

IN THE MATTER OF THE MARRIAGE OF

Petitioner

and

Respondent

Case No. _____

Pursuant to K.S.A. Chapter 23

To be used in a DIVORCE WITHOUT CHILDREN:

DOMESTIC RELATIONS AFFIDAVIT OF _____(name)

1. Petitioner's Residence _____

Petitioner's _____
Birth Month/Year XXX-XX-_____
Social Security Number Telephone

2. Respondent's Residence _____

Respondent's _____
Birth Month/Year XXX-XX-_____
Social Security Number Telephone

3. Date of Marriage: _____

4. Number of Marriages: _____
Petitioner Respondent

5. 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 (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: _____
Petitioner
Respondent

6. The liquid assets of the parties are:

	Item	Amount	Joint or Individual (Specify)
A.	Checking Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
B.	Savings Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
C.	Cash		
	Petitioner	\$ _____	_____
	Respondent	\$ _____	_____
D.	Other		
	_____	\$ _____	_____
	_____	\$ _____	_____

7. The monthly expenses of each party are: (Please indicate with an asterisk all figures which are estimates rather than actual figures taken from records.)

	Item	Petitioner (Actual or Estimated)	Respondent (Actual or Estimated)
1.	Rent (if applicable)	\$ _____	\$ _____
2.	Food	\$ _____	\$ _____
3.	Utilities/services		
	Trash Service	\$ _____	\$ _____
	Newspaper	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	Mobile Phone	\$ _____	\$ _____
	Cable	\$ _____	\$ _____
	Gas	\$ _____	\$ _____
	Water	\$ _____	\$ _____

Lights	\$ _____	\$ _____
Other	\$ _____	\$ _____
4. Insurance		
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Car	\$ _____	\$ _____
House/Rental	\$ _____	\$ _____
Other	\$ _____	\$ _____
5. Medical and dental	\$ _____	\$ _____
6. Prescriptions drugs	\$ _____	\$ _____
7. Clothing	\$ _____	\$ _____
8. School expenses	\$ _____	\$ _____
9. Hair cuts and beauty	\$ _____	\$ _____
10. Car repair	\$ _____	\$ _____
11. Gas and oil	\$ _____	\$ _____
12. Personal property tax	\$ _____	\$ _____
13. Miscellaneous (Specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
14. Debt Payments (Specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

*Show house payments, mortgage payments, etc., in Section 10.B.

A. Monthly payments to banks, loan companies or on credit accounts: (Indicate actual or estimated monetary amount in each column; use asterisk for secured.) DO NOT LIST ANY PAYMENTS INCLUDED IN PART 10.A.ABOVE.

Creditor	When Incurred	Amount of Payment	Date of Last Payment	Balance	Responsibility	
					Petitioner	Respondent
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
Subtotal of Payments					\$ _____	\$ _____
Total					\$ _____	\$ _____

a. Total Living Expenses

Source	Petitioner (Actual or Estimated)	Respondent (Actual or Estimated)
1. Total funds available (from No. 5)	\$ _____	\$ _____

2. Total needed (from No. 8.A and B) \$ _____ \$ _____

3. Net Balance \$ _____ \$ _____

b. Payments or contributions received, or paid, for support of others. Specify source and amount.

Source	Petitioner	Respondent
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____

FURNISH THE FOLLOWING INFORMATION IF APPLICABLE.

8. All other personal property including retirement benefits (including but not limited to qualified plans such as profit-sharing, pension, IRA, 401(k), or other savings-type employee benefits, nonqualified plans, and deferred income plans), and ownership thereof (joint or individual), including policies of insurance, identified as to nature or description, ownership (joint or individual), and actual or estimated value.

	Amount	Joint or Individual (Specify)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

THE FOLLOWING NEED NOT BE FURNISHED IN POST JUDGMENT PROCEDURES.

9. List real property identified as to description, ownership (joint or individual) and actual or estimated value.

Property Description	Ownership	Actual/Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Identify the property, if any, acquired by each of the parties prior to marriage or acquired during marriage by a will or inheritance.

Property Description	Ownership	Source of Ownership	Actual/ Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List debt obligations, including maintenance, not listed in Section 10.A or 10.B above, identified as to name or names of obligor or obligors and obligees, balance due and rate at which payable; and, if secured, identify the encumbered property.

Debt Obligation	Obligor	Obligee	Balance Due	Payment Rate	Encumbered Property
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. List health insurance coverage and the right, pursuant to ERISA §§ 601-608, 29U.S.C. §§ 1161-1168 (1986), to continued coverage by the spouse who is not a member of the covered employee group.

<u>Health Insurance</u>	<u>COBRA Continuation</u>		
	Yes	No	Unknown
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF PERSON SUBMITTING THIS DRA (Under Oath)

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: