

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: _____