

I am disabled.

I receive benefits from Social Security Veterans Administration Workers
Compensation Other: _____.

I do not receive any benefits. (Attach a copy of your eligibility letter to this answer.)

I do not agree with how much money the child support worksheet says the other parent makes
each month. (Note: The monthly income amount is based on how much the other parent makes
before taxes or health insurance premiums are taken out of the check.)

I do not agree with how much the child support worksheet says childcare costs per month. (If
you pay for childcare for the child(ren) in this case, attach information from the childcare
provider about how much you pay.)

I do not agree with how much the child support worksheet says health insurance costs.

Who pays for health insurance for the child(ren)? (Check all that apply.)

Myself The other parent State of Kansas (KanCare)

(If you pay for health insurance for the child or have health insurance available that would cover the
child, attach information about how much the health insurance premiums cost.)

5. I have the following children who are 19 years of age or under and they are:

(If you need more space, attach another sheet of paper to this answer.)

Child's Name & Year of Birth

Where child lives

City

State

Name of adult the child lives with, and how the adult is related to the child

Do you pay receive child support for this child? (select one)

County and Case Number of case that ordered child support

Monthly child support amount as ordered by the court \$ _____

6. I am am not on active duty with the United States Military.

7. Tell the court anything else you agree or do not agree with in the petition:

Signature of Defendant

Name (Printed) _____

Address: _____

City State Zip

Phone No: _____

Email address: _____

Date: _____

VERIFICATION

Pursuant to K.S.A. 53-601, the undersigned within/outside the state of Kansas attests and declares that the foregoing is true under the penalty of perjury I verify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signed on _____

Signature of Defendant

Domestic Relations Affidavit

IN THE 29th 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.)

		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"/>

IN THE 29TH JUDICIAL DISTRICT
DISTRICT COURT WYANDOTTE COUNTY, KANSAS
CIVIL DEPARTMENT

In the Matter of:

Petitioner

Case No. _____

and

Respondent

PARENTING PLAN

*“Petitioner” means the person who filed the Petition.
“Respondent” means the person who did not file the Petition.
“Parties” means the Petitioner and Respondent.*

This Parenting Plan is temporary permanent.

Proposed by Petitioner Proposed by Respondent Agreed by Petitioner and Respondent Developed by the Court.

After due consideration, the Court enters the following Parenting Plan that serves the child(ren)’s best interests on this ____ day of _____, 20 ____:

Section I. GENERAL INFORMATION

This parenting plan applies to the following children:

Full Name of Child	Gender Birth	Date (Month/Yr) and Age
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

For the purposes of this parenting plan, the following definitions apply:

Parent A is _____ (insert name), and
Parent B is _____ (insert name).

Section II. Legal Custody (Decision-Making)

A. **Joint Legal Custody.** Parents shall have joint legal custody of their minor child(ren). "Joint legal custody" means that both parents have equal rights to participate in, contribute to, and have responsibility for

matters of health and education in their child(ren)'s best interests. Neither parent's rights are superior to the other parent's rights, and they should cooperate to determine what is in their children's best interests.

B. **Sole Legal Custody.** Joint legal custody is not in the child(ren)'s best interests. "Sole legal custody" means that the parent granted sole legal custody has the primary right to decide matters of health and education in the child(ren)'s best interests. The parent not granted sole legal custody may make emergency decisions affecting the child(ren)'s health or safety when the child(ren) are in that parent's physical care and control. The grant of sole legal custody to one parent does not deprive the other parent of access to information regarding the child(ren) unless the court specifically orders, stating the reasons for that determination.

1. Sole legal custody is granted to Parent A Parent B for the following reasons:

a. Agreement of the parents.

b. The other parent is unable or should not be allowed to exercise decision-making because:

c. There is a danger to the child(ren) because: _____.

d. Other: _____.

2. Restriction of Information Regarding the Child(ren) to Non-Legal Custodian.

The Parent A Parent B is restrained from accessing the child(ren)'s health, educational and other personal information because of the following specific reasons:

_____.

Section III. Parenting Time Schedule.

Parent A shall have parenting time beginning at _____ am pm ending at _____ am pm as follows:

Parent A's Weekday Schedule:

Parent A's Weekend Schedule:

Parent A's Other Times:

Parent B shall have parenting time beginning at _____ am pm ending at _____ am pm as follows:

Parent B's Weekday Schedule:

Parent B's Weekend Schedule:

Parent B's Other Times:

The holiday schedule as set out in the _____ (name county) Family Law Guidelines controls holiday parenting time

Or

The holiday schedule is as follows:

<u>HOLIDAY PARENTING SCHEDULE</u>	<u>Parent A</u> <u>Even/Odd/Every</u>	<u>Parent B</u> <u>Even/Odd/Every</u>
New Year's Day: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Spring Break: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Spring Break: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Memorial Day/weekend: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Mother's Day: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Father's Day/Weekend: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Independence Day: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Labor Day/weekend: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Halloween: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Thanksgiving Day/weekend: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		
Winter Break: From _____ (day) at _____ (time) until _____ (day) at _____ (time)		

<u>HOLIDAY PARENTING SCHEDULE</u>	<u>Parent A</u> <u>Even/Odd/Every</u>	<u>Parent B</u> <u>Even/Odd/Every</u>
Winter Break: From _____(day) at _____(time) until _____(day) at _____(time)		
Other: From _____(day) at _____(time) until _____(day) at _____(time)		
Other: From _____(day) at _____(time) until _____(day) at _____(time)		
Other: From _____(day) at _____(time) until _____(day) at _____(time)		
Other: From _____(day) at _____(time) until _____(day) at _____(time)		

Section IV. Dispute Resolution Process

Disputes between the parents, other than about child support, shall be submitted to:

Mediation by: _____(name of mediator)

The following dispute resolution method: _____.

Section V. Military Deployment, Mobilization, or Unaccompanied Tour

Parent A Parent B is a military servicemember and the following shall apply upon notice of deployment, mobilization, temporary duty, or unaccompanied tour:

1. A parent receiving deployment, mobilization, temporary duty or unaccompanied tour orders from the military shall be considered a “deployed parent.”

2. The absence, relocation or failure to comply with a parenting order by a “deployed parent,” shall not by itself constitute a material change in circumstances to make any permanent change to the parenting plan.

3. Any court order limiting previously ordered parenting rights due to the parent's deployment, mobilization, temporary duty, or unaccompanied tour shall state that event as its basis and shall constitute only a “temporary order.”

4. The non-deploying parent shall provide the court and deployed parent at least 30 days advance written notice of any change of address or telephone number.

5. The non-deploying parent shall reasonably accommodate the deployed parent’s leave schedule.

6. The non-deploying parent shall facilitate telephone and electronic communication between the children and the deployed parent.

7. The deployed parent shall provide the nondeployed parent with timely information about the deployed parent's anticipated deployment, leave during deployment, and release from deployment.

8. During deployment, mobilization, temporary duty, or unaccompanied tour, the parents shall make decisions about the child(ren) by the following methods: _____

9. During deployment, mobilization, temporary duty, or unaccompanied tour, the child(ren) shall live with: Parent A Parent B Other _____ and the deployed parent shall have the following parenting time with the child when available:

_____.

Section VI. Address-Change

A. Each parent shall notify the other parent of any address change in writing no less than 30 days before changing address by sending written notice to the other parent by certified mail – restricted delivery, return receipt requested, at that other parent's last known address.

B. Each parent shall notify the other parent of any plan to remove any child(ren) from the State of Kansas for more than 90 days by sending written notice to the other parent by certified mail – restricted delivery, return receipt requested, at that other parent's last known address.

C. A parent is not required to give written notice of removal to the other parent under either (A) or (B) if the other parent has been convicted of a crime specified in Article 34 (crimes against persons), Article 35 (sex offenses), or Article 36 (crimes affecting family relationships and children) of Chapter 21 (Crimes and Punishments) of the Kansas Statutes Annotated to which the child(ren) was the victim.

Section VII. Other Requirements

Other requirements for this parenting plan: _____

_____.

Section VIII. Signatures: Required if agreed upon by the parties.

Parent A

Name: X _____
(Signature)

Parent B

Name: X _____
(Signature)

Name: _____ Name: _____
(Printed) (Printed)

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Date Signed: _____ Date Signed: _____

Attorney (if any): _____ Attorney (if any): _____
(Signature) (Signature)

Attorney (if any): _____ Attorney (if any): _____
(Printed) (Printed)

APPROVED THIS ____ DAY OF _____, 20 ____.

DISTRICT JUDGE