

INSTRUCTIONS FOR PRO SE MOTION TO MODIFY CHILD SUPPORT

*******Please read these instructions in their entirety before you begin! *******

The following information is provided to assist you in obtaining a modification of your child support. The Kansas Child Support Guidelines are the rules which must be followed in setting the amount of child support to be paid. A hearing cannot be held until your motion has been filed and all of the steps have been completed. Promptness is very important. The Court cannot reduce or increase child support which has already become due prior to the filing of your motion. If you can afford to hire an attorney to represent you in modifying your support obligation, you should seriously consider doing so.

A filing fee must be paid when filing your motion. Check with the clerk to find out the amount of the filing fee.

When seeking a child support modification, the following documents must be completed, filed with the court, **and a copy provided to the other party**. Complete the documents with a typewriter or print legibly in black or blue ink. You may download the forms in a Microsoft Word format or re-create the forms on a computer or word processor as well.

Complete:

1. Motion to Modify Child Support
2. Short Form Domestic Relations Affidavit with supporting documents
3. Child Support Worksheet
4. Notice of Hearing
5. Request and Service Instruction Form (one for each party to be served)
6. Return of Service for Certified Mail (if completing service by Certified Mail)

You may need to have your employer complete an Employer Verification Form if no other documentation of your wages and cost of health insurance is available; and your child care provider complete a Child Care Verification Form if no other documentation of your child care expenses is available. These forms are available on the Judicial Council website.

Follow the steps below in the order given. Check each one off as you complete it to properly file your motion with the court.

1. Motion for Modification of Child Support

a. Fill out the Motion to Modify Child Support completely. Make sure you sign your name where indicated.

Case Caption:

The section above the title of every document is called the case caption. The case caption on this document should match the case caption on the Petition. The first document filed in the case is the Petition.

- b. Make 4 copies of the completed Motion to Modify Child Support. (Make 5 copies if your case is enforced by the District Court Trustee or the Department for Children and Families.) **Some courts require extra copies. Check with the clerk of the court to find out if more copies are required.**

2. Short Form Domestic Relations Affidavit

- a. Make two copies of the Short Form Domestic Relations Affidavit (Short Form DRA) document before you complete it. Fill out one copy completely. Set aside the blank copy. You will send the blank copy to the other party or ex-spouse for them to complete.

- b. Attach supporting documents to your completed Short Form DRA. (Supporting documents may include: one month's worth of pay stubs; copy of your most recent tax return and W-2; unemployment, disability, workers compensation, or social security income received; proof of health insurance paid on behalf of yourself and the child(ren); Employer Verification Form if needed as proof of your income, and Child Care Verification Form as proof of daycare expense, if any. Be sure to black out any social security numbers and dates of birth.)

- c. Sign the Short Form DRA.

- d. Make 4 copies of the completed Short Form DRA and supporting documents. (Make 5 copies if your case is enforced by the District Court Trustee or the Department for Children and Families.) **Some courts require extra copies. Check with the clerk of the court to find out if more copies are required.**

3. Child Support Worksheet

- a. Make two copies of the Child Support Worksheet before you complete it. Fill out one copy completely. Set aside the other blank copy. You will send the blank copy to the other party or ex-spouse for them to complete.

- b. Instructions on how to complete the Child Support Worksheet may be found at the Kansas Judicial Branch website, <http://www.kscourts.org/Rules-procedures-forms/Child-support-guidelines/default.asp>, or by visiting your local law library.

c. Make 4 copies of the completed Child Support Worksheet. (Make 5 copies if your case is enforced by the District Court Trustee or the Department for Children and Families.) **Some courts require extra copies. Check with the clerk of the court to find out if more copies are required.**

d. Staple the original Motion to Modify Child Support, the original Short Form DRA with supporting documents and the original Child Support Worksheet together.

e. Staple the remaining copies of the Motions to Modify Child Support, the Short Form DRAs with supporting documents and the Child Support Worksheets to each other in the same way.

4. Notice of Hearing

a. Fill out the Notice of Hearing **except for the hearing place, date and time.**

b. Make 4 copies of the completed Notice of Hearing. (Make 5 copies if your case is enforced by the District Court Trustee or the Department for Children and Families.) **Some courts require extra copies. Check with the clerk of the court to find out if more copies are required.**

5. Filing your Motion and Obtaining a Hearing Date

a. Go to the Clerk of the District Court office to file your motion. Bring originals and all copies with you.

b. Give the clerk the original and all copies of the Motion to Modify Child Support. The clerk will file-stamp the original and all copies of your Motion to Modify Child Support. They will keep the original for the court file and give you back the other copies.

c. Ask the clerk for a hearing date and time and enter that information on the original Notice of Hearing and all copies. Give the original and all copies of the Notice of Hearing to the clerk for filing. The clerk will keep the original Notice of Hearing for the court file and give you back all the file-stamped copies.

6. Serving the Other Party (and the District Court Trustee or the Department for Children and Families, if appropriate) - Request and Service Instruction Form

You **must** provide the other party and the other party's attorney, if any, with a copy of the filed Motion to Modify Child Support (with attachments i.e. a completed Short Form DRA with supporting documents and a completed Child Support Worksheet), the blank Short Form DRA, the blank Child Support Worksheet and the Notice of Hearing. If your case is enforced by a

District Court Trustee or the Department for Children and Families, you must serve a full set of documents on that office too. You may serve each person or entity by **one** of the following methods:

- i. *Service by U.S. Mail* - You may mail the documents, postage prepaid, to the last known address of the other party and their attorney, if any. If your case is enforced by a District Court Trustee or the Department for Children and Families, mail a set of the documents to that office too. If you choose this method, fill out the Certificate of Service and Mailing at the bottom of the Motion and Notice of Hearing form.
- ii. ***Service by Certified Mail (Preferred method)*** - You may send copies of the documents to the other party and the other party's attorney, if any, by certified mail. If you choose this method, fill out the Certificate of Service and Mailing at the bottom of the Motion and Notice of Hearing form. You must also complete a Return of Service for Certified Mail Form and file it with the Clerk of the District Court after the "green card" is returned to you and before the hearing date.
- iii. *Service by Sheriff via Certified Mail* - You may request that the documents be mailed, certified mail, by your local Sheriff's office. There will be a fee for this service.
- iv. *Personal Service by Sheriff – Inside Kansas* – If the other party lives in Kansas, you may request that the documents be delivered by the Sheriff of the county in which the other party resides. There will be a fee for this service.
- v. *Personal Service by Sheriff's Office - Outside Kansas*. If the other party lives outside Kansas, you may request the Sheriff's department where the other party lives deliver the documents to the other party. You will be responsible for finding out the costs involved and completing the appropriate paperwork as required by that Sheriff's department.

Once you have determined the method with which you want to serve the documents on the other party and the other party's attorney, if any, and the District Court Trustee or the Department for Children and Families, complete the Request and Service Instruction Form and provide it to the clerk along with the appropriate number of copies of the Motion to Modify Child Support (with attachments i.e. a completed Short Form DRA with supporting documents and a completed Child Support Worksheet), the blank Short Form DRA, the blank Child Support Worksheet and the Notice of Hearing (one of each for the other party, the other party's attorney, and the District Court Trustee or the Department for Children and Families, if appropriate).

Service by Certified Mail:

If you choose service by certified mail, you must mail a copy of the Motion to Modify Child Support (with attachments i.e. a completed Short Form DRA with supporting documents

and a completed Child Support Worksheet), the blank Short Form DRA you set aside previously, the blank Child Support Worksheet you set aside previously and the Notice of Hearing by certified mail to the other party, and the other party's attorney, if any, and the District Court Trustee or the Department for Children and Families, if applicable, as instructed below. Do this on the same day that you file the Notice of Hearing with the Clerk of the District Court. Failure to mail the copies and provide proof of service will result in your motion being dismissed. **(Do not forget to complete instruction #7 if you choose service by certified mail.)**

- a. Keep one copy of the Motion to Modify Child Support (with attachments i.e. a completed Short Form DRA with supporting documents and a completed Child Support Worksheet) and one copy of the Notice of Hearing for yourself.
- b. Mail one copy of the Motion to Modify Child Support (with attachments i.e. a completed Short Form DRA with supporting documents and a completed Child Support Worksheet), the Notice of Hearing, the blank Short Form DRA, and the blank Child Support Worksheet that you previously set aside when you completed Steps 2 (a) and 3(a), to the other party/ex-spouse **by certified mail.**
- c. Mail one copy of the Motion to Modify Child Support (with attachments i.e. a completed Short Form DRA with supporting documents and a completed Child Support Worksheet) and one copy of the Notice of Hearing to the other party's attorney of record, if any, **by certified mail.**
- d. Mail one copy of the Motion to Modify Child Support (with all attachments i.e. a completed Short Form DRA with supporting documents and a completed Child Support Worksheet) and one copy of the Notice of Hearing to the agency enforcing your child support case, if any, (District Court Trustee or the Department for Children and Families) by regular mail. Fill out the Certificate of Service and Mailing section at the bottom of the Motion and the Notice of Hearing to show you served the District Court Trustee or the Department for Children and Families.

7. Filing the Return of Service for Certified Mail

After you mail your Motion to Modify Child Support (with attachments i.e. a completed Short Form DRA with supporting documents, and a completed Child Support Worksheet) and Notice of Hearing **by certified mail** to the required parties, you will have to wait for the Return of Service ("green card") to be returned to you by the post office. Once you receive the green card(s), follow the steps below to prove to the court you served your motion properly.

- a. Fill out the Return of Service for Certified Mail.
- b. Attach the green card(s) to the middle of the page where indicated.

- c. Make one copy for your file.
- d. Bring the original Return of Service for Certified Mail to the Clerk of the District Court office.
- e. Hand the document to the clerk for filing. The clerk will keep the document so that it can be placed in your court file as proof that you completed all the steps necessary to properly file your Motion for Modification of Child Support.

PLEASE REMEMBER!! It is up to you to get the correct papers filed and proper service completed in order for a hearing to be held at its assigned hearing date and time.

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

Case No. _____

Petitioner

and

Respondent

MOTION TO MODIFY CHILD SUPPORT

I, _____ (insert your name) request that the Court modify child support paid in this case because:

1. The current child support court order, filed on _____ (date), sets child support to be paid by _____ (insert parent's name) at \$ _____ per month for current support.

2. Child support should change because:

- the child is in a higher age group having passed the child's 6th or 12th birthday**
- more than 3 years have passed since the last child support order**
- a change of financial circumstances of the parents or the guidelines would increase or decrease the child support by 10%**
- other reasons:** _____

3. I am submitting with this Motion a proposed Child Support Worksheet.

4. I am submitting with this Motion a Short Form Domestic Relations Affidavit.

5. To the best of my knowledge, the name, current address and telephone number of the other parent is:

(If you do not know the current address and telephone number, leave this blank.)

6. The other parent is is not on active duty with the United States Military. Unknown.

I ask the Court to modify child support as provided by the Kansas Child Support Guidelines.

VERIFICATION

I verify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on _____, 20__.

Signature

Name (Print): _____

Address (1): _____

Address (2): _____

City, ST, Zip: _____

Telephone: _____

CERTIFICATE OF SERVICE AND MAILING

I certify that on this _____ day of _____, 20__, I sent a true copy of this Motion 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 the other parent)
and

(Name and address of the other parent's attorney, if any)
and

(District Court Trustee or DCF Child Support Services – if the current child support order is being enforced by one of these entities)

X _____
Signature

Name (Print): _____

(A Short Form Domestic Relations Affidavit must accompany all Motions for Child Support. Financial information is not required if the request is for termination only.)

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

Petitioner

vs.

Respondent

Case No. _____

SHORT-FORM DOMESTIC RELATIONS AFFIDAVIT
(To be used for Paternity Actions, Child Support Actions, and
Post-Judgment Motions to Establish or Modify Child Support)

Name: _____

I am the: Parent IV-D Agency Other:

This case involves these dependents:

Child 1: _____

Year of Birth: _____

Child 2: _____

Year of Birth: _____

Child 3: _____

Year of Birth: _____

Child 4: _____

Year of Birth: _____

Child 5: _____

Year of Birth: _____

Child 6: _____

Year of Birth: _____

CONTACT INFORMATION

Please provide the following information about yourself:

Home #: _____ Cell #: _____ Other phone #: _____

Email: _____

Current Mailing address: _____

CHILD(REN)

A. How many children live in your household currently? _____

B. How many children do you have that are not part of this court order? _____

C. What children reside with you in your home? none

Child 1: _____ Year of Birth: _____ Relationship: _____
 Child 2: _____ Year of Birth: _____ Relationship: _____
 Child 3: _____ Year of Birth: _____ Relationship: _____
 Child 4: _____ Year of Birth: _____ Relationship: _____
 Child 5: _____ Year of Birth: _____ Relationship: _____
 Child 6: _____ Year of Birth: _____ Relationship: _____

D. For which children do you pay child support?

None Court Order Verbal Agreement

Child 1: _____ Year of Birth: _____ State of order: _____
 Child 2: _____ Year of Birth: _____ State of order: _____
 Child 3: _____ Year of Birth: _____ State of order: _____

E. Do you have any parenting agreements for these children?

None Court Order Verbal Agreement:

F. Who claims the child(ren) for tax purposes?

_____ **claims** every year Alternate other arrangement Unknown
 No one

EDUCATION & TRAINING

Check all levels of education you have completed:

G.E.D. High School Diploma Associate Degree Bachelor Degree
 Graduate Degree/Professional License/Trade/Certification: _____

YOUR CURRENT WORK & OTHER INCOME

I am currently:

Not working Employed through an employer Have more than one job
 Self-Employed A stay-at-home parent Other: _____

Employer Name: _____ Employer Address: _____

Employer Phone: _____ Employer Fax: _____

Type of Work: Position or Title:

I am paid hourly; the amount is \$ _____ per hour. I usually work _____ hours each week.
 I am paid salary; the amount is \$ _____ every week two weeks month year

Please list information about any other jobs you currently have and/or information about previous jobs:

Type of job/position: _____ Wage/Salary: \$ _____
Type of job/position: _____ Wage/Salary: \$ _____

I pay \$ _____ for work-related expenses such as union dues or uniform.

Explain: _____

I have \$ _____ income from other sources (side business, odd jobs, investments, etc.).

Explain _____

:

I receive \$ _____ Unemployment Compensation Workers Compensation

Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI)

VA Disability Other Disability Other: _____

I receive \$ each month Social Security benefits for a child on this case.

OTHER PARENTS' CURRENT WORK & OTHER INCOME

The other parent currently:

Is not working Is employed through an employer Has more than one job

Self-Employed A stay-at-home parent Other: _____

Employer Name: _____ Employer Address: _____

Employer Phone: _____ Employer Fax: _____

Type of Work: _____ Position or Title: _____

The other parent is paid hourly; the amount is \$ _____ per hour. The other parent usually works _____ hours each week.

The other parent is paid salary; the amount is \$ _____ every week two weeks month
 year

Please list information about any other jobs the other parent has and/or information about previous jobs:

Type of job/position: _____ Wage/Salary: \$ _____

Type of job/position: _____ Wage/Salary: \$ _____

The other parent pays \$ _____ for work-related expenses such as union dues or uniform.

Explain: _____

The other parent has \$ _____ income from other sources (side business, odd jobs, investments, etc.).

Explain: _____

The other parent receives \$ _____ Unemployment Compensation Workers Compensation
 Social Security Disability Insurance (SSDI)
 Supplemental Security Income (SSI) VA Disability Other Disability
 Other: _____

The other parent receives \$ _____ each month Social Security benefits for a child on this case.

Remember: Provide documentation for each type of employment and income

IF YOU ARE NOT CURRENTLY WORKING

Have you had a job in the past? Yes No
If yes, when did you become unemployed? Month: _____ Year: _____
If yes, why did you become unemployed? I was laid off I was terminated I quit

Are you looking for work? Yes No and I do not plan to Not currently, but I plan to in the future

Please list information about your last 2 jobs (if applicable):
Type of job/position: _____ Wage/Salary: \$ _____
Type of job/position: _____ Wage/Salary: \$ _____

Do you have trouble gaining/keeping employment or are you looking for work? Explain:

If it applies, attach any proof of lay off or medical records affecting your ability to work

CHILDCARE AND HEALTH INSURANCE

Do you pay for child care for the child(ren) on this case? Yes No
For which child(ren)? _____

Does DCF pay any portion of the child care? Yes No If yes, how much? \$ _____

Do you pay child care: every month summer only after school only other: _____
How much do you pay for child care? \$ _____ each week every two weeks monthly

Remember: Attach receipts, a bill, a letter from a provider on business letterhead, or a notarized letter from a provider.

Who pays for the child(ren)'s health insurance?

- I carry the children's health insurance Medicaid The children have no insurance
- My current spouse carries the children's health insurance
- The other party on this case carries the children's insurance
- Someone else carries the children's health insurance

If you or your current spouse carry private health insurance for the children, we need your current plan info:

Insurance company name: _____

Insurance company address: _____

What type of plan is it? Employee only (Single) \$ _____
 Employee + children \$ _____ Family \$ _____ Other: _____

Plan effective date: _____ Policy #: _____ Group #: _____

List all dependents covered on the plan: 1) _____ 2) _____
3) _____ 4) _____ 5) _____

ADJUSTMENTS

I am requesting that my child support worksheet include the following adjustments:

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

other: _____

SIGNATURE

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

Signature: _____ Date: _____

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

IN THE MATTER OF:

Petitioner

CASE NO. _____

and

Respondent

CHILD SUPPORT WORKSHEET OF (name) _____

A. INCOME COMPUTATION – WAGE EARNER

	<u>PARTY NAME</u>	<u>PARTY NAME</u>
1. Domestic Gross Income (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 child care 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

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

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

AMOUNT ALLOWED

		PARTY NAME	PARTY NAME
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.	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)

Judge/Hearing Officer Signature

Prepared By (Print Name)

Date Submitted

Date Approved

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.

Revised date: 11/2010

Third Party Payee: _____

Provide the following if payee is an individual:

Gender: Male Female **Date of Birth:** _____

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 of

Petitioner

Case No. _____

and

Respondent

NOTICE OF HEARING

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

Petitioner

Case No. _____

and

Respondent

REQUEST AND SERVICE INSTRUCTION FORM

“Petitioner” means the person who filed the Petition (the first document in the case).

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

To: Clerk of the District Court - the following forms are filed for service:
(check all applicable forms to be served)

- 1. Motion to Modify Child Support and Notice of Hearing
- 2. Child Support Worksheet
- 3. Short Form Domestic Relations Affidavit of Petitioner Respondent
- 4. Motion to Establish Parenting Time and Notice of Hearing
- 5. Motion to Enforce Parenting Time and Notice of Hearing
- 6. Motion to Modify Parenting Time and Notice of Hearing
- 7. UCCJEA Affidavit
- 8. Proposed Parenting Plan of Petitioner Respondent
- 9. Other _____ (name of form to be served)

Name of person to be served: _____

(You must complete one request for **EACH** person to be served.)

Address of person to be served: _____

Service is requested by **ONE** of the following methods:

- a. *Service by U.S. Mail* – I mailed (postage pre-paid) the documents to the other person’s last known address.
- b. *Service by Certified Mail* – I mailed the documents by certified mail, and I understand that I must file the receipt for certified mail service (green card or electronic confirmation) with the Clerk’s office.

c. *Service by Sheriff by Certified Mail* - Certified mail service by the office of the Sheriff of _____ County, State of Kansas. I understand that the responsibility for obtaining service and filing the return of service shall be on the Sheriff.

d. *Personal Service by Sheriff (inside Kansas)*- Personal service through the office of the Sheriff of _____ County, State of Kansas.

e. *Personal Service by Sheriff (outside Kansas)* – Personal service through the office of the Sheriff of _____ County, State of _____, which I MUST ARRANGE WITHOUT ASSISTANCE OF THE COURT.

X _____
Signature

Name (Print): _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Telephone Number: () _____

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

In the Matter of

Petitioner

Case No. _____

and

Respondent

RETURN OF SERVICE FOR CERTIFIED MAIL

I certify under penalty of perjury under the laws of the state of Kansas that I served

_____ (name of documents mailed) on

_____ (name of other person) and their attorney of record, if any, and the

following Return for Receipt of Service was served by certified mail on the ___ day of _____,

20____, at the time and place listed on the attached card.

(When you receive the signed “green card” back from the other party,
attach it here and file this form with the Clerk of the District Court prior to the hearing.)

Check here if service by certified mail was refused. (If refused, I certify that I sent a true copy
of the motion by first-class mail after the certified letter was refused.)

X _____
Your Signature Self-Represented

Name (Print): _____

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

In the Matter of

Petitioner

Case No. _____

and

Respondent

CHILD CARE VERIFICATION FORM

PARENT INFORMATION: Complete the top portion of this form and have your child care provider complete the remainder.

Name: _____

Name(s) and age(s) of child(ren) involved in this case:

Name	Age
_____	_____
_____	_____
_____	_____

Are you receiving financial assistance for child care from a Federal or State agency? Yes No
If yes, please state the agency and the amount you are receiving for each child.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

=====

The Child Care Provider must complete the remainder of this form for the above named child(ren) who are receiving care from the Child Care Provider.

CHILD CARE PROVIDER INFORMATION: Please attach a schedule of your most recent child care rates.

Name and Age of Child at Summer Season Rates	Avg. No. Of Hours/Week	Hourly Rate	Total Weekly Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you require payment for services even when children are absent to guarantee a position in your center?
 Yes No If yes, please explain: _____

Does a Federal or State agency contribute all or a portion of these child care services? Yes No
If yes, How much \$ _____

THE ABOVE INFORMATION IS PROVIDED TO ENABLE THE DISTRICT COURT TO ACCURATELY REPORT CHILD CARE COSTS IN MAKING A CHILD SUPPORT MODIFICATION. I DECLARE (OR VERIFY, CERTIFY, OR STATE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF KANSAS THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON _____
Date

X _____
Signature and Job Title of Child Care Provider

Telephone Number: _____

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

Petitioner

Case No. _____

and

Respondent

EMPLOYER VERIFICATION FORM
(EMPLOYER SHOULD COMPLETE THIS FORM)

Employee Name: _____

Last Four Digits of Social Security Number: XXX-XX-_____

Current Home Address: _____

Employer Name: _____

Work Location and Address: _____

Number of Dependents Claimed: _____

NORMAL PAYMENT PERIOD: Weekly Every Two Weeks Semi-Monthly Monthly

Other (specify) _____

MONTHLY GROSS INCOME \$ _____

Itemize all deductions from income

Federal income tax \$ _____

State & Local income tax \$ _____

Federal social security or

R.R. retirement tax \$ _____

Other amounts required by

Law to be withheld (specify) \$ _____

\$ _____

\$ _____

NET DISPOSABLE INCOME \$ _____

HEALTH INSURANCE:

Does the employee now have health insurance through your company which covers dependent children not living with the employee? Yes No

Is health insurance available which would provide such coverage? Yes No

What is the cost to provide such coverage for the employee ONLY? \$ _____

What is the cost to provide such coverage for the employee plus child/ren? \$ _____

List the name of insurance carrier: _____

I DECLARE (OR VERIFY, CERTIFY, OR STATE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF KANSAS THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON _____.

X _____
Date Signature and Title of Employer

Telephone Number: _____