

In the District Court of _____ County, Kansas

vs.

Case No.

SHORT-FORM DOMESTIC RELATIONS AFFIDAVIT
(To be used for Paternity Actions, Child Support Actions, and
Post-Judgment Motions to Establish or Modify Child Support)

Name: _____

I am the : Parent IV-D Agency Other: _____

This case involves these dependents:

Child 1: _____ Year of Birth: _____

Child 2: _____ Year of Birth: _____

Child 3: _____ Year of Birth: _____

Child 4: _____ Year of Birth: _____

Child 5: _____ Year of Birth: _____

Child 6: _____ Year of Birth: _____

CONTACT INFORMATION

Please provide the following information about yourself:

Home #: _____ Cell #: _____ Other phone #: _____

Email: _____

Current Mailing address: _____

CHILD(REN)

A. How many children live in your household currently? _____

B. How many children do you have that are not part of this court order? _____

C. What children reside with you in your home? none

Child 1: _____ Year of Birth: _____ Relationship: _____
Child 2: _____ Year of Birth: _____ Relationship: _____
Child 3: _____ Year of Birth: _____ Relationship: _____
Child 4: _____ Year of Birth: _____ Relationship: _____
Child 5: _____ Year of Birth: _____ Relationship: _____
Child 6: _____ Year of Birth: _____ Relationship: _____

D. For which children do you pay child support?

None Court Order Verbal Agreement

Child 1: _____ Year of Birth: _____ State of order: _____
Child 2: _____ Year of Birth: _____ State of order: _____
Child 3: _____ Year of Birth: _____ State of order: _____

E. Do you have any parenting agreements for these children?

None Court Order Verbal Agreement:

F. Who claims the child(ren) for tax purposes?

_____ claims every year Alternate other arrangement Unknown
 No one

EDUCATION & TRAINING

Check all levels of education you have completed:

G.E.D. High School Diploma Associate Degree Bachelor Degree
 Graduate Degree/Professional License/Trade/Certification: _____

YOUR CURRENT WORK & OTHER INCOME

I am currently:

Not working Employed through an employer Have more than one job
 Self-Employed A stay-at-home parent Other: _____

Employer Name: _____ Employer Address: _____
Employer Phone: _____ Employer Fax: _____
Type of Work: _____ Position or Title: _____

I am paid hourly; the amount is \$ _____ per hour. I usually work _____ hours each week.
 I am paid salary; the amount is \$ _____ every week two weeks month year

Please list information about any other jobs you currently have and/or information about previous jobs:

Type of job/position: _____ Wage/Salary: \$ _____

Type of job/position: _____ Wage/Salary: \$ _____

I pay \$ _____ for work-related expenses such as union dues or uniform.

Explain: _____

I have \$ _____ income from other sources (side business, odd jobs, investments, etc.).

Explain: _____

I receive \$ _____ Unemployment Compensation Workers Compensation

Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI)

VA Disability Other Disability Other: _____

I receive \$ _____ each month Social Security benefits for a child on this case.

OTHER PARENTS' CURRENT WORK & OTHER INCOME

The other parent currently:

Is not working Is employed through an employer Has more than one job

Self-Employed A stay-at-home parent Other: _____

Employer Name: _____ Employer Address: _____

Employer Phone: _____ Employer Fax: _____

Type of Work: _____ Position or Title: _____

The other parent is paid hourly; the amount is \$ _____ per hour. The other parent usually works _____ hours each week.

The other parent is paid salary; the amount is \$ _____ every week two weeks month
 year

Please list information about any other jobs the other parent has and/or information about previous jobs:

Type of job/position: _____ Wage/Salary: \$ _____

Type of job/position: _____ Wage/Salary: \$ _____

The other parent pays \$ _____ for work-related expenses such as union dues or uniform.

Explain: _____

The other parent has \$ _____ income from other sources (side business, odd jobs, investments, etc.).

Explain: _____

The other parent receives \$ _____ Unemployment Compensation
 Workers Compensation Social Security Disability Insurance (SSDI)
 Supplemental Security Income (SSI) VA Disability Other Disability
 Other: _____

The other parent receives \$ _____ each month Social Security benefits for a child on this case.

Remember: Provide documentation for each type of employment and income.

IF YOU ARE NOT CURRENTLY WORKING

Have you had a job in the past? Yes No
If yes, when did you become unemployed? Month: _____ Year: _____
If yes, why did you become unemployed? I was laid off I was terminated I quit

Are you looking for work? Yes No and I do not plan to
 Not currently, but I plan to in the future

Please list information about your last 2 jobs (if applicable):

Type of job/position: _____ Wage/Salary: \$ _____
Type of job/position: _____ Wage/Salary: \$ _____

Do you have trouble gaining/keeping employment or are you looking for work? Explain:

If it applies, attach any proof of lay off or medical records affecting your ability to work

CHILDCARE AND HEALTH INSURANCE

Do you pay for child care for the child(ren) on this case? Yes No
For which child(ren)? _____

Does DCF pay any portion of the child care? Yes No If yes, how much? \$ _____

Do you pay child care: every month summer only after school only other: _____
How much do you pay for child care? \$ _____ each week every two weeks monthly

Remember: Attach receipts, a bill, a letter from a provider on business letterhead, or a notarized letter from a provider.

Who pays for the child(ren)'s health insurance?

- I carry the children's health insurance Medicaid The children have no insurance
- My current spouse carries the children's health insurance
- The other party on this case carries the children's insurance
- Someone else carries the children's health insurance

If you or your current spouse carry private health insurance for the children, we need your current plan info:

Insurance company name: _____

Insurance company address: _____

What type of plan is it? Employee only (Single) \$ _____
 Employee + children \$ _____ Family \$ _____ Other: _____

Plan effective date: _____ Policy #: _____ Group #: _____

List all dependents covered on the plan: 1) _____ 2) _____
3) _____ 4) _____ 5) _____

ADJUSTMENTS

I am requesting that my child support worksheet include the following adjustments:

- parenting time adjustment agreement past majority
- income tax consideration long distance parenting time
- special needs overall financial conditions

other: _____

SIGNATURE

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true, correct and complete.

Signature: _____ Date: _____