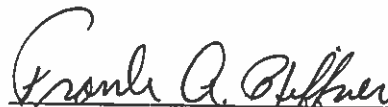
Defendant.

Case No. 3AN-03-11696 CI

ORDER

Before the court is defendant's July 3, 2017, motion to change custody, support and visitation. No opposition has been filed. The court awards defendant sole legal and primary physical custody of the parties' minor child, Krystin Fauver, d/o/b 02/02/2002. Defendant has sole discretion over what visitation, if any, is to occur between plaintiff and Krystin. Plaintiff will owe child support in accordance with Civil Rule 90.3(a). Plaintiff is ordered to file an updated child support guidelines affidavit (DR-305) within 10 days of the date of this order.


DATED this 18th day of July, 2017, at Anchorage, Alaska.



FRANK A. PFEIFFER
Superior Court Judge

I certify that on 7-18-17 a copy
of the above was mailed to the following
at their address of record:

T. Fauver
J. Gardiner, Jr.



B. Cavanaugh, Judicial Assistant

Person Filing Motion:

Name: Jerry A. Gardiner Jr Daytime Telephone No. 907-750-5196

Mailing Address: P.O. Box 81498 Fairbanks AK, 99708

TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY
FILED in the Trial Courts
State of Alaska Third District

List court location, names of parties and case number exactly as shown on original court order.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT Anchorage

Teresa M. Fauver

Clerk of the Trial Courts
By _____ Deputy

Jerry A. Gardiner Jr

CASE NO. JAN-03-11696-CI

MOTION TO CHANGE

☒ CUSTODY ☒ SUPPORT ☒ VISITATION

1. **PARENT INFORMATION**

NOTE: If for any reason you do not want the other parent to know your current address or employer, you need not provide that information. However, you **must** provide a mailing address that will allow the court and the other parent to mail you required documents. That address may be in care of another person as long as you will receive all papers sent to you.

Party A:

Full name: Teresa M. Fauver Date of Birth: 7-28-83

Mailing address: unknown

Residence address (if different): unknown

Daytime phone number: unknown E-mail: unknown

Most recent employer: unknown

Dates of employment: unknown

Employer's address: unknown

Party B:

Full name: Jerry A. Gardiner Jr Date of Birth: 6-19-81

Mailing address: P.O. Box 81498 Fairbanks AK, 99708

Residence address (if different): N/A

Daytime phone number: 907-750-5196 E-mail: jgardiner8117@gmail.com

Most recent employer: Fred Mayer

Dates of employment: 5-22-16 - present

Employer's address: 930 Old Steese Hwy Fairbanks AK, 99701

Custodian (other than parent):

Full name: _____ Date of Birth: _____

Mailing address: _____

Residence address (if different): _____

Daytime Phone number: _____ E-mail: _____

2. CHILDREN

List the names of all children covered by your most recent court order.

Child's Name	Date of Birth	Who is Child Living With?
Krysth MJ Fauver	2-2-02	Jerry A. Gardner Jr

[Attach extra pages for any additional children.]

Is the custody and visitation arrangement for each child the same as ordered by the court in its most recent order? ☐ Yes ☒ No

If your answer is "no" for any child, explain in detail how the child's current custody and visitation arrangement is different from what the court ordered. [Attach extra pages if necessary.]

The child came to reside with her father, after Washington State Child Protective Services contacted him, stating that Teressa was unreachable, and Krysth was living or staying in an unsafe place, according to Cindy from CPS. The child has been living with her father since May 20th of 2017. It was also stated by cps that Krysth had not heard from her mother over that same two week period.

The original court order gave Teressa primary custody and gave me only supervised visits on weekends at my expense.

3. **CHANGE IN CUSTODY OR VISITATION**

NOTE: A change in custody will not be granted unless there has been a substantial change in circumstances since the last order was entered. Also, the requested change must be in the best interests of the children. See page 3 of the Instructions about "best interests."

Do you want the custody or visitation order changed? (Check all that apply.)

☒ custody ☒ visitation ☐ no change in custody or visitation

Explain in detail what changes you want the court to order and why. [Attach extra pages if necessary.]

I want the court to change the custody from Teressa to Terry, because of the abandonment that occurred in May, as well as the homeless situation that the child was in with Teressa. Those facts can be confirmed through Cindy at Washington CPS. The visitation change given the facts should be limited to NO contact, as Teressa has proven that she is willing to abandon her child, and continue in an abusive relationship with a man who threatened Krysta on May 5th 2017. According to CPS, Teressa has made Krysta's life very hard to navigate and her being a teenager means she needs help that she was not getting with her mother. I am providing Krysta with a stable home and environment in which to live, and become successful in school and her life going forward.

Notice to Parties: If there is a change in custody or visitation, the court is required to consider whether the child support order must also be changed.

Travel Expenses. Travel expenses necessary to exercise visitation should be allocated between the parties as follows:

Mother if given visitation will pay for all, and only in Fairbanks Alaska. If she is granted visitation then it should be supervised, as she has proven to be unstable as a parent.

4.

CHANGE IN CHILD SUPPORT

NOTE: In order to obtain an increase or decrease in support payments because of a change in income of the person making the payments, the change in income must be both long term and significant. The court will not modify a support order because of a minor or temporary increase or decrease in income. The general guideline for determining whether a change in income is significant is if the change is enough to raise or lower the support payments by 15% or more. **You must attach any documentation you have that supports your request. Examples include pay stubs, tax returns, and proof of social security or disability benefits.**

Do you want the support payments for the above children to be:

☐ increased ☐ decreased ☐ no change in support payments

Check all of the following boxes that explain why you are requesting an increase or decrease. [Attach extra pages if necessary.]

a. ☐ The income of the person making the child support payments has **increased or decreased**. (If you check this box, attach documentation of the increase or decrease and explain why it has occurred.)

b. ☒ Support payments should be changed because there has been a change in where the children are living. (If you check this box, list the dates when the living arrangements changed, explain what the current living arrangements are, and attach any documents you have to support your claim.)

*The support should change to Teressa Fauver
paying, because CPS took Teressa away, and sent
her to live with me on May 20th 2017.*

c. ☐ Support payments should be changed because there has been a change in the availability or cost of medical insurance for the children or because medical expenses for the children have increased or decreased. (If you check this box, attach all available documents that support the requested change.)

d. ☐ Other (Be specific and attach any supporting documents.)

Income Withholding. If your current support order in this case does not require immediate income withholding but CSSD is enforcing the order, the court will be required to order immediate income withholding in its modification order unless one of the three exceptions authorized by Alaska Statute 25.27.062(m) applies. For an explanation of those exceptions, see form DR-10, pages 13-14 (available at the court).

Is CSSD currently enforcing your support order ☐ Yes ☐ No
If yes, is there a reason why the court should not order immediate income withholding?

5. REQUIRED ATTACHMENTS. Each of the items listed below **MUST** be attached to this motion. Check each box to indicate that you have completed and attached the item.

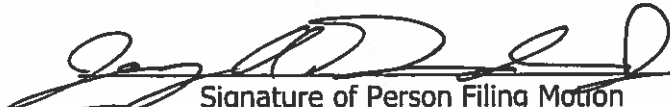
- ☒ A copy of your most recent child support order *on file*
- ☒ Child Custody Jurisdiction Affidavit (form DR-150)
- ☒ Child Support Guidelines Affidavit (form DR-305)
- ☒ Shared Custody Child Support Calculation (form DR-306) (*required only if shared custody has been ordered or is being requested*) or form DR-307 (*for divided custody*) or form DR-308 (*for hybrid custody*).
- ☒ All documentation needed to support your request for a change in custody, visitation or support.
- ☒ Filing fee in the amount specified in Administrative Rule 9(b)(1).

OATH OR AFFIRMATION

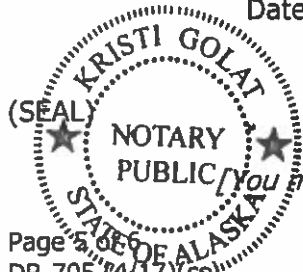
NOTE: You must sign this in front of a notary. A court clerk can provide this notary service for you at no charge. Bring a photo ID with you for the notarization.


I swear or affirm that the above statements and any attachments are true to the best of my knowledge and belief.

6-29-17
Date


Signature of Person Filing Motion
Jerry A. Gardiner Jr
Printed Name

Subscribed and sworn to or affirmed before me at Fairbanks, Alaska
on June 29, 2017.
Date




Clerk of Court, Notary Public or other
person authorized to administer oaths.
My commission expires: August 4, 2020

CHILDREN'S ADMINISTRATION (CA)
Shared Planning Meeting

Consent to share information (14-012) completed and signed: ☐ Yes ☒ No (If yes, please attach form)

If no, reason:

Youth was present and father participated via telephone, mother did not participate

SECTION 1

PARENT/FILE NAME Fauver, Teressa M.	CASE NUMBER 1810906	DATE OF MEETING 05/19/2017	NAME OF FACILITATOR (IF APPLICABLE) VIGESAA, SUZETTE, D.
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CHILD NAME Fauver, Krystin, M.	DATE OF BIRTH 02/02/2002	FAMLINK PERSON ID 101388255
-----------------------------------	-----------------------------	--------------------------------

WORKER ID 3202707	SOCIAL WORKER NAME Cherry, Cindy, D.	TELEPHONE NUMBER (425)512-5868
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ORIGINAL PLACEMENT DATE (OPD)	DATE OF CURRENT PLACEMENT	OFFICE Everett
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SECTION 2

Shared Planning Meeting Time Frame

☐ Meeting within 72 hours of OPD (if available)
 ☐ Meeting within 30 days of OPD
 ☐ Meeting within 180 days of OPD
 ☐ Meeting 9 – 11 months of OPD
 ☐ Meeting every 12 months thereafter
 ☒ Other

Other meetings that may be consolidated with any of the above meeting timeframes: (Check all that apply)

- ☐ Adoption Planning Review
- ☐ Behavior Rehabilitative Services (BRS) Staffing
- ☐ Case Conference (RCW 13.34.067)
- ☐ Case Transfer Staffing
- ☐ CHET (Child Health and Education Tracking) Staffing
- ☐ EPSDT Staffing
- ☐ Mental health/substance abuse treatment planning triggered by denial of service (for the child)
- ☐ FAR Family Meeting
- ☒ Family Team Decision Making(FTDM)
 - Purpose of FTDM:
 - ☐ Emergency Placement or VPA
 - ☒ Imminent risk of placement
 - ☐ Change of Placement
 - ☐ Exit from placement
- ☐ Family Support Meeting
- ☐ Family Group Conference
- ☐ Foster Care Assessment Program Key Person Staffing (FCAP)
- ☐ LICWAC staffing
- ☐ Multiple Placement Staffing
- ☐ Multi-Disciplinary Staffing (for Youth 17.5)
- ☐ Permanency Planning Staffing (aka Prognostic Staffing)
- ☐ Tribal staffing (ICW Manual)
- ☐ Other

SECTION 3

Meeting Invitees/Participants

Distribution List

(who received a copy of the form?) Yes No	Role in relation to child (cross reference with Famlink)	Name	Invited to Meeting Yes No	Present at Meeting Yes No
<input checked="" type="checkbox"/> <input type="checkbox"/>	Facilitator	SUZETTE D. VIGESAA	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	CPS worker	Cindy D. Cherry	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/>	Supervisor(s)	Janae Mareletto	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/>	Supervisor(s)	Linda L. Karu	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	Child	Krystin "Frankie" Fauver	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/>	Mother(s)	Teressa Fauver	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	Father(s)	Jerry A. Gardiner, Jr, father via telephone	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

SECTION 4

Parent Information

NAME OF MOTHER		DATE OF BIRTH
NAME OF FATHER	PATERNITY STATUS	DATE OF BIRTH

SECTION 5

Native American Status

COMPLETED INDIAN IDENTITY REQUEST FORM (09-761) IN FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST ALL TRIBAL AFFILIATIONS
--	------------------------------

Active efforts to identify Tribal status? ☐ Yes ☐ No

Describe active efforts:

SECTION 6

SAFETY

Review assessments related to safety

Develop/update safety plan or transition and safety plan

Discuss ways to maintain the family's and/or child's community, cultural identity, and cultural heritage

Identify/discuss family strengths

Identify/discuss services and referrals needed to eliminate need for agency involvement

Father lives in Alaska, DCFS has completed a walk-through of his home with his partner and 3 children

Mothers pattern of being in Domestic Violence relationships with various men, disappearing from her daughter, Frankie has no idea where his mother is right now, mother Tess will maintain Facebook contact or face time

PERMANENCY

Review assessments for strengths and challenges to timely permanence

Discuss Placement

- Stability of the current placement
- Additional services to strengthen placement to reduce risk of disruption
- Placement with siblings

Discuss status of relative search/relative home study (both maternal and paternal sides).

Discuss status of Tribal affiliation.

Discuss how the family identifies their own cultural identity and social heritage to maintain connections.

Identify/update permanency planning goals and progress, including barriers to permanency and discuss compelling reasons if exploring alternate permanency plans.

Discuss referral for TPR petitions (if child has been out of home 12 of the last 19 months) or identify/discuss compelling reasons not to file.

Discuss actions to support concurrent planning.

Discuss option of adoption with current caregiver.

Discuss open communication agreement

Develop and/or update visiting plans, including sibling visits (15-209C).

Father is seeking custody through family court in AK

WELL-BEING

- Identify, address, and document the health and educational well-being of child, including services needed to support healthy development
- Is the child achieving the developmental tasks for his/her age group?
- Review and/or assign roles and responsibilities for child's education
- Gather/review/update medical information
- Discuss/review Independent Living Services and transition plans
- As a result of the CHET screening or consultation with the PHN, are there any services that need to be considered?

Krystin does not identify as male or female and goes by Frankie. Frankie participates in counseling at THS and goes to LGBTQ drop in center at the Lambert House

Dental Neglect needs to see dentist, well child exam and eye exam, wears glasses

SECTION 7

(Complete or update Service Plan 15-259A or ISSP 15-209)

ADDITIONAL RECOMMENDATIONS/ASSIGNMENTS/DATES

Document recommended permanency plan (both primary and alternate plan).

☐ Return home

☐ Adoption: ☐ Adoption by relative ☐ Adoption by foster parent ☐ Home study complete
☐ Refer for home study ☐ Adoption through exchanges and other recruitment efforts
Describe efforts:

☐ Guardianship: ☐ Title 13 Guardianship

(If Title 13 Guardianship is recommended, the Guardianship Approval checklist must be attached)

☐ Dependency Guardianship

(If Dependency Guardianship is recommended, the Dependency Guardianship checklist must be attached)

☐ Superior court Guardianship

☐ Third Party Custody (Non-Parental Custody)

☐ Long Term Foster Care/Relative Agreement (If Long Term Foster Care/Relative is recommended, the Long Term Foster Care/Relative Checklist must be attached)

Document any compelling reasons:

- If not filing a Termination of Parental Rights Petition (TPR).
- If choosing a permanent plan other than return home, adoption, guardianship, or third party custody.

Document plan to maintain and/or achieve stability in placement (include any additional services for the child, parent or caregiver to strengthen placement):

Document alternative plan for assessment, treatment and services if child has been denied mental health or substance abuse services:

ATTACHMENTS:

- ☐ Family Face Sheet (14-024)
- ☐ Investigative Risk Assessment (15-263)
- ☐ Safety Assessment (15-258)
- ☐ Safety Plan (15-259)
- ☐ ISSP (15-209) – REQUIRED ATTACHMENT, if due per policy
- ☐ Indian Identity Request form (09-761A)
- ☐ Family Assessment (15-421)
- ☐ Assessment of Progress (15-373)
- ☐ Case Plan (15-259)
- ☐ Child's Medical and Family Background Report (13-041)(first four pages completed)
- ☐ Child Information/Placement Referral form (15-300)
- ☐ CHET Screening Report (14-444)
- ☐ Parent Information Sheet (15-260)
- ☐ Group Care Social Summary/Referral (10-166A)
- ☐ Relative Search forms (15-325, 15-328, and 15-329)
- ☐ Guardianship Approval Checklist (15-324)
- ☐ Long Term Care With Foster Parent or Relative Checklist (15-323)
- ☐ Transition Plan for Youth Exiting Care (15-417)
- ☐ Other

SECTION 8

FOR FAMILY TEAM DECISION MEETINGS

CASE NAME Fauver, Teressa M.		CHILDREN DISCUSSED Fauver, Krystin, M.;	
SOCIAL WORKER NAME Cherry, Cindy, D.	TELEPHONE NUMBER (425)512-5868	SUPERVISOR NAME Karu, Linda, L.	TELEPHONE NUMBER (360)899-6781
STRENGTHS/RESOURCES 15-year-old Frankie is currently staying with a friend for the past 2 weeks Father has been located in Fairbanks, AK, he wants to care for Frankie AK DCFS did a site visit and walk through of the father's home, they had no concerns When parents separated, Jerry visited Frankie for 1-1/2 years and Tess moved out of state and she has been the custodial parent since age 2 Jerry has been sober since 2011, he currently is in Graduate school, in a relationship with a woman with 3 children, he participated in treatment when he had a DUI in 2006 IDEAS: Visiting over the phone, and/or Facebook with father and his girlfriend and her children Complete CPS clearance check in AK on both father and his girlfriend Jerry will seek primary custody in Family Court in AK Well child exam, dental exam and vision exam are needed Establish healthcare Enroll in school			
SAFETY CONCERNS CPS referral on 5/5/17 Initially was a FAR case, Concerns are exposure to Domestic Violence (mother and her partner Cole Sones) Cole has made threats of harm, has threatened to kill Tess (mother), has put his hands around her neck and threw her across the room, has prevented the mother from calling the police, has made vague threats to harm Frankie. Cole has been involved with Tess & Frankie for over 1 year. Franke reports Cole will be ok for while then they start fighting then he gets violent mother leaves him and then they get back together and start the pattern all over again. Reports that Tess has had similar relationships with other men Tess has been showing up at Susan's where Frankie is staying in the middle of the night and she has 2 small children, is concerned about this behavior as being unsafe for her family. When plans began for Frankie to go to her father's care, Frankie called her mother to say goodbye and then Tess began contacting CPS as prior to this she was not cooperative Jerry has not seen Frankie since he was since age 2, has been paying child support. Has had some criminal involvement with DUI in 2006, Theft in 2004, Probation for 5 years (ended 3 years ago) Girlfriend had DUI approx. 10 years ago			
PLACEMENT DECISIONS Birth father wants youth and is seeking custody in Family court in Alaska			
MEETING OUTCOME: Leave child/youth at home (voluntary)		PLACEMENT RECOMMENDATION: Other	
ACTION PLAN			
GOAL/OBJECTIVE	TASKS	BY WHOM	TARGET DATE
Safety	Assist Frankie in traveling to	Cindy Cherry, Social Worker	05/19/2017

	her father's home		
Safety	Check CPS history in AK on father and his girlfriend	Cindy	05/19/2017
Safety	Seek parental custody in Family court in AK	Jerry Gardiner, Father	05/19/2017
Education	Enroll in school	Jerry & Frankie	05/24/2017
well being	Set up well child exam, dental exam & eye exam	Jerry & Frankie	05/24/2017
emotional support	Set up appointment for counseling	Jerry & Frankie	06/05/2017

CHILDREN'S ADMINISTRATION

SIGNATURE PAGE

CASE NAME

Fauver, Teresa M.

DATE OF STAFFING

05/19/2017

TIME

08:00

I pledge to hold in confidence all information, verbal or written, I receive as a result of this Shared Planning Meeting. RCW 74-04.060 prohibits "... disclosing the contents of any records, files, papers, and communications, except for the purpose directly connected with the administration of the programs..." I agree I will not reveal, publish or otherwise make known to unauthorized persons of the public any information obtained in the course of the Shared Planning Meeting. If I am a staff member, this pledge covers discussion on my part with fellow staff members (unless specifically allowed by statute), personal friends and fellow citizens, in private, semi-private or public places. Any unauthorized release of information is in violation of state and federal law, and I understand I may be subject to criminal and/or civil sanctions as a result of such a release.

I understand that my role in this meeting is to assist in providing information related to the above case. I understand that this information may assist Children's Administration in making recommendations to the court regarding services for the child and family, the safety issues, the best permanent living arrangement for the child, and well-being issues.

PRINT NAME	SIGNATURE	ROLE/RELATIONSHIP
Suzanne	Suzanne	Facilitator
Jerry Gardner	via telephone	Facilitator
Frankie Fauver	Frankie	Kid
Cindy Cherry	Cindy Cherry	CPS Investigation
Janae Marcletto	Janae Marcletto	CPS Supervisor



Children's Administration Travel Authorization

To be completed and approved for all travel for Children's Administration ONLY.
Complete form electronically.

Agency Number: 300

1. Traveler(s) Information

LEGAL NAME: LAST, FIRST, MIDDLE AS ON ID	CASE NUMBER	DATE OF BIRTH	SEX	TRAVELER STATUS
PRIMARY TRAVELER Krystin Mary Jane Fauver	1810906	02/02/2002	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	- Select -
PRIMARY TRAVELER'S PHONE NUMBER () -	PRIMARY TRAVELER'S CELL PHONE NUMBER () -			
			<input type="checkbox"/> Male <input type="checkbox"/> Female	- Select -
			<input type="checkbox"/> Male <input type="checkbox"/> Female	- Select -
			<input type="checkbox"/> Male <input type="checkbox"/> Female	- Select -
			<input type="checkbox"/> Male <input type="checkbox"/> Female	- Select -

OUT OF STATE TRAVEL CODES (SELECT OUT OF STATE TRAVEL CODE BELOW)
Choose an item.

SOCIAL WORKER / REQUESTOR'S NAME Cindy Cherry	JOB TITLE CPS SW 3	PHONE NUMBER () -
DIVISION / OFFICE / SECTION Roving Unit	DIVISION / OFFICE / SECTION ADDRESS	

PURPOSE OF TRIP / OUT-OF-STATE CODE (STATE PURPOSE OF THIS TRIP, BE SPECIFIC)

To prevent filing of dependency, youth will be sent to father in Alaska.

EXPECTED BENEFITS AND RELATIONSHIP TO JOB ASSIGNMENT

Youth will be reunited with father and placement will be prevented.

REASON(S) AN EXCEPTION TO THE MAXIMUM LODGING AMOUNT IS REQUIRED

COST SAVING ALTERNATIVES THAT WERE CONSIDERED

Father is unable to come to WA to take child home with him

CHECK ALL THAT APPLY TO INDICATE WHICH DOCUMENTS ARE ATTACHED TO THIS FORM.

☐ Approved ICPC 100A ☐ Court order ☐ Completed background check ☐ Parental permission

☐ Additional comments:

2. Travel Itinerary and Mode of Transportation

DATE	FROM (CITY, STATE)	TO (CITY, STATE)	MODE	TIME OF TRAVEL
05/20/2017	Seattle, WA	Fairbanks, AK	AIR-Air/Flight	2:00 PM - 4:39
			- Select -	-
			- Select -	-
			- Select -	-
			- Select -	-

3. Travel Expense Estimated

ITEM OF EXPENSE	NUMBER OF DAYS	ESTIMATED TRAVEL COST
Lodging / Subsistence		
Airfare		\$627.00
Bus		
Training		
<input type="checkbox"/> Rental car		
<input type="checkbox"/> Unaccomp. Minor Fee		
TOTAL		\$627.00

4. Costs

A. Estimated travel costs: \$627.00

B. Estimated reimbursement from another source: \$0.00

C. Total to be paid by the department: \$627.00

D. No cost to the department.

5. Signature Approvals

CA WORKER / REQUESTOR	DATE	SUPERVISOR	DATE	AREA ADMINISTRATOR	DATE 5/19/17
REG DELEGATED AUTHORITY	DATE	FIELD OPERATIONS DIRECTOR	DATE	ASSISTANT SECRETARY	DATE
SECRETARY			DATE		

Original



WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado

MONEY ORDER

moving money for better

Payable to: The Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

Fred Meyer

(ISSUING AGENT)

17-615822002

7-11-93 11 042217

1230 17

17615822002 1. 000000

\$

30.00

PAY EXACTLY

PAY TO THE ORDER OF

PO. Box

Alaska Court Systems. 3A PAYMENT OFFICE

81498 Folsom, AK 99708

[Signature]

1021004001 40176158220021

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the Money Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with the original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-950-0000.

* 17615822002 *



IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT Anchorage

FILED in the Trial Courts
State of Alaska Third District

JUL -3 2017

By [Signature]
Clerk of the Trial Courts
Deputy

CASE NO. 3AN-03-1676-CJ

**CERTIFICATE OF SERVICE FOR
MOTION TO CHANGE CUSTODY,
SUPPORT, OR VISITATION**

[MUST BE COMPLETED]

[Instructions: You must serve this Certificate of Service on the other party and file it with the court **AFTER** you pay the filing fee or the court approves your request to waive the filing fee.]

☒ **OTHER PARENT** [Instructions: You must send a Response Packet to the other parent in addition to the other items listed below.]

I certify that I served the other parent by ☐ first class mail ☐ hand delivery a copy of (1) the *Motion*; (2) all documents checked in paragraph 5; and (3) a *Response Packet*.

Name of Other Parent: Teresa M. Fauver

Address: 301 Main Street Seattle WA 98101

Date mailed or hand delivered: 6-29-17

☐ **OTHER PARENT'S ATTORNEY** [Instructions: If the other parent was represented by an attorney within the last year, you must send the attorney the documents below.]

I certify that I served the other parent's attorney by ☐ first class mail ☐ hand delivery a copy of (1) the *Motion*; and (2) all documents checked in paragraph 5.

Name of Other Party's Attorney: _____

Address: _____

Date mailed or hand delivered: _____

☐ **CHILD SUPPORT SERVICES DIVISION (CSSD)** [Instructions: If you are asking to reduce or eliminate past-due child support debt, you must send a copy of the documents listed below to the Attorney General's office.]

I certify that I served the Attorney General's office by ☐ first class mail ☐ hand delivery a copy of (1) the *Motion*; and (2) all documents checked in paragraph 5 to the address below. Date mailed or hand delivered: _____

Attorney General's Office
Child Support Section
1031 West Fourth Avenue, Suite 200
Anchorage, AK 99501

6-29-17

Date filed at court

[Signature]
Signature of Person Filing Certificate
Jerry A. Gardiner Jr
Print Name

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT Anchorage

FILED in the Trial Courts
State of Alaska Third District

JUL -3 2017

Clerk of the Trial Courts

By _____ Deputy

CASE NO. 3AN-0311696/CI

NOTICE OF MOTION TO CHANGE
CUSTODY, SUPPORT OR VISITATION

Jerry A. Gardiner Jr

TO OPPOSING PARTY:

Name: Teressa Fauver
Address: 301 Union Street Seattle
WA, 98101

You are being served with the attached motion requesting a change in:

☒ child custody ☒ child support ☒ child visitation

You have a right to file a written response to the motion within 13 days after either the postmark date or the date the motion was hand-delivered to you. (If the motion and this notice were mailed or delivered to you on different dates, you have a right to file a written response to the motion within 13 days after the later of the two dates. For example, if the motion is postmarked on March 1, and the notice is postmarked on March 10, then you have 13 days after March 10 to file a written response. In this example, your response would be due on March 23.)

You may use the response form in the enclosed "Response Packet." Your response must be filed with the Clerk of Court at the court where the motion was filed. See page 4 of the instructions in the enclosed "Response Packet" for a list of court mailing addresses.

If you file a response with the court, you must also serve a copy of it on the party or attorney whose name and address appear below and, if CSSD is enforcing the order, on the Attorney General's office. See the enclosed "Response Packet" instructions.

If you were previously represented by an attorney in this case, do not assume that your attorney still continues to represent you. If you have any questions, you should contact an attorney.

6-29-17

Date

Jerry A. Gardiner Jr
Signature of Party or Attorney

Jerry A. Gardiner Jr
Type or Print Name

P.O. Box 81498

Fairbanks Ak 99708

City State ZIP

Certificate of Service

I certify that on _____
I mailed/delivered a copy of this Notice, the
referenced motion, all supporting documents and a
blank "Response Packet" to the opposing party
named above at the address written above.

Signature of Party or Attorney