

**IN THE MATTER OF**

\_\_\_\_\_ **Petitioner**

and

\_\_\_\_\_ **Respondent**

**Pursuant to K.S.A. Chapter 23**

**Case No.** \_\_\_\_\_

**To be used in a PATERNITY CASE:**

**DOMESTIC RELATIONS AFFIDAVIT OF \_\_\_\_\_(name)**

1. Petitioner's Residence \_\_\_\_\_

\_\_\_\_\_ Birth Month/Year      XXX-XX-\_\_\_\_ Social Security Number      \_\_\_\_\_ Telephone

2. Respondent's Residence \_\_\_\_\_

\_\_\_\_\_ Birth Month/Year      XXX-XX-\_\_\_\_ Social Security Number      \_\_\_\_\_ Telephone

3. Number of children of the relationship: \_\_\_\_\_

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

Child's Initials	Last 4 SSN	Birth Year	Age	Custodian

5. Initials, 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 Initials	Last 4 SSN	Age	Custodian	Support Pmt	Paid or Rec'd

6. Petitioner is employed by \_\_\_\_\_  
 \_\_\_\_\_

Respondent is employed by \_\_\_\_\_  
 \_\_\_\_\_

(Include name and address of employers)

**Monthly** income as follows:

A. Wage Earner	Petitioner	Respondent
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	Petitioner	Respondent
1. Gross Income from self-employment	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Reasonable Business Expenses (Itemized 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: \_\_\_\_\_  
Petitioner Respondent

7. Expenses Relevant to Paternity Cases:

Item	Petitioner	Respondent
1. Monthly 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 _____ (week, every two weeks, month)		
How much does it cost the parent to furnish health insurance only on the parent?		
\$ _____ per _____ (week, every two weeks, month)		

8. Child support adjustments requested.

	Petitioner	Respondent
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: