

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

**IN THE EIGHTEENTH JUDICIAL DISTRICT
DISTRICT COURT, SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE

_____,)
_____,)
and)
_____.)
_____)

Case No. _____

PURSUANT TO CHAPTER 23 OF
KANSAS STATUTES ANNOTATED

MOTION

Petitioner/Respondent hereby request the following relief:

_____ MODIFICATION OF CHILD SUPPORT. (Current child support worksheet and Domestic Relations Affidavit must be filed, too.)

_____ Termination of child support.(list specific reasons below)

_____ MODIFICATION OF VISITATION/PARENTING TIME. (Motion for this relief must be verified. Specific factual grounds to support it must be stated in the attached affidavit and Proposed Parenting Plan must be submitted.)

_____ CHANGE OF CUSTODY. (Motion for this relief must be verified. Specific factual grounds to support it must be stated in the attached affidavit and Proposed Parenting Plan must be submitted.)

_____ Other: (use second sheet if necessary) _____



D C 1 8

By _____
Signature

VERIFICATION

I declare, under the penalties of perjury of the laws of Kansas, the foregoing is true and correct.

By _____
Signature of Person Filing Motion

NOTICE OF HEARING

The above Motion will be heard on the _____ day of _____, 20____. At _____ o'clock ____m., in the Family Law Court, Fourth floor, Sedgwick County Courthouse, 525 N. Main, Wichita, Kansas

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, 20____, I caused to be mailed a true and correct copy of the above and foregoing MOTION, by depositing the same in the United States Mail, postage prepaid, addressed to the following:

TO:
Name _____
Address _____
City, ST, Zip _____
Email _____

TO:
Name _____
Address _____
City, ST, Zip _____
Email _____

By _____
Signature of Person Filing Motion

