IN THE DISTRICT COURT OF HARVEY/MCPHERSON COUNTY, KANSAS

DOMESTIC DIVISION

Petitioner,

and Case No. HV/MP

Respondent.

(Circle appropriate County)

**ABBREVIATED DOMESTIC RELATIONS AFFIDAVIT**

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

1. Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State

Daytime Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Names and ages of minor child or children in this case:

First/Last Name of Child Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

3. Do YOU have other biological or adopted minor children not listed above?\_\_ yes\_\_no.

If yes, complete the following for each child:

Does child Monthly Do you pay County and

First/Last Name of Child Age reside child or receive? State of

primarily with support (state pay Court

you? (State you pay or receive) ordering

yes or no) or receive? child support

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

4. Do you know if the other parent in this case has other biological or adopted minor children NOT listed in question 2. above \_\_\_ yes\_\_\_\_ no. If yes, complete the following for each child, if you know:

Does child Monthly Does other County and

First/Last Name of Child Age reside child parent pay State of

Primarily with support or receive? Court

other parent? paid or (state pay or ordering

(state yes or no) received receive) child support

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

5. Are you expecting or adopting another child? \_\_\_\_yes\_\_\_\_no. If yes, state the date of expected birth or adoption.\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. Do you know if the other parent is expecting or adopting another child? \_\_\_yes\_\_\_no. If yes, state the date of the expected birth or adoption, if you know.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

7. Are you currently employed? \_\_\_\_ yes \_\_\_\_ no. If no, proceed to question 8. If yes, complete the following and proceed to question 9:

Name and address of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

a. How many hours per week are you employed?\_\_\_\_\_\_\_\_.

b. If paid hourly, what is your hourly rate? \_\_\_\_\_\_\_\_\_\_\_.

c. If paid salary, what is your annual salary ?\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have two or more current employers, list, on a separate sheet, the name and address of each other employer and answer questions 7a., 7b. and 7c. for each employer.

If self-employed, name and type of business:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

d. What is the monthly gross income from your self-employment?\_\_\_\_\_\_\_\_\_\_\_.

e. What is the monthly reasonable expenses of your self-employment?\_\_\_\_\_\_\_\_.

If you have two or more self-employed businesses, list, on a separate sheet, the name and type for each business and answer questions 7d., 7e. for each business.

8. If not currently employed, complete the following:

a. Name and address of most recent employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

b. How many hours per week were you employed?\_\_\_\_\_\_\_\_.

c. If paid hourly, what was your hourly rate? \_\_\_\_\_\_\_\_\_\_\_.

d. If paid salary, what was your annual salary? \_\_\_\_\_\_\_\_\_\_\_\_.

e. Are you receiving any cash government assistance? \_\_\_\_yes \_\_\_\_no. If yes, provide the type of assistance (TAF, SSD, SSI, etc.) and the monthly amount.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you pay alimony or spousal maintenance? \_\_\_\_ yes \_\_\_\_ no. If yes, provide the following:

County and State of Court ordering

alimony or spousal maintenance Monthly amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you receive alimony or spousal maintenance? \_\_\_\_ yes \_\_\_\_ no. If yes, provide the following:

County and State of Court ordering

alimony or spousal maintenance Monthly amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Do you have any other source of income (eg. interest, dividends, rental income, royalties, etc) \_\_\_\_\_ yes \_\_\_\_ no. If yes, provide the following:

Description Monthly Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Do you pay for work related day care costs for the child or children in this case?

\_\_ yes \_\_ no. If yes, complete the following for only the child or children in this case:

a. COSTS FOR INFANT OR PRE-SCHOOL AGE CHILDREN

i. The average weekly costs paid for each child?$\_\_\_\_\_\_\_\_\_\_\_.

ii. The number of weeks in a year this amount is paid?$\_\_\_\_\_\_\_\_\_.

b. COSTS FOR SCHOOL AGE CHILDREN

i. The average weekly costs paid for each child when school is in session. $

ii. The number of weeks in a year this amount is paid?\_\_\_\_\_\_\_\_\_.

iii. The average weekly costs paid for each child when school is NOT in session?$\_\_\_\_\_\_\_\_\_\_\_\_.

iv. The number of weeks in a year this amount is paid?\_\_\_\_\_\_\_\_\_.

NOTE: IF YOU ARE RECEIVING ANY GOVERNMENT (DCF) DAY CARE ASSISTANCE DO NOT INCLUDE THIS AMOUNT ABOVE. ONLY STATE THE AMOUNT YOU PAY DIRECTLY FROM YOUR OWN FUNDS.

13. Do you or your spouse provide health, dental and/or vision insurance for the child or children in this case? \_\_\_\_ yes \_\_\_\_ no. If yes, complete the following (answer all three questions):

a. The monthly costs you pay for this health, dental and/or vision insurance?\_\_\_\_\_\_\_\_\_.

b. The first and last names of parties covered by this insurance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

c*.* The monthly costs you would pay if single under same insurance coverage?\_\_\_\_\_\_\_\_.

(a comparison of the costs between a single person plan and your family/dependent plan costs is required)

IF INSURANCE IS THROUGH EMPLOYER

DO NOT INCLUDE ANY AMOUNT PAID BY EMPLOYER

14. Do you share or alternate the income tax dependency exemptions for the child or children in this case? \_\_\_\_\_ yes \_\_\_\_ no. If no, which party claims these exemptions?

\_\_\_\_\_ Father \_\_\_\_\_\_ Mother

15. What was your filing status on your most recent income tax return filed?

\_\_\_\_\_\_ Single\_\_\_\_\_\_ Head of Household\_\_\_\_\_\_Married filing jointly

\_\_\_\_\_\_Married filing separately\_\_\_\_\_\_ Other

16. Check any of the following child support adjustments you believe should be considered:

\_\_\_\_\_ Long Distance Parenting Time Adjustment \_\_\_\_\_ Special Needs

\_\_\_\_\_ Parenting Time Adjustment \_\_\_\_\_ Agreement Past Minority

\_\_\_\_\_ Overall Financial Condition \_X\_\_\_ Income Tax (See NOTE)

**NOTE: The District Court Trustee office will consider and compute the income tax adjustment based on information provided in questions 14. and 15. and any other agreed upon adjustment. For all other above stated adjustments, you or your attorney are required to present your requested adjustment to the judge at a scheduled hearing.**

I swear or affirm under penalty of perjury that this affidavit and any attached schedules are true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign your name on above line

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My appointment expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COPIES OF YOUR MOST RECENT FEDERAL TAX RETURN INCLUDING W-2’s AND WAGE STATEMENT MUST BE SUBMITTED WITH THIS AFFIDAVIT**