

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS
DIVISION _____

| | | |
|------------|---|--------------------|
| _____ |) | |
| Party Name |) | |
| |) | |
| vs. |) | Case No. _____ |
| |) | |
| _____ |) | Document No. _____ |
| Party Name |) | |

SHORT FORM DOMESTIC RELATIONS AFFIDAVIT
OF _____ (name)

To be used **ONLY** with post-judgment Motions to Establish or Modify Child Support.

1. Your Name: _____
First
Middle
Last

Residence: _____
Address
City
ST
Zip

Year of Birth: _____ Last Four Digits of SSN: XXX-XX-_____ Phone _____

2. Name(s), last four digits of SSN(s), year of birth, and age(s) of minor children of this marriage/relationship:

| Name | SSN | Year of Birth | Age |
|-------|--------------|---------------|-------|
| _____ | XXX-XX-_____ | XX-XX-_____ | _____ |
| _____ | XXX-XX-_____ | XX-XX-_____ | _____ |
| _____ | XXX-XX-_____ | XX-XX-_____ | _____ |
| _____ | XXX-XX-_____ | XX-XX-_____ | _____ |

3. Name(s), last four digits of SSN(s), and year of birth of minor children of previous marriage/relationship(s) and facts as to custody and support payments paid or received, if any.

| Name | Name of Custodian | SSN | YOB | Support Pd/Rec |
|-------|-------------------|--------------|-------------|----------------|
| _____ | _____ | XXX-XX-_____ | XX-XX-_____ | \$ _____ |
| _____ | _____ | XXX-XX-_____ | XX-XX-_____ | \$ _____ |
| _____ | _____ | XXX-XX-_____ | XX-XX-_____ | \$ _____ |
| _____ | _____ | XXX-XX-_____ | XX-XX-_____ | \$ _____ |

4. You are employed by: Name: _____
Address: _____
City, ST, Zip: _____

5. Monthly income:

- A. Wage Earner, Gross Income \$ _____
- B. Self-Employed, Gross Income \$ _____
- Reasonable Business Expense \$ _____
- Self-Employment Tax \$ _____

6. Work Related Child Care Expenses:

- A. Weekly Cost During Summer \$ _____ Name and Address of Provider _____

- B. Weekly Cost During School Year \$ _____ Name and Address of Provider _____

7. _____ _____ provides Health Insurance for child(ren).

- Party Name _____ Party Name _____
- A. Name and Address of Health Insurance Plan: _____

- B. Person(s) insured on plan: _____
 Monthly cost of health insurance: \$ _____
 Monthly cost of dental insurance: \$ _____
 Monthly cost of vision insurance: \$ _____
 Monthly cost of drug prescription insurance: \$ _____
 Increase cost of adding child(ren) to the plan: \$ _____

8. _____ _____ claims child(ren) for income tax purposes.

- Party Name _____ Party Name _____
- You file taxes: Single Head of Household Joint Other

9. Child Support Adjustments requested (documentation to support requested adjustments must be attached):

- Long Distance Parenting Time Adjustment Special Needs
- Parenting Time Adjustment Income Tax Adjustment
- Agreement Past Minority Overall Financial Condition

10. The following documents must be attached. ***Social Security numbers and dates of birth must be removed from the documents prior to filing with the court.***

- Current Pay Stub Last Year's Tax Return including schedules
- W-2 Written Proof of Day Care Cost
- Written Proof of Insurance Costs

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: _____