

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: \_\_\_\_\_