

**Domestic Relations Affidavit**

IN THE 29<sup>th</sup> JUDICIAL DISTRICT  
WYANDOTTE COUNTY, KANSAS

IN THE MATTER OF

\_\_\_\_\_  
Petitioner

and

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

\_\_\_\_\_  
Respondent

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

1. Party Name Residence \_\_\_\_\_

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

2. Party Name Residence \_\_\_\_\_

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

3. Date of Marriage: \_\_\_\_\_

4. Number of Marriages: \_\_\_\_\_  
Party Name Party Name

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

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

Name	Social Security Number xxx-xx-_____	Birth Month/Year	Age	Custodian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. 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.

Name	Social Security No. XXX-XX-____	Age	Custodian	Support Payment	Paid or Rec'd
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

8. Party Name is employed by (name) \_\_\_\_\_  
 (address) \_\_\_\_\_

Party Name is employed by (name) \_\_\_\_\_  
 (address) \_\_\_\_\_

with monthly income as follows:

A.	Wage Earner	Party Name	Party Name
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	Party Name	Party Name
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.	Business Net Income	\$ _____	\$ _____
7.	Estimated Tax Payments (Claim _____ exemptions)	\$ _____	\$ _____
8.	Federal Income Tax	\$ _____	\$ _____
9.	Kansas Withholding	\$ _____	\$ _____
10.	Subtotal Deductions	\$ _____	\$ _____

11. Net Income \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Line B.3. minus Line B.9.)

Pay period: \_\_\_\_\_  
 Party Name Party Name

9. 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		
Party Name	\$ _____	_____
Party Name	\$ _____	_____
D. Other		
_____	\$ _____	_____
_____	\$ _____	_____

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

A.	Item	Party Name (Actual or Estimated)	Party Name (Actual or Estimated)
1.	Rent	\$ _____	\$ _____
2.	Food	\$ _____	\$ _____
3.	Utilities/services:		
	Trash Service	\$ _____	\$ _____
	Newspaper	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	Cell Phone	\$ _____	\$ _____
	Cable	\$ _____	\$ _____
	Gas	\$ _____	\$ _____
	Water	\$ _____	\$ _____
	Lights	\$ _____	\$ _____
	Other	\$ _____	\$ _____
4.	Insurance:		
	Life	\$ _____	\$ _____
	Health	\$ _____	\$ _____
	Car	\$ _____	\$ _____
	House/Rental	\$ _____	\$ _____
	Other	\$ _____	\$ _____
5.	Medical and dental	\$ _____	\$ _____
6.	Prescriptions drugs	\$ _____	\$ _____
7.	Childcare (work-related)	\$ _____	\$ _____

8.	Childcare (non-work-related)	\$ _____	\$ _____
9.	Clothing	\$ _____	\$ _____
10.	School expenses	\$ _____	\$ _____
11.	Haircuts and beauty	\$ _____	\$ _____
12.	Car repair	\$ _____	\$ _____
13.	Gas and oil	\$ _____	\$ _____
14.	Personal property tax	\$ _____	\$ _____

	Item	Party Name (Actual or Estimated)	Party Name (Actual or Estimated)
15.	Miscellaneous (Specify)		
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
16.	Debt Payments (Specify)		
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	Total	\$ _____	\$ _____

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

B. 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	
					Party Name	Party Name
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
				Subtotal of Payments	\$ _____	\$ _____
				Total	\$ _____	\$ _____

C. Total Living Expenses

	Party Name (Actual or Estimated)	Party Name (Actual or Estimated)
1. Total funds available to Both Parties (from No. 8)	\$ _____	\$ _____
2. Total needed (from No. 10.A and B)	\$ _____	\$ _____
3. Net Balance	\$ _____	\$ _____
4. Projected child support	\$ _____	\$ _____

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

Source	Party Name	Party Name
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____

11. 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 \_\_\_\_\_ .

FURNISH THE FOLLOWING INFORMATION IF APPLICABLE.

12. Income and financial resources of children.

Income/Resources	Amount
_____	\$ _____
_____	\$ _____

13. Child support adjustments requested

- parenting time adjustment                       agreement past majority  
 income tax consideration                       long distance parenting time  
 special needs     overall financial conditions  
 other: \_\_\_\_\_

14. 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.

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

THE FOLLOWING NEED NOT BE FURNISHED IN POST JUDGMENT PROCEDURES.

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

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

16. 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

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

Debt Obligation	Payor	Payee	Balance Due	Payment Rate	Encumbered Property

8. List health insurance coverage and the right, pursuant to ERISA §§ 601-608, 29 U.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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>