

IN THE MATTER OF

Petitioner

and

Respondent

Case No. _____

Pursuant to K.S.A. Chapter 23

To be used in a PATERNITY CASE:

DOMESTIC RELATIONS AFFIDAVIT OF _____ (name)

1. Mother's Residence _____
Mother's _____ XXX-XX-_____
Birth Month/Year Social Security Number Telephone

2. Father's Residence _____
Father's _____ XXX-XX-_____
Birth Month/Year Social Security Number Telephone

3. Number of children of the relationship: _____

4. Names, Social Security Numbers, the month and year of each child's birth and ages of minor children of the relationship:

Child's name	Last 4 SSN	Birth Month/Year	Age	Custodian

5. Names, Social Security Numbers, and ages of minor children of previous relationships and facts as to custody and support payments paid or received, if any.

Child's name	Last 4 SSN	Age	Custodian	Support Pmt	Paid or Rec'd



6. Mother is employed by _____

Father is employed by _____

(Include name and address of employers)

Monthly income as follows:

A. Wage Earner	Mother	Father
1. Gross Income	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Federal Withholding (Claiming _____ exemptions)	\$ _____	\$ _____
5. Federal Income Tax	\$ _____	\$ _____
6. OASDHI	\$ _____	\$ _____
7. Kansas Withholding	\$ _____	\$ _____
8. Subtotal Deductions	\$ _____	\$ _____
9. Net Income	\$ _____	\$ _____

B. Self-Employed	Mother	Father
1. Gross Income from self-employment	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Reasonable Business Expenses (Itemize on attached exhibit)	\$ _____	\$ _____
5. Self-Employment Tax	\$ _____	\$ _____
6. Estimated Tax Payments (Claim _____ exemptions)	\$ _____	\$ _____
7. Federal Income Tax	\$ _____	\$ _____
8. Kansas Withholding	\$ _____	\$ _____
9. Subtotal Deductions	\$ _____	\$ _____
10. Net Income	\$ _____	\$ _____
11. (Line B.3. minus Line B.9.)	\$ _____	\$ _____

Pay period: _____
Mother

_____ Father

7. Expenses Relevant to Paternity Cases:

Item	Mother	Father
1. Child care (work-related)	\$ _____	\$ _____
2. Health Insurance		

Who provides Health Insurance Coverage for the Child(ren)? _____

How much does the party who provides health care pay for family coverage?

\$ _____ per _____.

How much does it cost the provider to furnish health insurance only on the provider?

\$ _____ per _____.

8. Child support adjustments requested.

	Mother	Father
Long Distance Parenting Time Costs	\$ _____	\$ _____
Parenting Time Adjustments	\$ _____	\$ _____
Income Tax Considerations	\$ _____	\$ _____
Special Needs/Extraordinary Exp.	\$ _____	\$ _____
Support Beyond Age of Majority	\$ _____	\$ _____
Overall Financial Condition	\$ _____	\$ _____

AFFIANT

/s/ _____

VERIFICATION

State of _____, County of _____,

I swear or affirm under penalty of perjury that this affidavit and attached schedules are true and complete.

/s/ _____

Subscribed and sworn this _____ day of _____, 20____.

/s/ _____

Notary Public

My Appointment Expires: