

Instructions for FILING Annulment –With Children

23-2702. Grounds for annulment. (a) The district court shall grant a decree of annulment of any marriage for either of the following grounds: (1) The marriage is void for any reason; or (2) the contract of marriage is voidable because it was induced by fraud.

(b) The district court may grant a decree of annulment of any marriage if the contract of marriage was induced by mistake of fact, lack of knowledge of a material fact or any other reason justifying rescission of a contract of marriage.

History: L. 1963, ch. 303, 60-1602; L. 1982, ch. 152, § 2; Jan. 1, 1983.

Source or Prior Law:

G.S. 1868, ch. 80, §§ 639, 648; L. 1909, ch. 182, §§ 663, 677; R.S. 1923, [60-1501](#), 60-1515; L. 1931, ch. 228, § 1; L. 1939, ch. 232, § 1; L. 1947, ch. 318, § 1; L. 1951, ch. 347, § 1.

What is the difference between an **ANNULMENT** and a **DIVORCE**?

A **DIVORCE** ends a marriage

An **ANNULMENT** means no valid marriage ever existed

Should you choose to act as your own attorney, it is up to you to decide if you need to file for a divorce or an annulment. The Court Clerks **can not** advise you on which forms to file.

You will need the following forms: Civil Information Sheet, Petition for Annulment, Voluntary Entry of Appearance, Request for Service Form, Summons (The Civil Clerk will print this for you), Domestic Relations Affidavit, Child Support Worksheet, Parenting Plan, Kansas Payment Center Information Sheet, Vital Statistics Worksheet, Notice of Hearing and Decree of Annulment.

These forms are for use in annulments where the filing person and spouse have children from their relationship together. The following forms will be used **ONLY** if there is no other way to notify your spouse of the divorce filing as provided in instruction 4d: Affidavit for Service by Publication, Order Allowing Service by Publication and Notice of Suit.)

WARNINGS

1. **The forms provided are basic forms for simple annulments. They do not deal with every situation. An annulment can be complicated and using legal forms without an attorney’s help can harm your legal rights.**
2. **The Clerk of the District Court cannot help you prepare these forms. The Clerk cannot give legal advice about your rights or responsibilities and can only provide very limited information about the annulment process. If you have any questions, you should contact an attorney. There is an attorney available on Wednesdays in the Self Help Center, 3rd floor.**
3. **It is illegal for anyone who is not licensed to practice law in Kansas to: (A) give another person advice about that other person’s legal rights or duties; (B) help another person to select, draft, or complete any legal document that affects the other person’s rights or duties; (C) represent another person in court; and (D) help another person negotiate legal rights or responsibilities.**

4. **Courts require anyone filing an annulment case to follow court rules. You must follow the court rules or you will not be able to finish your case. Self-represented persons are expected to know the rules as if you were an attorney.**
5. **If your spouse is active-duty military, you should consult an attorney because you must meet specific additional requirements.**
6. **Property decisions are binding on you and your spouse and may not be changed. Agreements are NOT binding on, and do not affect the rights of anyone other than you and your spouse.**
7. **If one spouse is to receive part of the other spouse's retirement benefits, additional documents may be needed to complete the transfer. You will need to seek the advice of an attorney to complete this process because it is outside the scope of these forms.**

Facts About Filing for Divorce in Kansas:

- * You or your spouse must have lived in Kansas for at least sixty (60) days before filing a Petition for Divorce with the court.
- * You must start the legal process by filing certain documents, and paying a filing fee, with the Clerk of the District Court in the county where you or your spouse lives.
- * Once your case is filed, you will be given a case number which must be on all documents you file with the court in the future.
- * If you are filing for a divorce without the assistance of an attorney, you are responsible for completing all the necessary forms and the Clerk of the District Court cannot help you prepare any legal documents or provide any legal advice.
- * Once you have filed your Petition for Divorce, it is important that you inform the Clerk of the District Court if you or your spouse's address changes.

Terminology:

Petitioner = Person who files the Petition
Respondent = Person who did not file the Petition
Parties = Petitioner and Respondent

Case Caption:

The section above the title of every document is called the case caption. It identifies which county the case was filed in, the case number, and the names of the people involved in the case. The person who originally filed the petition is listed on the top line and is called the "Petitioner." The person who did not file the petition is listed on the lower line and is called the "Respondent." These name designations remain the same for the entire case including in all documents filed with the court after the divorce is final.

Instructions for filing an annulment:

1. Complete the Civil Information Sheet, Domestic Relations Affidavit, Parenting Plan, Petition for Annulment and Self Represented Litigant Certification form.
2. Sign the Petition for Annulment in front of a notary public. Notary publics may commonly be found in law firms, title companies and financial institutions, i.e. banks and credit unions.
3. File with the Clerk of the District Court:
 - *the original Petition for Annulment with required copies;
 - *the original Domestic Relations Affidavit with required copies;
 - *the original Civil Information Sheet;
 - *the original SRL form
 - *the Request for Service Form, if not filing a Voluntary Entry of Appearance
 - *the Order for ECT classes
 - *Pay the required filing fee of \$195.00.
4. You must notify your spouse that you have filed a Petition for Annulment in one of the following ways:
 - a. “Voluntary Entry of Appearance”: Your spouse signs a Voluntary Entry of Appearance form in front of a notary public, which acknowledges receipt of the Petition for Divorce. The Voluntary Entry of Appearance with your spouse’s original signature is then filed with the Clerk.
 - b. “Sheriff’s Service”: You must fill out a Request for Service Form, requesting that the sheriff deliver the Petition for Annulment to your spouse. If your spouse lives in Kansas, you must pay a sheriff’s service fee. If your spouse lives in a State other than Kansas, it is your responsibility to find out the procedures required by the sheriff in that state and county and to pay any fees required.
 - c. “Certified Mail Service”: You must mail the summons and Petition for Annulment by certified mail - return receipt requested to your spouse at his or her last known residential address. File the “green” “return-receipt card” with the Clerk when you receive it from the US Postal Service.
 - d. “Publication”: If you cannot provide notice of the annulment to your spouse under either (a), (b), or (c), then you may be able to provide notice of the divorce by publishing 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.

- e. “Court Process Server”. You must fill out a Request for Service Form, requesting that the Court Process Server deliver the Petition for Annulment to your spouse. The Court Process Server can only be used if the other party can be served in Wyandotte County.
5. ATTEND THE EFFECTIVE CO-PARENTING TECHNIQUES CLASS. You are required to attend the “ETC” class with Domestic Court Services prior to your final hearing. Classes are currently being held via ZOOM and registration is required. The Court will issue the ETC order when paternity is established by admission or hearing. More information is available on our website www.wycodistrictcourt.org/effective-co-parenting-technique. Proof of attendance of the ETC class will be electronically filed with the clerk’s office by Domestic Court Services prior to your final hearing
6. Contact the Administrative Assistant for the division your case is assigned to to find out how to get a final hearing date and time for your annulment. Different courts have different procedures and requirements. Kansas law provides that an annulment decree cannot be entered until at least 60 days after the petition filing date.
7. Send a copy of the Notice of Hearing to your spouse and file the original of that notice with the Clerk. Certified mail is the preferred method of mailing.
8. If required by local rules, attend and complete any required parenting, co-parenting, divorce or other required classes prior to your final divorce hearing.
9. Complete the Child Support Worksheet (CSW). Instructions for the calculation of child support and completion of the CSW may be found on the Kansas Judicial Branch website at <http://www.kscourts.org/rules-procedures-forms/Child-Support-Guidelines/default.asp>, or by visiting your local law library. The CSW must be completed prior to your hearing.
10. You should complete paragraphs 8, 12-13, 20-23, and 25 of the Decree of Annulment before the final annulment hearing. The remaining paragraphs of the Decree of Annulment are for the judge to complete. Legal descriptions of your house and land may usually be obtained from your local Register of Deeds office.
11. Attend the final annulment hearing, taking with you:
 - a. The Decree of Annulment and at least 3 copies;
 - b. Any written property division agreement signed by you and your spouse;
 - c. Written proof that you gave your spouse notice of the hearing date and time;
 - d. Required copies of the completed Domestic Relations Affidavit;
 - e. Required copies of the completed Parenting Plan;
 - f. Required copies of the completed Child Support Worksheet;
 - g. The Kansas Payment Center Information Sheet (for child support); and,
 - h. The completed Vital Statistics Worksheet.
12. When you present the decree to the judge, you should be prepared to tell the judge about the facts stated in the petition, that you and your spouse are incompatible, and why your proposed agreements are fair.

13. The process of obtaining Income Withholding Orders is separate from the annulment process and is outside the scope of these forms. You will need to check with the Clerk to find out what the local procedures are for obtaining these orders.
14. If the judge orders either parent to pay child support or spousal maintenance (also called spousal support), the child support or spousal maintenance shall be enforced by the Wyandotte County District Court Trustee's Office (913-573-2992), pursuant to local Court Rules, if the case is not an IV-D case - cases in which State funding is received by one or both of the parties. If the case is denoted as an IV-D case, then only Spousal Maintenance orders in the case are enforced by the District Court Trustee's Office and the Child Support enforced may only be pursued through the Department of Children and Families (DCF) through Maximus (913-363-5719). The Court Trustee's enforcement fee shall be assessed on all spousal maintenance and child support amounts that are enforced by the Wyandotte County District Court Trustee's Office. **The fee is 5% of the base spousal maintenance and/or child support amounts and has been calculated and included in the final amounts ordered herein, if applicable.** The enforcement fee will be deducted by the Kansas Payment Center, before distribution to the child support or spousal maintenance receiving party.
15. Once the judge has signed the original decree, take the original and all copies to the Clerk who will file the original. Provide your former spouse a file stamped copy of the decree and keep the remaining copies.

Self-Represented Litigant Certification Form

By signing this form, I certify that, to the best of my knowledge, information, and belief, and based on my reasonable review of the document's contents, the attached filing complies with the certification requirements in the Temporary Rule for Filing in a District Court by a Self-Represented Litigant as follows:

- (a) I have signed the attached filing and provided my name, address, email address (if available), telephone number, and fax number (if available); and
- (b) The attached filing contains no personally identifiable information (PII) or meets an exception in the Temporary Rule for Filing in a District Court by a Self-Represented Litigant because the filing (check box that applies):

contains no PII (if this box is checked, do not check any other boxes); or

requests that this document be sealed under the Temporary Rule for Filing in a District Court by a Self-Represented Litigant for the following reason (check box that applies):

a pre-existing order was entered by the court on that seals this document;

this document asks the court to issue an order that seals the following document: [include general description of document contents without including PII.] _____;

or

this document asks the court to seal the following document already filed in the case: [describe the document already on file so that the clerk can identify it without using PII]
_____.

Date: _____

Signature: _____

Name of Party: _____

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.

<u>NATURE OF SUIT</u> (Mark only one – If the case involves more than one of the following categories, indicate the category having the highest dollar value.)			
<u>CIVIL</u>		If a CH. 61: \$ _____ (Judgment Demand Amount)	
TORT WARRANT <input type="checkbox"/> Asbestos Product Liability <input type="checkbox"/> Automobile Tort <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Legal Malpractice <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Other Professional Malpractice <input type="checkbox"/> Premises Liability <input type="checkbox"/> Slander/Libel/Defamation <input type="checkbox"/> Tobacco Product Liability <input type="checkbox"/> Toxic/Other Product Liability <input type="checkbox"/> Other Tort	CONTRACT <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Employment Dispute – Discrimination <input type="checkbox"/> Employment Dispute – Other <input type="checkbox"/> Fraud <input type="checkbox"/> Landlord/Tenant – Unlawful Detainer <input type="checkbox"/> Landlord/Tenant Dispute – Other <input type="checkbox"/> Seller Plaintiff (debt collection) <input type="checkbox"/> Other Contract CIVIL APPEALS <input type="checkbox"/> Administrative Agency <input type="checkbox"/> Other Civil Appeal	REAL PROPERTY <input type="checkbox"/> STATE TAX <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Mortgage Foreclosure <input type="checkbox"/> Other Real Property MISCELLANEOUS <input type="checkbox"/> 60-1507 <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Other Writs <input type="checkbox"/> OTHER CIVIL <input type="checkbox"/> SMALL CLAIMS	
<u>DOMESTIC</u>			
<input type="checkbox"/> MARRIAGE DISSOLUTION/DIVORCE <input type="checkbox"/> PROTECTION FROM ABUSE <input type="checkbox"/> PROTECTION FROM STALKING <input type="checkbox"/> UIFSA <input type="checkbox"/> OTHER DOMESTIC RELATIONS <input type="checkbox"/> NON-DIVORCE SUPPORT, CUSTODY OR VISITATION <input type="checkbox"/> PATERNITY			
<u>PROBATE/ESTATE</u>			
GUARDIAN/CONSERVATOR <input type="checkbox"/> Conservatorship/Trusteeship <input type="checkbox"/> Guardianship – Adult <input type="checkbox"/> Guardianship – Minor <input type="checkbox"/> Guardian/Conservator – Adult <input type="checkbox"/> Guardian/Conservator – Minor	<input type="checkbox"/> DETERMINATION OF DESCENT <input type="checkbox"/> SEXUALLY VIOLENT PREDATOR <input type="checkbox"/> DECEDENT ESTATE CARE AND TREATMENT	<input type="checkbox"/> ELDER ABUSE <input type="checkbox"/> ADOPTION <input type="checkbox"/> OTHER PROBATE/ESTATE	

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

SUMMONS ATTACHED: YES
 NO

SERVICE BY: PROCESS SERVER/ATTORNEY
 SHERIFF IN STATE _____ (County)
 SHERIFF OUT OF STATE _____ (State)

SHERIFF'S PROCESS FEE ATTACHED YES
 NO

PLAINTIFF/SUBJECT INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

DEFENDANT/OTHER PARTY INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____ SEX: _____

PHONE: _____ SEX: _____

CELL PHONE: _____

CELL PHONE: _____

E-MAIL: _____

E-MAIL: _____

SSN: _____ DOB: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ALIAS NAMES USED: _____

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

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

In the Matter of the Marriage of

Petitioner

Case No. _____

and

Respondent

PETITION FOR ANNULMENT WITH CHILDREN

Petitioner states:

1. I am now living at: _____ and I have lived there since _____.

2. My spouse is now living at _____, and has lived there since _____.

3. We were married on _____, 20____ in _____ (city), _____ (state) and have been married since that date.

4. We should receive an annulment because:

- Because the marriage is void for the following reason:
- Because the marriage is voidable because it was induced y fraud for the following reason:
- Because the marriage was induced by the following mistake of fact:
- Because the marriage was induced by the following lack of knowledge of a material fact:
- For the following reason that justifies rescission of the contract of marriage:

5. Alternately, we are incompatible and should receive a divorce.

6. The court should divide our property and debt as we agree or as the court may decide.

7. I do do not request spousal support.

8. Petitioner Respondent should be restored to the following former name: _____.

9. My spouse is is not now on active duty with the United States Military.

10. Wife is is not pregnant when this Petition is filed.

11. The following children have been born during our marriage:

<u>Name</u>	<u>DOB</u>	<u>SSN (last 4)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. I request an annulment or, in the alternative a divorce, a division of property and debt, support orders, and other appropriate orders.

Signature

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Email Address: _____

VERIFICATION

STATE OF KANSAS)

COUNTY OF WYANDOTTE)

) ss.
)

I swear or affirm that the statements made in this Petition for Annulment or, in the Alternative Divorce are true and that I am the person filing this petition.

Filing Party

SUBSCRIBED AND SWORN to before me, a Notary Public, on _____, 20 ____

Notary Public

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

In the Matter of the Marriage of

Petitioner

Case No. _____

and

Respondent (person filing this voluntary entry of appearance)

VOLUNTARY ENTRY OF APPEARANCE

“Petitioner” means the person who filed the Petition.

“Respondent” means the person who did not file the Petition.

I am the person against whom this divorce is filed. I received a copy of the petition filed in this case. I am not requiring that the sheriff or other person hand me the summons and petition as Kansas law may require. I **am** **am not** a member of the armed forces on active duty service. If I am on active duty military service, I **do** **do not** give up my rights under the Servicemembers Civil Relief Act for this case.

X _____
Signature of Respondent

Name (Print): _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

ACKNOWLEDGEMENT

STATE OF KANSAS)
COUNTY OF _____) ss.

On this ____ day of _____, 20____, _____
personally appeared in front of me, signed this document, and acknowledged to me that s/he signed this document voluntarily for purpose stated in this document. **IN WITNESS**, I have set my hand and affixed my seal.

Notary Public

CERTIFICATE OF SERVICE AND MAILING

I certify that on this _____ day of _____, 20____, I sent a true copy of this Voluntary Entry of Appearance by depositing it in the United States mail, postage prepaid, addressed to:

(Name and address of Petitioner)

and

(Name and address of Petitioner's attorney, if any)

X _____
Signature of Respondent

Name (Print): _____

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

In the Matter of the Marriage of

Petitioner

Case No. _____

and

Respondent

Respondent's Address:

REQUEST AND SERVICE INSTRUCTION FORM

"Petitioner" means the person who filed the Petition.

"Respondent" means the person who did not file the Petition.

To: Clerk of the District Court

The Clerk of the Court will issue a Summons and Petition in the above entitled action for the above named Respondent. You are hereby instructed to effect service, as follows:

- a. *Personal Service inside Kansas* – Service through the office of the Sheriff of _____ County, State of Kansas, other than by certified mail.
- b. *Certified Mail Service inside or outside Kansas* – Certified mail service by the Petitioner, who understands that the responsibility for obtaining service and effecting its return shall be on the Petitioner. The receipt for certified mail service (green card) must be filed with the Clerk's office before service can be perfected.
- c. *Certified Mail Service inside or outside Kansas* – Certified mail service by the office of the Sheriff of _____ County, State of Kansas, AT THE EXPENSE OF THE PETITIONER. The Petitioner understands that the responsibility for obtaining service and effecting its return shall be on the Sheriff.
- d. *Personal Service outside Kansas* – Out of state service by service through the Sheriff of _____ County, State of _____ (other person's location) by other than certified mail, which the PETITIONER MUST ARRANGE WITHOUT ASSISTANCE OF THE COURT.

- e. Personal Service through the Office of the Civil Process Server.
(Party to be served must live in Wyandotte County, Kansas)
- f. No service required as my spouse will complete a Voluntary Entry of Appearance or I am filing an Affidavit for Service by Publication.

X _____
Signature of Petitioner

Name (Print): _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

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:

<u>Name</u>	<u>Social Security Number</u> xxx-xx-____	<u>Birth</u> <u>Month/Year</u>	<u>Age</u>	<u>Custodian</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

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

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	\$ _____	\$ _____
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.

<u>Source</u>	<u>Party Name</u>	<u>Party Name</u>
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____

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

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.

<u>Joint or Individual</u>	<u>Amount</u>	<u>(Specify)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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.

<u>Property Description</u>	<u>Ownership</u>	<u>Actual/Estimated Value</u>

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

<u>Property Description</u>	<u>Ownership</u>	<u>Source of Ownership</u>	<u>Actual/Estimated Value</u>

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.

<u>Debt Obligation</u>	<u>Payor</u>	<u>Payee</u>	<u>Balance Due</u>	<u>Payment Rate</u>	<u>Encumbered Property</u>

18. 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.

Health Insurance

COBRA Continuation .

	Yes	No	Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true, correct and complete.

Executed on the _____ day of _____, 20____.

Name (Print): _____
Signature _____

**IN THE DISTRICT COURT OF WYANDOTTE COUNTY, KANSAS
CIVIL DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF:

Petitioner,

and

Respondent.

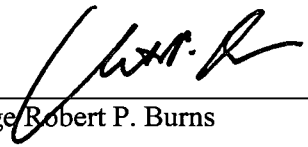
)
)
)
) **Case No.** _____
) **Division** _____
)
)
)
)
)

ORDER FOR EFFECTIVE CO-PARENTING TECHNIQUES (ECT)

NOW ON THE DATE STAMPED ABOVE the Court finds that an action has been filed in this court concerning a parenting plan for parties' minor child(ren) and that it would be in the best interest of the minor child(ren) for the parties to attend **Effective Co-Parenting Techniques (ECT)** within thirty (30) days of service of process, or the entry of an appearance by the respondent (in actions to establish the parentage of a child the parties shall attend within thirty (30) days of the entry of the order establishing parentage). Attendance of ECT must be completed prior to the case being set for trial.

IT IS THEREFORE ORDERED that the parties attend the **Effective Co-Parenting Techniques** educational program through Wyandotte County Domestic Court Services. This is a two-hour educational program which is currently being conducted online. To obtain information regarding registration and class times, contact **Domestic Court Services at (913) 573-2833**. Upon completion of class, your court file will be updated with a certificate of completion.

IT IS SO ORDERED



Chief Judge Robert P. Burns
Div. 1

Child Support Worksheet
 IN THE 29th JUDICIAL DISTRICT
 WYANDOTTE COUNTY, KANSAS

IN THE MATTER OF:

_____ Petitioner

and

CASE NO. _____

_____ Respondent

CHILD SUPPORT WORKSHEET OF (name) _____

PARTY NAME PARTY NAME

A. INCOME COMPUTATION – WAGE EARNER

1. Domestic Gross _____ \$ _____ \$ _____
 (Insert on Line C.1. below) *

B. INCOME COMPUTATION – SELF-EMPLOYED

1. Self-Employment Gross Income _____
 2. Reasonable Business Expenses (-) _____
 3. Domestic Gross Income _____
 (Insert on line C.1. below) *

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. Proportionate Shares of Combined Income _____% _____%
 (Each parent's income divided by combined income)
 3. Gross Child Support Obligation**
 (Using the combined income from Line D.1., find the amount for each child and enter total for all children)

Age of Children	0-5	6-11	12-18	Total
Number Per Age Category	_____	_____	_____	
Total Amount	_____	+ _____	+ _____	= _____

- * Cost of Living Differential Adjustment? Yes No
 **Multiple Family Application? Yes No
 Parenting Time Adjustment Yes No _____ %
 Income Beyond the Child Support Schedule calculation used Yes No

Case No. _____	<u>PARTY NAME</u>	<u>PARTY NAME</u>
4. Proportionate Share (Line D.3 x Line D.2)	_____	_____
5. Parenting Time Adjustment _ _% x Line D.4 (-)	_____	_____
6. Proportionate Shares after Parenting Time Adjustment	_____	_____
7. Health and Dental Insurance Premium	\$ _____	+ \$ _____
8. Proportionate Shares Health Insurance Premium	_____	_____
9. Work-Related Child Care Costs	_____	_____
Formula: Amt. – (Amt. x %) for each childcare credit Example: 200 – (200 x 30%)		
10. Proportionate Shares Work-Related Child Care Costs	_____	_____
11. Proportionate Child Support Obligation for Each Parent (Line D.6 + D.8 + D.10)	_____	_____
12. Credit for Insurance or Work-Related Child Care Paid (-)	_____	_____
13. Basic Parental Child Support Obligation (Line 11-Line D.12); Insert on Line F.1. below)		

E. CHILD SUPPORT ADJUSTMENTS

<u>APPLICABLE</u>	<u>N/A</u>	<u>CATEGORY</u>	<u>PARTY NAME</u>	<u>PARTY NAME</u>
1. <input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Costs	(+/-)_____	(+/-)_____
2. <input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-)_____	(+/-)_____
3. <input type="checkbox"/>	<input type="checkbox"/>	Special Needs	(+/-)_____	(+/-)_____
4. <input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Majority	(+/-)_____	(+/-)_____
5. <input type="checkbox"/>	<input type="checkbox"/>	Overall Financial Condition	(+/-)_____	(+/-)_____
6. TOTAL (Insert on line F.2. below)			_____	_____

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

AMOUNT ALLOWED

	<u>PARTY NAME</u>	<u>PARTY NAME</u>
1. Basic Parental Child Support Obligation (Line D.13. from above)	_____	_____
2. Total Child Support Adjustments (+/-) (Line E.6. from above)	_____	_____
3. Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4. Equal Parenting Time Obligation (<input type="checkbox"/> EPT Worksheet or <input type="checkbox"/> Shared Expense Formula)	_____	_____
5. a. Ability to Pay Calculation Child Support Income (D.1) ____ - Poverty Guidelines for Household of One _ _ = ____		
5. b. Subtotal (lesser amount of F.3 and F.5.a)	_____	_____
6. a. Social Security Dependent Benefits	(-) _____	(-) _____
6. b. Final Subtotal	_____	_____
7. Enforcement Fee Allowance** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	Percentage _____ % Flat Fee \$ _____	
	(+) _____	(+) _____
8. Net Parental Child Support Obligation (Line 5.b. + Line F.4.)	_____	_____

**Parent paying support.

Prepared By (Signature)/ Date

Judge/Hearing Officer Signature/ Date

Prepared By (Print Name)

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:

<u>Full Name of Child</u>	<u>Gender Birth</u>	<u>Date (Month/Yr) and Age</u>
_____	<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 Even/Odd/Every</u>	<u>Parent B 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: 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)		
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 of agreed upon by the parties.

Parent A	Parent B
Name: X _____ (Signature)	Name: X _____ (Signature)
Name: _____ (Printed)	Name: _____ (Printed)
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
Date Signed: _____	Date Signed: _____
Attorney (if any): _____ (Signature)	Attorney (if any): _____ (Signature)
Attorney (if any): _____ (Printed)	Attorney (if any): _____ (Printed)

APPROVED THIS ____ DAY OF _____, 20 ____.

DISTRICT JUDGE

K P C

KANSAS PAYMENT CENTER

CHILD SUPPORT ORDER INFORMATION SHEET

As per Supreme Court Administrative Order No. 168 (amended), all new or modified non-IVD support orders filed in the Kansas district courts must be accompanied by this child support order information sheet.

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

Who submits this information sheet: The payee's attorney shall submit a child support order information sheet with any new or modified non-IVD support orders filed with the Clerk of the District Court.

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

Date: _____ **Trustee Fee:** Active or Inactive (please check one)

Case Number: _____

Payer's Name: _____ **Date of Birth:** _____

Gender: Male Female **SSN:** _____ ***If SSN or DOB not known, give reason for unavailability:**

Address, City, State, Zip _____

E-mail Address: _____

Phone Numbers (mark primary): **Home** (____) _____
Work (____) _____
Cell (____) _____

Payee's Name: _____ **Date of Birth:** _____

Gender: Male Female **SSN:** _____ ***If SSN or DOB not known, give reason for unavailability:**

Address, City, State, Zip _____

E-mail Address: _____

Phone Numbers (mark primary): Home () _____
Work () _____
Cell () _____

Debt Type:	Amount	Start Date	Obligation Frequency:
<input type="checkbox"/> CS	_____	_____	<input type="checkbox"/> Weekly
<input type="checkbox"/> MN	_____	_____	<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> OT	_____	_____	<input type="checkbox"/> Semi-Monthly
			<input type="checkbox"/> Monthly

Child #1: Name: _____ Date of Birth: _____
Gender: Male Female
SSN: _____

Child #2: Name: _____ Date of Birth: _____
Gender: Male Female
SSN: _____

Child #3: Name: _____ Date of Birth: _____
Gender: Male Female
SSN: _____

Child #4: Name: _____ Date of Birth: _____
Gender: Male Female
SSN: _____

Child #5: Name: _____ Date of Birth: _____
Gender: Male Female
SSN: _____

Child #6: Name: _____ Date of Birth: _____
Gender: Male Female
SSN: _____

List additional children on a separate sheet.

Third Party Payee:

Provide the following if payee is an individual:

Gender: Male Female Date of Birth: _____

Revised date: 11/2010

SSN: _____ (*If SSN or DOB not known, give reason for unavailability)

Address, City, State, Zip: _____

***Absent extenuating circumstances as determined by the Kansas Payment Center, Payers' and Payees' Social Security Numbers and Dates of Birth must be provided on this form.**

Form Completed

By: _____

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

In the Matter of the Marriage of

Petitioner

Case No. _____

and

Respondent

NOTICE OF HEARING

The court will hold a hearing on this matter on the _____ day of _____, 20____
at _____: _____ a.m. p.m. at the Wyandotte County Courthouse, in Division _____.

X _____
Your Signature Self-Represented
Name (Print): _____
Address 1: _____
Address 2: _____
City, State, Zip: _____
Telephone Number: _____

CERTIFICATE OF SERVICE AND MAILING

I certify that on this _____ day of _____, 20____, I sent a true copy of this
notice of hearing by (depositing it in the United States mail, postage prepaid) (depositing it in the United
States mail, postage prepaid, certified mail, return receipt requested) addressed to:

(Name and address of other party)

or

(Name and address of other party's attorney)

and

(Name and address of any other involved attorney or case participant, if any)

X _____
Your Signature
Name (Print): _____

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

In the Matter of the Marriage of

Petitioner

Case No. _____

and

Respondent

DECREE OF ANNULMENT WITH CHILDREN

On _____, 20____ this matter was heard by the court.

Petitioner is present not present.

Respondent is present not present.

After considering the evidence presented the court makes the following findings and orders.

1. **RESIDENCE**

The Petitioner has been a resident of Wyandotte County, Kansas for more than sixty (60) days before the filing of the petition.

2. **RESPONDENT**

The court has jurisdiction over the Respondent because they:

- Were served by publication notice.
- Appear in court.
- Were served a petition by Sheriff or Court Process Server.
- Were served a petition by certified mail.
- Have signed and filed a voluntary entry of appearance.

3. **60 DAYS.**

More than sixty (60) days have passed since the filing of the petition.

4. **MARRIAGE.**

The parties were married on _____, 20____ in _____, _____ and have been since that time and now are lawfully husband and wife.

5. **MILITARY SERVICE.**

The Respondent is is not now on active duty with the United States Military. If the Respondent is on active duty, the requirements of the Service members Civil Relief Act (SCRA) have haven't been met.

6. **PERSONAL AND SUBJECT MATTER JURISDICTION; VENUE.**

The Court has personal jurisdiction over the parties and jurisdiction over the subject matter in this action. Venue has been properly placed.

7. An annulment is granted _____

8. Petitioner and Respondent are the parents of the following children who are under eighteen years old or are still in high school:

a. _____ was born in _____, _____.
(Child's name) (Month of Birth) (Year of Birth)

b. _____ was born in _____, _____.
(Child's name) (Month of Birth) (Year of Birth)

c. _____ was born in _____, _____.
(Child's name) (Month of Birth) (Year of Birth)

d. _____ was born in _____, _____.
(Child's name) (Month of Birth) (Year of Birth)

9. Kansas has child custody jurisdiction under the following provision of the U.C.C.J.E.A.:
_____ (home state/significant connection)

10. **PARENTING PLAN.** The court adopts the parenting plan filed separately as its order.

11. **PROPERTY AND DEBT DIVIDED:**

The parties have signed an agreement dividing all of their property and debts. The agreement is approved by the court OR

Petitioner shall keep the following property: _____

Petitioner shall be responsible for the following debt: _____

Respondent shall keep following property: _____

Respondent shall be responsible for the following debt: _____

12. **INSURANCE POLICIES.**

Any designation previously made by Petitioner or Respondent that names the other as a beneficiary of any individual or group life insurance or annuity policy, trust instrument, transfer-on-death account, or payable-on-death account, is terminated and may be renewed only by designation made after entry of this decree. Petitioner and Respondent shall make any necessary changes to beneficiary designations by filing the changes according to the terms of the policy, trust or account.

13. **SPOUSAL MAINTENANCE:**

Neither party will pay spousal maintenance to the other.

Petitioner Respondent will pay spousal maintenance of \$ _____ on the first day of each month beginning ____ / ____ / ____ (mo/day/yr). Spousal maintenance will end on the first of the following events to occur:

- a. the death of either party;
- b. the remarriage of the recipient;
- c. the cohabitation (as defined by the then-current Kansas law) of the spouse receiving spousal support with a non-relative adult (regardless of gender) in a marriage-like relationship;
- d. the spouse receiving spousal support living together in a marriage-like relationship with an adult non-relative regardless of gender (for purposes of this provision a civil union or same-sex marriage obtained in a jurisdiction providing for such an arrangement shall be considered evidence of living together); or
- e. _____. (Enter Date)

14. **CHILD SUPPORT.**

Petitioner Respondent will pay child support of \$ _____ per month payable on the first day of each month beginning _____, 20___. The Court Trustee's enforcement fee shall be assessed on all spousal maintenance and child support amounts that are enforced by the **WYANDOTTE COUNTY COURT TRUSTEE'S OFFICE**. The fee is **5%** of the base spousal maintenance and child support amount and is calculated and included in the amounts ordered herein, if applicable. The enforcement free will be deducted by the Kansas Payment center, before distribution to the child support or spousal maintenance receiving party.

15. DUTY TO NOTIFY.

Each parent must notify the other of any change of financial circumstances including changes to income, work related child care costs, and health insurance premiums and any other change that could be a material change of circumstances. If a parent receives a written request for financial information, he or she has thirty days to provide the requested information in writing to the other parent. If a parent refuses to provide the requested information he or she might be held responsible for the costs and expenses, including attorney fees, the requesting party incurs in obtaining the requested information.

16. KANSAS PAYMENT CENTER.

All support and maintenance payments shall be made payable to the order of the Kansas Payment Center P. O. Box 758599, Topeka, Kansas 66675-8599. Each payment must include in the memo section on the check or in another place the letters "WY" followed by the case number.

17. COURT TRUSTEE/MAXIMUS TO ENFORCE.

The District Court Trustee or DC/Maximus shall enforce the orders of support entered herein. Both parties will inform the District Court Trustee or DCF/Maximus in writing of any change of name, residence, and/or employer (with business address) within 7 days after the change.

18. INCOME WITHHOLDING.

Unless the court makes findings in conformity with K.S.A. 23-3103(j), income withholding shall take effect immediately to enforce the order of child support or child support and maintenance granted herein. Petitioner will pay _____% of the child's uninsured health care costs. (Enter Percentages from Child Support Worksheet) Respondent will pay _____% of the child's uninsured health care costs. (Enter Percentage from Child Support Worksheet) Uninsured healthcare costs include such things as deductibles, co-pays, prescription medications and similar expenses. Petitioner and Respondent shall both sign any documents required by the health insurance provider for the minor child(ren) that are necessary to allow both parents to obtain information from, and to communicate with, the insurance provider about the coverage provided and the payment and reimbursement of health insurance benefits regardless which parent owns, subscribes, or pays for the child(ren)'s health insurance coverage.

19. TEMPORARY SUPPORT ARREARS.

Any arrears in temporary spousal maintenance and/or child support existing as of the date of this Decree (as reflected in the records of the District Court Trustee-child support and spousal maintenance or DCF/Maximus- child support only) shall be a judgment against the Obligor party and the District Court Trustee or Maximus shall enforce said judgment.

20. Petitioner Respondent shall be restored to the former name of:

21. **OTHER PROVISIONS.**

IT IS SO ORDERED.

Judge of the District Court

Petitioner

Respondent

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Vital Statistics
WORKSHEET FOR DIVORCE OR ANNULMENT REGISTRATION

This worksheet may be used to collect the information to be reported on the Certificate of Divorce or Annulment or through the electronic filing process. It may also be used to provide the District Court information if the court is filing the official record for the parties.

This worksheet is not to be forwarded to the Office of Vital Statistics.

1. HUSBAND/SPOUSE NAME (First, Middle, Last)		2. HUSBAND/SPOUSE LAST NAME PRIOR TO FIRST MARRIAGE	
3. DATE OF BIRTH (Month, Day, Year)	4. RESIDENCE-STATE	5. COUNTY	
6. WIFE/SPOUSE NAME (First, Middle, Last)		7. WIFE/SPOUSE LAST NAME PRIOR TO FIRST MARRIAGE	
8. DATE OF BIRTH (Month, Day, Year)	9. RESIDENCE-STATE	10. COUNTY	
11. PLACE OF THIS MARRIAGE - STATE OR FOREIGN COUNTRY	12. COUNTY	13. DATE OF THIS MARRIAGE (Month, Day, Year)	14. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 18
15. PETITIONER <input type="checkbox"/> Husband/Spouse <input type="checkbox"/> Wife/Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____			16. NAME OF PETITIONER'S ATTORNEY (Type)
17. ATTORNEY'S ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code)			
18. DATE DECREE FILED (Month, Day, Year)	19. TYPE OF DECREE-(Specify) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	20. COUNTY OF DECREE	21. CASE NUMBER

THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

K.S.A. 65-2422B, REQUIRES THE DIVORCE REPORT TO INCLUDE THE SOCIAL SECURITY NUMBER OF BOTH PARTIES TO MAKE SUCH INFORMATION AVAILABLE TO THE SECRETARY OF KANSAS DEPARTMENT OF CHILDREN & FAMILIES FOR THE PURPOSE OF ESTABLISHING, MODIFYING, OR ENFORCING A SUPPORT OBLIGATION.

22. HUSBAND/SPOUSE SOCIAL SECURITY NUMBER & GENDER _____/_____/_____ <input type="checkbox"/> Male <input type="checkbox"/> Female		23. WIFE/SPOUSE SOCIAL SECURITY NUMBER & GENDER _____/_____/_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
24. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify below)		25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		By Death, Divorce, or Annulment (Specify below)	Date (Month, Day, Year)
24a. HUSBAND/SPOUSE	25a. HUSBAND/SPOUSE	25b. HUSBAND/SPOUSE	
24b. WIFE/SPOUSE	25c. WIFE/SPOUSE	25d. WIFE/SPOUSE	
26. HISPANIC ORIGIN (Check the box or boxes that best describes whether you are Spanish, Hispanic, or Latino. Check the "no" box if you are not Spanish, Hispanic, or Latino.)		27. RACE (Check one or more boxes to indicate what race(s) you consider yourself to be.)	
26a. HUSBAND/SPOUSE		27a. HUSBAND/SPOUSE	
26b. WIFE/SPOUSE		27b. WIFE/SPOUSE	
<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican/Mexican American/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribes) _____ <input type="checkbox"/> Asian Indian Chamorro <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Unknown
28. EDUCATION (Check the box that best describes the highest degree or level of school completed.)			
28a. HUSBAND/SPOUSE EDUCATION		28b. WIFE/SPOUSE EDUCATION	
<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Unknown	<input type="checkbox"/> 9 th - 12 th grade; no diploma <input type="checkbox"/> Associate degree (e.g., AA,AS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)