

## **Instructions for Paternity Case**

Only Pro-Se forms from our website or the Kansas Judicial Council will be accepted- [www.dc18.org](http://www.dc18.org) or [www.kansasjudicialcouncil.org](http://www.kansasjudicialcouncil.org)

**Read Directions Completely – Please Type or Print Neatly**  
**COURT STAFF CANNOT PROVIDE ASSISTANCE OR ADVICE IN COMPLETING FORMS**

**Only single-sided documents are accepted.**

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Domestic Relations Affidavit (3 Pages);  
Child Support Worksheet (3 pages);  
Summons (1 page);  
Journal Entry & Decree of Paternity (4 pages);  
Imputed Income Order (1 page);

**Caution:** Use of forms without the assistance of a lawyer could harm your legal rights. You may want to have a lawyer review your completed forms before you file them with the court. These are basic forms and may not cover every situation. Your forms must be complete before they can be approved.

1. Petitioner: Complete the Civil Information Sheet (the person filing the petition will always be designated the Petitioner; Respondent is person who has been filed against). **All self-represented parties must include an email address.**
2. Complete the Petition, except for the case number. **Sign the Petition in front of a Notary or a Deputy Clerk.** After filing, the clerks will assign the case number.
3. Complete the Motion for Temporary Orders and the Proposed Parenting Plan. Both of these forms are not mandatory at the time of filing, however, a motion for Temporary Orders form will need to be filed before a hearing can be scheduled with the Judge assigned to the paternity case.
4. Complete the Domestic Relations Affidavit. The DRA can be filled out by the Petitioner or both parties. **Sign in front of a Notary or Deputy Clerk.**
5. Complete Child Support Worksheet. The Self Help Center has an app with software that can help you compute child support (Bradley software), or you can request help from the volunteer attorney (limited hours), or during walk in self help times at the Sedgwick County Law Library (limited hours).
6. File the originals with the Clerk of the District Court (7th floor of the Sedgwick County Courthouse). Copies can be made in the clerks' office for a fee.

The filing fee is \$197.00. It can be paid by money order, cashier's check, cash, credit card, or personal check. Please have exact change. A financial affidavit can be filled out and reviewed at the time of filing to reduce the filing fee. **NOTE: If you obtain DCF benefits, it will be your responsibility to provide a file stamped copy to your social worker.**

7. You will obtain a case number from the Clerk of the District Court when you file.

8. **You are required to serve the other party with copies of the pleadings and give them notice of this action.** You cannot serve the other party yourself. Service can be accomplished by: waiver, sheriff's service, special process server, certified mail-return receipt or by publication. You cannot hand or email the papers to the other party.

a) **By Waiver:** Respondent completes the Entry of Appearance and Waiver of Service and **signs it in front of a Notary or Deputy Clerk.** This document can be given to the Petitioner or the Respondent may file it. **or**

b) **By Sheriff's Service:** Complete a Summons provided with this packet. File it along with a \$15.00 money order, cashier's check or cash (Sedgwick County only, cash cannot be mailed to other counties) payable to (*Name of County where service will take place*)\_ County Sheriff's Office. The Clerk will issue the paperwork to the Sheriff's Office. **or**

c) **By Special Process Server:** Petitioner should conduct an internet search for ProcessServers in the geographic area where the party is intended to be served. After contacting the special process server, a Summons will need to be issued by the Clerk of the District Court and included in the documents served to the Respondent. The Petitioner is responsible for paying all fees. **or**

d) **By Mail:** Mail the copies of the court documents by certified mail—return receipt requested to the Respondent's last known address. The Affidavit of Service By Certified Mail and the Postal Form: Return of Service for Certified Mail, **must** be filed with the Clerk of the District Court after service by certified mail (green card) is returned to you to achieve good service. **Respondent must sign for documents.** **or**

e) **By Publication:** If you were not able to provide notice to the other party by one of the above methods, you may be able to provide notice of the divorce by publishing the notice in a local newspaper. In order to obtain "publication service," you **must** request permission to do so by filing the "Affidavit for Service by Publication," and obtaining an order from the assigned judge allowing you to publish notice. After you obtain the signed "Order Allowing Service by Publication", you must then publish notice following the process set out in K.S.A. 60-307. You must obtain "proof of publication" from the newspaper and file the proof with the court. Court personnel cannot help you with this process. The petitioner is responsible for paying for all publication service fees.

## **SECOND PHASE—**

9. **NO SOONER** than twenty (20) days **after service is complete** (thirty (30) days if

the Respondent is out of state), the Decree of Paternity may be signed by the Petitioner and filed. NOTE: The parties do not have to sign the Decree in front of a Notary.

10. Proof of service, by one of the methods listed above, must be filed at the time the final paperwork is presented to the Clerk.

11. A Permanent Parenting Plan must be filled out. NOTE: The parties do not have to sign the Permanent Parenting Plan in front of a Notary, and the Petitioner may sign the Plan individually or together with the Respondent.

12. The documents can be brought to the 7th floor for approval Monday through Friday from 8:00 a.m. to 4:00 p.m.

13. File the proof of service (if not already filed), original Decree, Permanent Parenting Plan, Child Support Worksheet, Vital Statistics form, and the Kansas Payment Center sheet with the Clerk of the District Court.

After the Judge has signed your Decree, make two copies of the Decree and the Permanent Parenting Plan--one copy for yourself and you must mail one copy to the Respondent.

**NOTE: If you are obtaining DCF assistance, you must provide a copy to your DCF worker. If you choose to have the Court Trustee collect your support payments, you must provide a copy to the Court Trustee when you make your appointment with them.**

**Additional District Court Clerk Fees That May Apply:**

**.25 Copies per page**

**1.00 Certified Copy of Paperwork**

**12.50 Garnishments**

**62.00 Motion Filing Fee**

**ATTENTION: If Paternity Decree is not approved by the judge and filed with the clerk within 120 days of original filing, your case may be dismissed after proper notice from the Courts at the address provided by Petitioner at the time of filing.**

## CIVIL COVER SHEET

The civil cover sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at [www.kscourts.org](http://www.kscourts.org).

**NATURE OF SUIT** (Mark only one - If the case involves more than one of the following categories, indicate the category having the highest dollar value.)

**CIVIL** If a CH. 61: \$\_\_\_\_\_ (Judgment Demand Amount)

**TORT**

- ☐ Asbestos Product Liability
- ☐ Automobile Tort
- ☐ Intentional Tort
- ☐ Legal Malpractice
- ☐ Medical Malpractice
- ☐ Other Professional Malpractice
- ☐ Premises Liability
- ☐ Slander/Libel/Defamation
- ☐ Tobacco Product Liability
- ☐ Toxic/Other Product Liability
- ☐ Other Tort

**CONTRACT**

- ☐ Buyer Petitioner
- ☐ Employment Dispute - Discrimination
- ☐ Employment Dispute - Other
- ☐ Fraud
- ☐ Landlord/Tenant - Forcible Detainer
- ☐ Landlord/Tenant Dispute - Other
- ☐ Seller Petitioner (debt collection)
- ☐ Other Contract

**CIVIL APPEALS**

- ☐ Administrative Agency
- ☐ Other Civil Appeal
- ☐ Tax Appeal

**REAL PROPERTY**

- ☐ Eminent Domain
- ☐ Mortgage Foreclosure
- ☐ Other Real Property
- ☐ Tax Foreclosure

☐ **STATE TAX WARRANT**

☐ **OTHER CIVIL**

☐ **SMALL CLAIMS**

**MISCELLANEOUS**

- ☐ 60-1507
- ☐ Habeas Corpus
- ☐ Other Writs
- ☐ Name Change
- ☐ Post Judgment Elevation LM to CV
- ☐ Transfer Pre-Judgment LM to CV

**DOMESTIC**

- ☐ **MARRIAGE DISSOLUTION/DIVORCE**
- ☐ **PROTECTION FROM ABUSE**
- ☐ **PROTECTION FROM STALKING**
- ☐ **UIFSA**
- ☐ **OTHER DOMESTIC RELATIONS**
- ☐ **NON-DIVORCE SUPPORT, CUSTODY OR VISITATION**
- ☐ **PATERNITY**
- ☐ **DOMESTIC FOREIGN JUDGMENT (OUT OF COUNTY)**

**PROBATE/ESTATE**

**GUARDIAN/CONSERVATOR**

- ☐ Conservatorship/Trusteeship
- ☐ Guardianship - Adult
- ☐ Guardianship - Minor
- ☐ Guardian/Conservator - Adult
- ☐ Guardian/Conservator - Minor

**PROBATE RECORDS**

- ☐ Probate Record - Other County
- ☐ Probate Record - Other State

☐ **DETERMINATION OF DESCENT**

☐ **SEXUALLY VIOLENT PREDATOR**

☐ **DECEDENT ESTATE**

☐ **REFUSAL TO GRANT LETTERS**

☐ **FILING WILL AND AFFIDAVIT**

☐ **OTHER PROBATE/ESTATE**

☐ **ADOPTION**

☐ **FOREIGN ADOPTION**

☐ **CARE AND TREATMENT**

☐ **TERMINATION OF JOINT TENANCY**

☐ **TERMINATION OF LIFE ESTATE**

**JURY DEMAND** ☐ YES (Check yes only if jury demand is included in petition or as a separate pleading)  
☐ NO

**SUMMONS ATTACHED:** ☐ YES ☐ NO **SHERIFF'S PROCESS FEE ATTACHED** ☐ YES ☐ NO

**SERVICE BY:** ☐ PROCESS SERVER/ATTORNEY  
☐ SHERIFF IN STATE \_\_\_\_\_ (County)  
☐ SHERIFF OUT OF STATE \_\_\_\_\_ (State)

**PETITIONER/SUBJECT INFORMATION**

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_  
\_\_\_\_\_**ATTORNEYS**

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**RESPONDENT/OTHER PARTY INFORMATION**

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_  
\_\_\_\_\_**ATTORNEYS**

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:**

(Name)

(Date of Birth)

(Social Security Number)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the Social Security number is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

IN THE 18<sup>TH</sup> JUDICIAL DISTRICT,  
DISTRICT COURT SEDGWICK COUNTY, KANSAS  
FAMILY LAW DEPARTMENT

IN THE MATTER OF THE PATERNITY OF

\_\_\_\_\_,  
minor child(ren), by and through parent

\_\_\_\_\_,  
(Petitioner)  
and

\_\_\_\_\_  
(Respondent)

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

Pursuant to K.S.A. Chapter 23

**PETITION FOR PATERNITY**

1. Petitioner is a resident of Sedgwick County, Kansas, and the minor child(ren) appears by and through Petitioner, who is the child(ren)'s parent and next friend.

2. That Respondent is a resident of \_\_\_\_\_.

3. The Petitioner and Respondent were not married at the time of the birth of the child(ren).

4. That venue in Sedgwick County, Kansas, is proper, and this Court has jurisdiction over both parties hereto and the subject matter herein.

5. The Petitioner and Respondent are the parents of the following child(ren). The names and dates of birth of the living child(ren) now under eighteen years of age are:

Childs Initials

Sex

Birth Year and Age


SEE ATTACHED LIST FOR ADDITIONAL CHILDREN IF NEEDED: ☐ Yes ☐ No

6. The minor child(ren) resides at \_\_\_\_\_  
\_\_\_\_\_ (full address) in Sedgwick County, Kansas; the minor child, at all times since birth, has resided within the state of Kansas; and the Petitioner has:

- a. ☐ not participated as a party to other custody litigation involving the minor child,

**OR**

- b. ☐ has participated in the following custody litigation involving the minor child(ren), specifically, Case Number \_\_\_\_\_, in \_\_\_\_\_ Court, (location); other than the foregoing proceedings, the Petitioner is without knowledge of any other custody proceedings now pending as to said minor child; the Petitioner knows of no other person not now a party to this action, who has physical residency of the minor child, or who claims to have residency or parenting time rights to said minor child; that the Petitioner is a fit and proper person to have care, custody and control of said minor child.

7. In the last 5 years, the child has lived with the following people and addresses:

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8. The parent and child relationship between the father and the minor child is presumed pursuant to K.S.A. chapter 23, article 22, for the following reasons:

☐ father completed a Voluntary Acknowledgement of Paternity (the document allowing the father to appear on the birth certificate), with his consent, and father did not attempt to revoke it within one year;

☐ \_\_\_\_\_ (Name of Party) has openly recognized their paternity of the minor child to third parties;

☐ \_\_\_\_\_ (Name of Party) either has assisted the natural mother financially during the pregnancy, or has provided support to the child following the birth, or both.

9. There are no other people that have legal custody, physical custody, or visitation with the child(ren)

10. That the interstate compact on placement of children, K.S.A. 38-1201 et seq., and amendments thereto, and the Indian Child Welfare Act, 25 U.S.C. 1901 et seq., and amendments thereto, are not applicable to this Paternity proceeding.

**WHEREFORE, the Petitioner prays:**

1. That the Court establish paternity of the minor child.
2. That the Court make custody and residency orders of the minor child consistent with Petitioner's Proposed Parenting Plan.
3. For the Court to order child support pursuant to the Kansas Child Support Guidelines.
4. For the Court to order an Income Withholding Order.
5. That the Court make any child support retroactive to an appropriate date authorized by law.
6. That the Court order the parties to pay all uninsured medical, dental, and orthodontic expenses of the child based on the percentage of income established in line D2 of the child support worksheet.
7. For such other and further relief as to the Court seems fair, just and equitable.

\_\_\_\_\_  
Petitioner, pro se

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**VERIFICATION**

STATE OF KANSAS

(COUNTY OF SEDGWICK) ss.

I swear or affirm, under penalty of perjury, that I am the Petitioner in this case, and that the statements made in this Petition are true.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Petitioner, Pro Se

**SUBSCRIBED AND SWORN** to before me, a Notary Public, this \_\_\_\_\_ day of

\_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My appointment expires: \_\_\_\_\_



## Self-Represented Litigant Certification Form

By signing this form, I certify that the attached filing complies with the certification requirements in the Temporary Rule for Filing in a District Court by a Self-Represented Litigant.

**I CERTIFY:** *(You must complete this section.)*

- ☐ I signed the attached filing and provided my name, address, telephone number, email address (if available), and fax number (if available).

**I ALSO CERTIFY:** *(Only complete **one** of the next two sections.)*

- ☐ My document **does not contain prohibited personally identifiable information** (“PII”). I checked my document for PII and made sure that my document meets the requirements of the Temporary Rule. It meets those requirements because:
- ☐ my document does not include any of the items listed in [Supreme Court Rule 24\(b\)](#). *(This list is printed on the back of this form for reference.)*
  - ☐ my document is a Kansas Judicial Council form and I have only provided information that is required on the form.
  - ☐ the information in my document meets an exception in [Supreme Court Rule 24\(c\)](#). *(This list is printed on the back of this form for reference.)*

**OR:**

- ☐ My document **may contain prohibited PII**, but I am asking the court to file it confidentially under seal for the following reason: *(Choose one.)*
- ☐ the court entered a prior order on \_\_\_\_\_ that seals this document.
  - ☐ the document I am filing now asks the court to issue an order to seal a different document that is not yet filed *(describe the document without using PII)*: \_\_\_\_\_.
  - ☐ the document I am filing now asks the court to seal a document that is already filed in this case *(describe the document without using PII)*: \_\_\_\_\_.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Party: \_\_\_\_\_

### Personally Identifiable Information – Supreme Court Rule 24(b)

- (1) the name of a minor who is not a named party in a case and, if applicable, the name of a person whose identity could reveal the name of a minor who is not a named party in a case;
- (2) the name of an alleged victim of a sex crime;
- (3) the name of a petitioner in a protection from abuse case;
- (4) the name of a petitioner in a protection from stalking, sexual assault, or human trafficking case;
- (5) the name of a juror or venire member;
- (6) a person's date of birth except for the year;
- (7) any portion of the following:
  - (A) an email address except when required by statute or rule;
  - (B) a computer username, password, or PIN; and
  - (C) a DNA profile or other biometric information;
- (8) the following numbers except for the last four digits:
  - (A) a Social Security number;
  - (B) a financial account number, including a bank, credit card, and debit card account;
  - (C) a taxpayer identification number (TIN);
  - (D) an employee identification number;
  - (E) a driver's license or nondriver's identification number;
  - (F) a passport number;
  - (G) a brokerage account number;
  - (H) an insurance policy account number;
  - (I) a loan account number;
  - (J) a customer account number;
  - (K) a patient or health care number;
  - (L) a student identification number; and
  - (M) a vehicle identification number (VIN);
- (9) any information identified as personally identifiable information by court order; and
- (10) the physical address of an individual's residence.

### Exceptions – Supreme Court Rule 24(c)

- (1) an account number that identifies the property alleged to be the subject of a proceeding;
- (2) the name of an emancipated minor;
- (3) information used by the court for case maintenance purposes that is not accessible by the public;
- (4) information a party's attorney or a self-represented litigant reasonably believes is necessary or material to an issue before the court;
- (5) the first name, initials, or pseudonym of any person identified in Rule 24(j)(2)(A) to (j)(2)(E);
- (6) any information required to be included by statute or rule; and
- (7) any information in a transcript.

**NOTE:** Supreme Court Rule 24 includes multiple comments that explain the rule's requirements and exceptions. The summary above is provided for reference, but you should read the rule with comments to fully understand the rule. You will find the full rule here:

<https://www.kscourts.org/KSCourts/media/KsCourts/Rules/Rule-24.pdf>



# KANSAS PAYMENT CENTER CHILD SUPPORT ORDER INFORMATION SHEET

**Purpose:** Federal law requires Kansas to process child support through a single location in the state. To insure that processing of child support payments is not delayed, the KPC must have all information listed on the form below.

**Who submits the completed form:** The payee's attorney shall file the completed form along with the Journal Entry with the Clerk of the District Court per Kansas Supreme Court Administrative Order No. 154.

**Case Number:** You must give the full, accurate court order number, or payments may be delayed. The case number may be copied from the child support order. The case number format is as follows:

	County	Year	Case Type	Case Number
Example: SG 00D 000123	(SG)	(00)	(D)	(000123)

Please call your local Clerk of the District Court if you need additional information to complete this form.

**THIS FORM MUST BE ATTACHED TO THE ORDER AND FILED WITH THE CLERK OF THE DISTRICT COURT.**

<b>PLEASE print or type all information.</b>																																							
<b>Case No.:</b> SG _____  <b>Interstate</b> <span style="margin-left: 40px;">Circle One</span> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Check if applicable:</b>  <input type="checkbox"/> Court Trustee Case	<b>Check one:</b> <input type="checkbox"/> New case / order <input type="checkbox"/> Modified order <b>Filestamp Date of Order (above):</b> _____																																					
<b>Obligation Information</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%; text-align: center;">Support</th> <th style="width: 10%; text-align: center;">Amount</th> <th style="width: 10%; text-align: center;">Frequency</th> <th style="width: 10%; text-align: center;">Code</th> <th style="width: 10%; text-align: center;">Start</th> <th style="width: 10%; text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td>Current Child support due:</td> <td style="text-align: center;">\$</td> <td colspan="5">_____</td> </tr> <tr> <td>Current Maintenance (Alimony) due:</td> <td style="text-align: center;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other support due:</td> <td style="text-align: center;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Support	Amount	Frequency	Code	Start	Date	Current Child support due:	\$	_____					Current Maintenance (Alimony) due:	\$	_____	_____	_____	_____	_____	Other support due:	\$	_____	_____	_____	_____	_____		\$	_____	_____	_____	_____	_____	<b>Payment Frequency Codes</b>  (W) Weekly (B) Biweekly (M) Monthly (SM) Semi-monthly (Q) Quarterly (A) Annually (SA) Semi-Annually (L) Lump Sum		
	Support	Amount	Frequency	Code	Start	Date																																	
Current Child support due:	\$	_____																																					
Current Maintenance (Alimony) due:	\$	_____	_____	_____	_____	_____																																	
Other support due:	\$	_____	_____	_____	_____	_____																																	
	\$	_____	_____	_____	_____	_____																																	
<b>Information about the PAYING person</b>																																							
NAME: (First, Middle Initial, Last): _____																																							
Social Security Number: _____		Date of Birth: _____		Phone: _____																																			
Address: _____		City: _____		State: _____ Zip: _____																																			
Name of Employer: _____			Employer's Phone: _____																																				
Employer Address: _____		City: _____		State: _____ Zip: _____																																			
<b>Information about the person RECEIVING support</b>																																							
NAME: (First, Middle Initial, Last): _____																																							
Social Security Number: _____		Date of Birth: _____		Phone: _____																																			
Address: _____		City: _____		State: _____ Zip: _____																																			
Name of Employer: _____			Employer's Phone: _____																																				
Employer Address: _____		City: _____		State: _____ Zip: _____																																			
<b>Information about the Third Party Payee</b>																																							
NAME: (First, Middle Initial, Last): _____																																							
Social Security Number: _____		Date of Birth: _____		Phone: _____																																			
Address: _____		City: _____		State: _____ Zip: _____																																			
<b>Information about the CHILD(REN) covered by this support order:</b>																																							
NAME (First and Last)		Social Security Number:		Date of Birth:																																			
1. _____		_____		_____																																			
2. _____		_____		_____																																			
3. _____		_____		_____																																			
4. _____		_____		_____																																			

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: NOTIFY THE COURT TRUSTEE'S OFFICE IF THE ABOVE INFORMATION CHANGES.**

IN THE 18<sup>TH</sup> JUDICIAL DISTRICT,  
DISTRICT COURT SEDGWICK COUNTY, KANSAS  
FAMILY LAW DEPARTMENT

IN THE MATTER OF THE PATERNITY OF

\_\_\_\_\_  
minor child(ren), by and through parent

\_\_\_\_\_  
(Petitioner)  
and

\_\_\_\_\_  
(Respondent)

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

Pursuant to K.S.A. Chapter 23

**MOTION FOR TEMPORARY ORDERS**

Petitioner moves the Court as follows:

To determine that the ☐ Petitioner ☐ Respondent is the natural father of the minor child(ren) based upon one of the presumptions set forth in the Petition.

Initials of Child

Sex

Birth Year and Age

☐ For the Court to set child support pursuant to the Kansas Child Support Guidelines, effective on the first day of the month following the date of birth of the minor child, or the date of the presumption establishing paternity, whichever is earlier.

☐ For the Court to adopt the Petitioner's Proposed Parenting Plan.

☐ For the Court to issue an Income Withholding Order for support.

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Petitioner, Pro Se

### **NOTICE OF HEARING**

Please take notice and be advised that the above Motion will be docketed in the Eighteenth Judicial District on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at (time) \_\_\_\_\_ m, in courtroom \_\_\_\_\_, with information provided on the 4<sup>th</sup> floor of the Sedgwick County Courthouse, 525 N. Main Street, Wichita, KS 67203.

### **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 REGULAR MAIL, POSTAGE PRE-PAID in the United States Mail, addressed to the following:

Name: \_\_\_\_\_  
(Respondent)

Name: \_\_\_\_\_  
(Attorney for Respondent)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Petitioner, pro se

IN THE 18<sup>TH</sup> JUDICIAL DISTRICT,  
DISTRICT COURT SEDGWICK COUNTY, KANSAS  
FAMILY LAW DEPARTMENT

IN THE MATTER OF THE PATERNITY OF

\_\_\_\_\_  
minor child(ren), by and through parent

\_\_\_\_\_  
(Petitioner)  
and

\_\_\_\_\_  
(Respondent)

Pursuant to K.S.A. Chapter 23

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

☐ TEMPORARY PARENTING PLAN  
☐ PERMANENT PARENTING PLAN

COMES NOW, the (Petitioner) (Respondent), and submit the following (proposed plan) (agreed plan of the parties) pursuant to K.S.A. 23-3211, et seq:

1. This parenting plan applies to the following child(ren):

Initials of Child

Sex

Birth Year and Age


SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: ☐ Yes ☐ No

2. A. ☐ **Joint Legal Custody**—Both parents are fit and proper persons to have joint legal custody of the minor child(ren). It is in the best interest of the child(ren) that the parties jointly share in the care of the child(ren). The term “joint legal custody” means that both parents have equal rights and responsibilities regarding their child(ren) and that neither parent’s rights are superior to the other parent’s.

B. ☐ **Sole Legal Custody**—Joint legal custody is not in the best interests of the child(ren). The parent granted sole legal custody has the primary right to decide matters regarding matters of health, education and welfare in the child(ren)’s best interests. The parent not granted sole legal custody may make emergency decisions affecting the health or safety of the child(ren) when the child(ren) is in that parent’s physical care and control. The grant of sole legal custody to one parent does not

deprive the other parent access to information regarding the child(ren) unless the Court shall so order, stating the reasons for that determination.

Sole legal custody is granted to ☐ Petitioner ☐ Respondent for the following reasons:

☐ The other parent is unable or should not be allowed to exercise any decision making

☐ There is such a high level of disagreement between the parents that one parent needs to be designated as the primary decision maker for the best interests of the child(ren) served

☐ There is a danger to the child(ren)

☐ The other party cannot be located

### **C. Restriction of Information Regarding the Child(ren) to Non Legal Custodian**

The ☐ Petitioner ☐ Respondent is restrained from access to information regarding the child(ren) for the following specific reasons (such as agreement of the parties or serious danger to the child(ren)): \_\_\_\_\_

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### **3. RESIDENCY**

The parties adopt the following residency plan:

☐ **PRIMARY RESIDENCY**, where the ☐ Petitioner ☐ Respondent, shall have all weekdays and weekends not specifically set forth below.

**OR**

☐ **SHARED RESIDENCY**, with each parent having equal or nearly equal time and blocks of parenting time.

**The parenting plan is as follows (COMPLETE ONLY 1 BOX)**

**If a PRIMARY RESIDENTIAL parent is designated**, the Parenting Time for non-primary parent shall be:

A. ☐ on a reasonable basis.

B. ☐ the specific parenting time as follows:

Weekday: From \_\_\_\_\_ ☐ a.m./ ☐ p.m. on \_\_\_\_\_ (day of week) to \_\_\_\_\_  
☐ a.m./ ☐ p.m. on \_\_\_\_\_ (day of week) starting on the date set by the Court.

Weekends: ☐ Each ☐ Every other weekend: From \_\_\_\_\_ ☐ a.m./ ☐ p.m. on \_\_\_\_\_  
(day of week) to \_\_\_\_\_ ☐ a.m./ ☐ p.m. on \_\_\_\_\_ (day of week)  
starting on the date set by the Court.

**If SHARED RESIDENCY is used**, the parenting schedule will be:

☐ Week to week, with exchanges taking place on \_\_\_\_\_ (day of week)  
at \_\_\_\_\_ (am/pm)(time), at \_\_\_\_\_ (location).

**OR**

☐ The parents will have the children on the following days:

**Petitioner:** From \_\_\_\_\_ ☐ a.m./ ☐ p.m. on \_\_\_\_\_ (day of week) to \_\_\_\_\_  
☐ a.m./ ☐ p.m. on \_\_\_\_\_ (day of week) to \_\_\_\_\_ a.m./ ☐ p.m.  
on \_\_\_\_\_ starting on the \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_.

**Respondent:** From \_\_\_\_\_ ☐ a.m./ ☐ p.m. on \_\_\_\_\_ (day of week) to \_\_\_\_\_  
☐ a.m./ ☐ p.m. on \_\_\_\_\_ (day of week) to \_\_\_\_\_ ☐ a.m./ ☐ p.m.  
on \_\_\_\_\_ starting on the \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_.

**OR**

☐ The parties adopt the following shared residency plan:



#### 4. HOLIDAYS

- A. ☐ The parties shall share holidays on a reasonable basis
- B. ☐ The schedule below will govern holidays. Insert "Mom" or "Dad" in all holidays the parties want to schedule.

HOLIDAY	EVEN YEARS	ODD YEARS
Mother's Day	Mom	Mom
Father's Day	Dad	Dad
Fall Break		
Thanksgiving (Monday or on last day of school at 6:00 p.m. until Sunday at 6:00 p.m.)		
Christmas eve, from Dec. 24 <sup>th</sup> at 6:00 p.m. to Dec. 25 <sup>th</sup> at 10:30 a.m.		
Christmas Day, from Dec. 25 <sup>th</sup> at 10:30 a.m. to Dec. 25 <sup>th</sup> at 8:00 p.m.		
Spring Break (Fri after school 6:00 p.m. until Sun before school 6:00 a.m.)		
Easter		
Memorial Day		
July 4 <sup>th</sup>		
Labor Day		
Halloween		
Children's birthdays		
Summer Visitation:		

Holidays and special days specified above will have precedence over weekday and weekend visitation.

Holidays have priority over other special occasions.

There shall be no adjustment for "missed" weekends or weekdays due to interruption by specified holidays or special days. The parties are encouraged to compensate for missed weekends so that a parent will not go more than two weekends without having weekend parenting time.

#### 5. Disputes between the parties, other than child support

dispute, shall be submitted to:

☐ mediation by: \_\_\_\_\_

☐ \_\_\_\_\_

or domestic limited case management by: \_\_\_\_\_

**The costs of this process shall be allocated between the parties as follows:**

☐ **Equally**

or

☐ **Based on each party's proportional share of income from line 6 of the Child Support Worksheets**

or

☐ **As determined in the dispute resolution process.**

#### **6. Changing of the Child(ren)'s Residence:**

**Removal from State or Change of Residence:** Each party shall give the other written notice by restricted mail, return receipt requested, at his or her last known address not less than 30 (thirty) days prior to changing residence, or if the child(ren) is to be removed from the state of Kansas for in excess of ninety (90) days.

**Notice of Removal or Change not Required:** A parent is not required to give notice of removal from the state or change of residence to the other parent if the other parent has been convicted of a crime specified in Article 54 (crimes against persons), Article 55 (sex offenses), or Article 56 (crimes affecting family relationships and children) of Chapter 21 of the Kansas Statutes Annotated in which the child(ren) is the victim of such crime.

#### **7. Transportation and transportation costs:**

Responsibility for transportation and transportation costs, as it relates to parenting time, shall be as follows:

**Transportation arrangements** and costs shall be the responsibility of

☐ Parent Exercising Visitation

☐ Shared Equally

**Exchange Point:** The exchange point for the child(ren) shall be:

☐ The home of the ☐ Petitioner ☐ Respondent

☐ Other: (Please specify) \_\_\_\_\_

#### **8. Notice of Intent to Exercise or Not to Exercise Parenting Time:**

☐ The **Petitioner/Respondent** shall notify the other parent \_\_\_\_\_ hours in advance of the intent to **not** exercise scheduled parenting time. If notification is not given, the subject parenting time will be considered waived.

☐ Except for extreme and exceptional circumstances, a parent is not required to wait for the other parent more than 30 minutes before the parenting time is considered waived.

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**9. Telephone and Mail Contact Between Parent and Child(ren).**

☐ **Telephone Contact:** Each parent is allowed reasonable telephone access to their child(ren) at reasonable hours without interference from the other parent.

Telephone contact with a child(ren) should not be used as an opportunity by either parent to discuss issues not related to the child(ren) with the other parent. When telephone contact is attempted to be made with the child(ren), the child(ren) should either have direct access to the telephone or the telephone should be given directly to the child(ren) with a minimum of conversation between the parents unless necessary for discussion of matters related to that contact. Any parent shall not refuse to answer the phone, turn off the phone or put call block on the line in order to deny the other parent telephone contact with the child(ren). Each parent shall supply the other parent with current telephone numbers, where the child(ren) may be found or is/are staying.

☐ **Mail and E-mail Contact:** Each parent with whom the child(ren) is not then living should have unlimited ability to contact each other by use of either regular United States mail or electronic mail, if such an account is available. The parent seeking mail contact must provide self-addressed stamped envelopes for the child(ren) to use. If available, current e-mail addresses where the child(ren) may be contacted shall be supplied to both parents by each parent. Where possible, reasonable computer access shall be allowed.

**10. All Law Enforcement Officers are directed to assist in enforcing this parenting plan.**

**11. Other Considerations and Agreements:**

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**12.** That this parenting plan is in the best interest of the minor child(ren)

**13.** That, when mutual decision making is designated but cannot be achieved, the parties shall make a good faith effort to resolve the issue through the dispute resolution process. If a parent fails to comply with a provision of this plan, the other parent's obligations under the plan are not affected unless specifically ordered by the Court.

**14.** This arrangement shall remain in effect until further Order of the Court.

**IT IS SO ORDERED.**

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**JUDGE OF THE DISTRICT COURT  
FAMILY LAW DEPARTMENT**

Approved by:

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Petitioner, Pro Se

---

Respondent, Pro Se

---

Address

---

Address

---

City, State, ZIP

---

City, State, ZIP

---

Telephone Number

---

Telephone Number

---

Email

---

Email

In the District Court of \_\_\_\_\_ County, Kansas

\_\_\_\_\_  
vs.

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

**CHILD SUPPORT DOMESTIC RELATIONS AFFIDAVIT**

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

Name: \_\_\_\_\_

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 am in the military and receive \$ \_\_\_\_\_ BAH and \$ \_\_\_\_\_ BAS.

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

*Explain:* \_\_\_\_\_

☐ I have \$ \_\_\_\_\_ additional income (bonuses, commissions, 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: \_\_\_\_\_

# Child Support Worksheet

IN THE \_\_\_\_\_ JUDICIAL DISTRICT  
\_\_\_\_\_ COUNTY, KANSAS

IN THE MATTER OF

v. \_\_\_\_\_

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

Pursuant to K.S.A. Chapter 23

## CHILD SUPPORT WORK SHEET OF \_\_\_\_\_

Party Name Party Name

### A. INCOME COMPUTATION - WAGE EARNER

1. Domestic Gross Income

### B. INCOME COMPUTATION - SELF EMPLOYED

1. Self-employment Gross Income

2. Reasonable Business Expenses

(-)

3. Domestic Gross Income

### C. ADJUSTMENTS TO DOMESTIC GROSS INCOME

1. Domestic Gross Income

2. Court-Ordered Child Support Paid

3. Court-Ordered Maintenance Paid

%

4. Court-Ordered Maintenance Received

%

5. Child Support Income (Insert on Line D.1 below)

### D. COMPUTATION OF CHILD SUPPORT

1. Child Support Income

2. Total

3. Proportionate Shares of Combined Income

%

(Each parent's income divided by combined income)

4. Gross Child Support Obligation \*\* (Using total income from Line D.2.,  
find amount for each child and enter total for all children.)

Age of Children 0-5 6-11 12-18

Number Per Age Category

Total Amount

=

\*Cost of Living Differential Adjustment?

Yes

No

\*Multiple Family Adjustment?

Yes

No

Income beyond the child support schedule calculation used

Yes

No

CASE NO. \_\_\_\_\_

Party Name

Party Name

5. Proportionate Share (Line D.3 x Line D.4)

**E. Parenting Time or Shared Residency Adjustment**

1. Parenting Time Adjustment

a. \_\_\_\_\_% x Line D.5  
(Parenting time is more than 35% but less than 50%)

b. Actual Cost Parenting Time Adjustment

c. Extended Parenting Time Adjustment

2. Shared residency and written shared expense plan

a. (Higher amount on Line D.5 - Lower amount on Line D.5) divided by 2

3. Shared residency with Direct Expense Formula

- a. ☐ 7% (combined monthly child support less than \$4,690)  
b. ☐ 10.5% (combined monthly child support more than \$4,690 and less than \$8,125)  
c. ☐ 15% (combined monthly child support more than \$8,125)

4. Total Adjustment (Line E.1.a/b/c or E2 or (E2 + E3))

**F. HEALTH INSURANCE**

1. Health and Dental Insurance Premium

2. Proportionate Shares Health Insurance Premium

**G. WORK RELATED CHILD CARE COSTS**

1. Work Related Child Care Costs

Amount - Amount x \_\_\_\_\_%

2. Proportionate Share Child Care Costs

**H. PROPORTIONATE CHILD SUPPORT OBLIGATION FOR EACH PARENT**

1. ☐ Primary residency with one parent: Total of Line D5 - E4 + F2 + G2  
☐ Shared residency with written shared expense plan: Total of E4 + F2 + G2  
☐ Shared residency with Direct expense formula: Total of E4 + F2 + G2

**I. BASIC CHILD SUPPORT OBLIGATION**

1. Credit for Health Insurance and Work-Related Childcare = Line F1 + G1

2. Basic Child Support Obligation = Line H.1. - Line I.1

CASE NO. \_\_\_\_\_

Party Name \_\_\_\_\_  
Party Name \_\_\_\_\_

**J. CHILD SUPPORT ADJUSTMENTS**

		CATEGORY	AMOUNT ALLOWED	
Applicable	N/A			
1.	<input type="checkbox"/>	Long Distance Visitation Costs (+/-)	_____	_____
2.	<input type="checkbox"/>	Income Tax Considerations (+/-)	_____	_____
3.	<input type="checkbox"/>	Special Needs (+/-)	_____	_____
4.	<input type="checkbox"/>	Agreement Past Minority (+/-)	_____	_____
5.	<input type="checkbox"/>	Overall Financial Condition (+/-)	_____	_____
6. TOTAL (Insert on Line K.2 Below)			_____	_____

**K. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT**

1. Basic Parental Child Support Obligation (Line I.2 from above)	_____	_____
2. Total Child Support Adjustments (Line J.6 from above) (+/-)	_____	_____
3. Adjusted subtotal (Line K.1 +/- Line K.2.)	_____	_____
4. Social Security Dependent Benefits	_____	_____
5. Ability to Pay		
Child support income (D.1) _____ - Poverty guidelines for household of one _____ = _____		

**L. NET PARENTAL CHILD SUPPORT OBLIGATION**

\_\_\_\_\_

**M. ENFORCEMENT FEE ALLOWANCE**  
(Line L. x collection fee% x .5) or (Monthly flat fee x .5)

\_\_\_\_\_

**N. TOTAL CHILD SUPPORT OBLIGATION**

\_\_\_\_\_

\_\_\_\_\_  
Prepared by (Signature)

\_\_\_\_\_  
Judge/Hearing Officer Signature

\_\_\_\_\_  
Prepared by (Print Name)

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Submitted

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

Petitioner (s )

VS.

Respondent (s)

CASENO.

SUMMONS

To the above-named Respondent:

You are hereby summoned and required to serve upon \_\_\_\_\_, Petitioner's attorney,

whose address is \_\_\_\_\_, a pleading to the petition, which is herewith served upon you, within 20 days [30 days if out of state] after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the petition. Your pleading must also be filed with the court. As provided in subsection (a) of K.S.A. 60-213, and amendments thereto, your answer must state as a counterclaim any related claim which you may have against the Petitioner, or you will thereafter be barred from making such claim in any other action.

REASONABLE ACCOMMODATIONS WILL BE PROVIDED IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT



Dated \_\_\_\_\_

By \_\_\_\_\_, Deputy  
Clerk of the District Court of Sedgwick County, Kansas

RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served the within summons:

- [1] **Personal Service.** By delivering on the day of \_\_\_\_\_, a copy of the summons and a copy of the petition to each of the within-named Respondents \_\_\_\_\_
- [2] **Residence Service.** By leaving on the \_\_\_\_ day of \_\_\_\_\_, for each of the within-named Respondents \_\_\_\_\_

a copy of the summons and a copy of the petition at the respective dwelling place or usual place of abode of such Respondents with some person of suitable age and discretion residing therein.

- [3] **Agent Service.** By delivering on the \_\_\_\_ day of \_\_\_\_\_, a copy of the summons and a copy of the petition to each of the following agents authorized by appointment or by law to receive service of process \_\_\_\_\_

- [4] **Residence Service and Mailing.** By leaving a copy of the summons and a copy of the petition at the dwelling house or usual place of abode and mailing by first-class mail to each of the following Respondents a notice that such copy has been so left \_\_\_\_\_

- [5] **Certified Mail Service.** I hereby certify that I have served the within summons: (1) By mailing on the \_\_\_\_\_ day of \_\_\_\_\_, a copy of the summons and a copy of the petition in the above action as certified mail return receipt requested to each of the within-named Respondents; (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:

By \_\_\_\_\_

- [6] **Certified Mail Service Refused.** I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, I mailed a copy of the summons and petition in the above action by first-class mail, postage prepaid, addressed to \_\_\_\_\_ at \_\_\_\_\_

By \_\_\_\_\_

- [7] **No Service.** The following Respondents were not found in this county: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Sheriff

By: \_\_\_\_\_ Deputy

IN THE 18<sup>TH</sup> JUDICIAL DISTRICT,  
DISTRICT COURT SEDGWICK COUNTY, KANSAS  
FAMILY LAW DEPARTMENT

IN THE MATTER OF THE PATERNITY OF

\_\_\_\_\_  
minor child(ren), by and through parent

\_\_\_\_\_  
(Petitioner)  
and

\_\_\_\_\_  
(Respondent)

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

Pursuant to K.S.A. Chapter 23

**JOURNAL ENTRY & DECREE OF PATERNITY**

**NOW**, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above matter comes before the Court for final hearing. Petitioner appears in person, pro se. Respondent ( ☐ **does not appear OR** ☐ **appears in person or through counsel**), and does not contest these proceedings. Both parties consent to the waiving of a record. There are no other appearances.

**WHEREUPON**, after reviewing matters of record, and considering all of the pleadings, and otherwise being duly advised, the Court finds, orders and decrees:

1. The Court has jurisdiction over this matter and the parties.
2. Kansas is the home state of the minor child(ren) and this court has jurisdiction to make a child custody determination herein.
3. A guardian ad litem is not required for the minor child(ren) since the interests of parties and the interests of the minor child(ren) are the same.
4. That the Respondent has received a copy of the Petition in this case by:

**(CHECK ONLY ONE)**

\_\_\_\_\_ written entry of appearance and waiver of summons;  
\_\_\_\_\_ was served with summons by the \_\_\_\_\_ County Sheriff;  
\_\_\_\_\_ was served by special process server;  
\_\_\_\_\_ was served with summons by certified-mail return receipt requested; or  
\_\_\_\_\_ was served by publication.

5. Service of process upon Respondent has been duly accomplished, and is valid, binding and legal in all respects, and is hereby approved by the Court.

6. \_\_\_\_\_ is the natural and legal father of the child(ren) listed below. The initials and years of birth of the living child(ren) now under eighteen years of age are:

**Initials**

**YOB**

_____	_____
_____	_____
_____	_____
_____	_____

**SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: \_\_\_\_Yes\_\_\_\_No**

**7. LEGAL CUSTODY OF THE CHILD(REN):**

Pursuant to the attached, parenting plan,

A. ☐ The parties are granted joint legal custody of the minor child(ren) and shall consult with each other concerning decisions about the minor child(ren).

B. ☐ Sole legal custody is granted to the ☐ Petitioner ☐ Respondent for the following reasons:

☐ The other parent is unable or should not exercise any decision-making.

☐ There is a danger to the child(ren).

☐ The other party cannot be located.

☐ There is such a high level of disagreement between the parents that one parent needs to be designated as the primary decision maker for the best interests of the child(ren) to be served.

**8. RESIDENCY OF THE CHILD(REN)**

This Court hereby adopts the Permanent Parenting Plan of the parties which is filed separately herein, which designates **(choose one)**

A. ☐ Petitioner is awarded primary residency of the child(ren) with the Respondent to have parenting as set out in the permanent parenting plan of the parties.

B. ☐ Respondent is awarded primary residency of the child(ren) with the Petitioner to have parenting as set out in the permanent parenting plan of the parties.

C. ☐ The parties have shared residency, with each parent having equal or nearly equal time and blocks of parenting time as set out in the permanent parenting plan of the parties.

**9. CHILD SUPPORT (CHECK ALL THAT APPLY)**

A. ☐ Petitioner ☐ Respondent is ordered to pay \$\_\_\_\_\_ per month commencing \_\_\_\_\_ (month/day/year) as and for support for the minor child(ren) of the parties. Said support shall be paid through the Kansas Payment Center at the address which is set out below.

☐ Child Support Rights have been assigned to DCF

B. ☐ Petitioner ☐ Respondent is ordered shall obtain and maintain suitable health insurance coverage for the minor children consistent with K.S.A. § 23-3114 and provide the other parent with suitable documentation (such as the insurance ID card) that allows the children to obtain medical services. In the event of IVD orders, the parent obtaining insurance will provide DCF suitable documentation, including the policy and identification numbers, to verify compliance with this order.

The parties shall share all unreimbursed medical and dental expenses of the minor child(ren) based on the relative income percentage of the parties as stated on line D 2 of the attached Child Support Worksheet. This percentage payment is in addition to the child support obligation of both parties and these payments need not be made through the Kansas Payment Center. A Medical Withholding Order or National Medical Support Notice shall be issued pursuant to K.S.A. 23-3115 and/or 42 U.S.C. 666(a)(19) if necessary.

**10. CLAIMING CHILDREN FOR INCOME TAX PURPOSES**

The parties agree to the following arrangement regarding claiming the children for income tax purposes (CHECK ONLY ONE):

A. ☐ The primary residential custodial parent is hereby allowed to claim the children for income tax purposes commencing in the current tax year and every year thereafter.

B. ☐ The parties shall alternate claiming the child(ren) provided payor of child support obligation is current as of December 31<sup>st</sup> of the year that payor is to claim the children with the primary residential custodian taking the even years and the non-primary custodian taking odd numbered years. Parties shall complete IRS form 8332, available online.

C. ☐ If parties have two minor children) Parties shall split claiming the children until first child reaches age 18; thereafter, they will alternate years with the primary residential custodial parent taking the first year. In order to utilize split claiming, payor of child support obligation must be current in that obligation as of December 31<sup>st</sup> of any year. Parties shall complete IRS form 8332, available online.

D. ☐ The Court makes no order for claiming children for income tax purposes.



## 11. ADDRESS FOR PAYMENTS AND ROLE OF COURT TRUSTEE

The address for support obligation payments is as follows:  
Kansas Payment Center  
Box 758599  
Topeka, KS 66675-8599

IT IS FURTHER ORDERED that all child support payments shall be paid to the Kansas Payment Center, and a fee shall be deducted therefrom by the Kansas Payment Center to defray the expense of the operation of the Office of the District Court Trustee. The case number shown on the first page of this order shall be placed on all checks or money orders and said checks or money orders shall be made payable to the Kansas Payment Center and include the county designation (SG). The Kansas Payment Center shall forward said payments to (Name) \_\_\_\_\_ at \_\_\_\_\_ (city, state, zip) and it shall be the responsibility of the receiving party to inform the Clerk of any change in address.

IT IS FURTHER ORDERED that an income withholding order shall be issued immediately as required by K.S.A. 23-4,105 *et seq.* for the child support herein. The Office of the District Court Trustee shall immediately prepare the income withholding order, notice and answer forms for filing and service to the obligor's payer of income. Each party shall inform the Clerk of the District Court, in writing, of any change of name, residence and employer (with business address) within seven (7) days of a change.

IT IS FURTHER ORDERED that, until the commencement of withholding by a payer/employer, the obligor shall pay all child support payments required by the support order. Payments shall be remitted by the obligor to the Kansas Payment Center on or before the due date specified in the order.

**IT IS SO ORDERED.**

\_\_\_\_\_  
**JUDGE OF THE DISTRICT COURT**

\_\_\_\_\_  
Petitioner Pro Se

\_\_\_\_\_  
Respondent Pro Se

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

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

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

**and**

CASE: \_\_\_\_\_

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

**ORDER IMPUTING INCOME**

Now on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, The court finds that to the extent known, after considering all of the factors contained in KS Sup.Ct. J\admin. Order 307 II. F. including the circumstances surrounding the party's incarceration (if applicable), the party indicated below is an adult, is not disabled and is capable of obtaining full-time employment in the community, at least at a minimum wage.

The court orders that a gross monthly income shall be imputed to the:

☐ **Petitioner**                      ☐ **Respondent** as follows:                      **(Select I or II)**

☐ **I. MINIMUM WAGE:** A gross income based on the minimum wage of \$1257 per month;

**-OR-**

☐ **II. OTHER THAN MINIMUM WAGE:** A gross income of \_\_\_\_\_ per month. The court further finds that to the extent known, they have the ability to pay child support based upon consideration of the following factors:

- ☐ the respective assets of the parties;
- ☐ the residence of the party;
- ☐ the employment and earning history of the party;
- ☐ the job skills of the party.
- ☐ the education attained by the party;
- ☐ the job skills of the party;
- ☐ the literacy of the party;
- ☐ the party's age;
- ☐ the parties health;
- ☐ the parties criminal history;
- ☐ the availability in the community of jobs paying a full-time minimum-wage; the following other factors \_\_\_\_\_

\_\_\_\_\_  
Judge, Family Law Department  
18<sup>th</sup> Judicial District, Sedgwick County, Kansas