

**Domestic Forms Packet**

**Shawnee County Court**

**Forms: 3.405(A) – (Q)**

F 3.405(A)

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

	)	
	)	
[First name on List.]	)	Case No. [First Case # on List]
_____	)	
**CAPTION**	)	Documnt No. _____

[First name on list.]

**MASTER MOTION FOR EXAMINATION OF JUDGMENT DEBTOR**  
(PURSUANT TO K.S.A. 60-2419)

COMES NOW [Attorney's Name], and moves the Court for an order requiring the judgment debtor, [Debtor Name], to appear before this Court at a time and place specified to be examined and answer concerning his/her property, assets and income:

In support of this motion, the movant alleges and advises the Court that:

1. The movant is authorized to enforce child support order in this action.
2. The judgment debtor was ordered to pay child support of \$[Current Child Support] per [Support Frequency] commencing [Effective Date], of which \$[Total Arrearage Amount] remains owing.
3. The judgment creditor is without sufficient knowledge of the judgment debtor-s assets to cause a levy of execution herein.
4. An Order to Appear herein will not cause undue hardship on the judgment debtor.

Submitted by:  
(Attorney Name and Address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Attorney for Movant

F 3.405A(2)

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

[First name on List.] )

\_\_\_\_\_  
\*\*CAPTION\*\* )

vs. )

[First name on List.] )

Case No. [First Case # on List]

Document No. \_\_\_\_\_

**MASTER MOTION FOR EXAMINATION OF JUDGMENT DEBTOR(S)**  
(PURSUANT TO K.S.A. 60-2419)

COMES NOW [Enforcement Agency], and moves the Court for an order requiring the following judgment debtor(s) to appear before this Court at a time and place specified to be examined and answer concerning his/her property, assets and income:

1. The movant is authorized to enforce support order in this/these action(s).
2. The judgment debtor(s) was/were ordered to pay support in the amount and date commencing as cited of which an arrears remains owing as cited.
3. The judgment creditor(s) is/are without sufficient knowledge of the judgment debtor-s(s') assets to cause a levy of execution herein.
4. An Order to Appear herein will not cause undue hardship on the judgment debtor(s).

Submitted by:

(Attorney Name and Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney for Movant

\* An attached list may be referenced and used.

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

\_\_\_\_\_)
\*\*)
\*\*)
\*\*) Case No. \_\_\_\_\_
vs. \_\_\_\_\_)
\_\_\_\_\_ ) Document No. \_\_\_\_\_
\_\_\_\_\_)

ORDER TO APPEAR FOR HEARING IN AID OF EXECUTION

To: [Debtor Name]
[Debtor Address]
\_\_\_\_\_
\_\_\_\_\_

You are hereby ordered to personally appear before this Court at \_\_\_\_\_ o'clock \_\_\_\_m. on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at the Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas, to be examined and answer questions concerning your property, assets, and income.

This order is directed to you for the reason that judgment was entered against you in the above-entitled matter and to this date remains unpaid and unsatisfied.

Failure to appear at the above time and place may cause you to be cited and punished for contempt of this Court.

Dated: \_\_\_\_\_, 199\_\_\_\_
JUDGE OF THE DISTRICT COURT

Official
Seal of the District Court
Shawnee County, Kansas
29 January MDCCCLXI
-----

Prepared and Approved by:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Attorney for Movant
Personal service on: [SUPPORT OBLIGOR'S NAME]

RETURN OF SERVICE

I hereby certify that I have served this document:

- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
- (3) AGENT SERVICE: By delivering a copy of said document to each of the following agents authorized by appointment or by law to receive service of process on the date indicated:
- (4) RESIDENCE SERVICE AND MAILING: By leaving a copy of said document at the usual place of residence of each of the following defendants and mailing by first-class mail on the dates indicated a notice that such copy has been so left:
- (5) CERTIFIED MAIL SERVICE: I hereby certify that I have served the within document: (1) By mailing on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, a copy of the said document in the above action as certified mail return receipt requested to each of the within-named defendants: (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:
- (6) FIRST CLASS MAIL SERVICE: I hereby certify that I have served the documents described (or listed on the attached list) by first class mail, postage prepaid, to each of the named defendants:
- (7) CERTIFIED MAIL SERVICE REFUSED: I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, I mailed a copy of the said document in the above action by first-class mail, postage prepaid, addressed to:
- (8) AVOIDANCE OF SERVICE: After diligent effort, I am satisfied that the following defendants are secreting themselves in order to avoid the process of the court:
- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Case No. [Case Number Served]

ORDER TO APPEAR FOR HEARING IN AID OF EXECUTION

**F 3.405B(2)**

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

[First name on List]

\_\_\_\_\_  
\*\*CAPTION\*\*

vs.

[First name on List]

)  
)  
)  
)  
)  
)

Case No. [First Case # on List]

Document No. \_\_\_\_\_

**MASTER ORDER TO APPEAR FOR HEARING IN AID OF EXECUTION**

To: ALL JUDGMENT DEBTORS AT THEIR ADDRESSES AS LISTED ON THE ATTACHED MASTER MOTION FOR EXAMINATION OF JUDGMENT DEBTOR(S)

You are hereby ordered to personally appear before this Court at 8:30 a.m. on [Month][Day], [Year], at the **Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas**, to be examined and answer questions concerning your property, assets, and income.

This order is directed to you for the reason that judgment was entered against you in the above-entitled matter and to this date remains unpaid and unsatisfied.

Failure to appear at the above time and place may cause you to be cited and punished for contempt of this Court.

Dated: \_\_\_\_\_, 199\_\_

\_\_\_\_\_  
JUDGE OF THE DISTRICT COURT

\_\_\_\_\_  
Official  
Seal of the District Court  
Shawnee County, Kansas  
29 January MDCCCLXI  
-----

Prepared and Approved by:

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

Attorney for Movant

Personal service on: [SUPPORT OBLIGOR'S NAME]

**RETURN OF SERVICE**

I hereby certify that I have served this document:

- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
- (3) AGENT SERVICE: By delivering a copy of said document to each of the following agents authorized by appointment or by law to receive service of process on the date indicated:
- (4) RESIDENCE SERVICE AND MAILING: By leaving a copy of said document at the usual place of residence of each of the following defendants and mailing by first-class mail on the dates indicated a notice that such copy has been so left:
- (5) CERTIFIED MAIL SERVICE: I hereby certify that I have served the within document: (1) By mailing on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, a copy of the said document in the above action as certified mail return receipt requested to each of the within-named defendants: (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:
- (6) FIRST CLASS MAIL SERVICE: I hereby certify that I have served the documents described (or listed on the attached list) by first class mail, postage prepaid, to each of the named defendants:
- (7) CERTIFIED MAIL SERVICE REFUSED: I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, I mailed a copy of the said document in the above action by first-class mail, postage prepaid, addressed to:
- (8) AVOIDANCE OF SERVICE: After diligent effort, I am satisfied that the following defendants are secreting themselves in order to avoid the process of the court:
- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Per [DCT/Maximus]'s MOTA filed [Date]

Case No. [Case Number Served]

ORDER TO APPEAR FOR HEARING IN AID OF EXECUTION

**F 3.405C**

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

\_\_\_\_\_  
\*\*CAPTION\*\*

vs.

)  
)  
) Case No. \_\_\_\_\_  
)  
) Document No. \_\_\_\_\_  
)

**ALIAS ORDER TO APPEAR FOR HEARING IN AID OF EXECUTION**

To: [Debtor Name]\_\_\_\_\_  
[Debtor Address]\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby ordered to personally appear before this Court at \_\_\_\_\_ o'clock \_\_\_\_m. on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at the **Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas**, to be examined and answer questions concerning your property, assets, and income.

This order is directed to you for the reason that judgment was entered against you in the above-entitled matter and to this date remains unpaid and unsatisfied.

Failure to appear at the above time and place may cause you to be cited and punished for contempt of this Court.

Dated: \_\_\_\_\_, 199\_\_

\_\_\_\_\_  
JUDGE OF THE DISTRICT COURT

\_\_\_\_\_  
Official  
Seal of the District Court  
Shawnee County, Kansas  
29 January MDCCCLXI  
-----

Prepared and Approved by:

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

Attorney for Movant

Personal service on: [SUPPORT OBLIGOR'S NAME]

**RETURN OF SERVICE**

I hereby certify that I have served this document:



- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
- (3) AGENT SERVICE: By delivering a copy of said document to each of the following agents authorized by appointment or by law to receive service of process on the date indicated:
- (4) RESIDENCE SERVICE AND MAILING: By leaving a copy of said document at the usual place of residence of each of the following defendants and mailing by first-class mail on the dates indicated a notice that such copy has been so left:
- (5) CERTIFIED MAIL SERVICE: I hereby certify that I have served the within document: (1) By mailing on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, a copy of the said document in the above action as certified mail return receipt requested to each of the within-named defendants: (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:
- (6) FIRST CLASS MAIL SERVICE: I hereby certify that I have served the documents described (or listed on the attached list) by first class mail, postage prepaid, to each of the named defendants:
- (7) CERTIFIED MAIL SERVICE REFUSED: I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, I mailed a copy of the said document in the above action by first-class mail, postage prepaid, addressed to:
- (8) AVOIDANCE OF SERVICE: After diligent effort, I am satisfied that the following defendants are secreting themselves in order to avoid the process of the court:
- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Case No. [Case Number Served]

ALIAS ORDER TO APPEAR FOR HEARING IN AID OF  
EXECUTION

F 3.405C(2)

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

[First name on List]

\_\_\_\_\_  
\*\*CAPTION\*\*

vs.

JANE DOE

)  
)  
)  
)  
)  
)

Case No. [First Case # on List]

Document No. \_\_\_\_\_

**MASTER ALIAS ORDER TO APPEAR FOR HEARING IN AID OF EXECUTION**

To: ALL JUDGMENT DEBTORS AT THEIR ADDRESSES AS LISTED ON THE ATTACHED MASTER MOTION FOR EXAMINATION OF JUDGMENT DEBTOR(S)

You are hereby ordered to personally appear before this Court at 8:30 a.m. on [Month][Day], [Year], at the **Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas**, to be examined and answer questions concerning your property, assets, and income.

This order is directed to you for the reason that judgment was entered against you in the above-entitled matter and to this date remains unpaid and unsatisfied.

Failure to appear at the above time and place may cause you to be cited and punished for contempt of this Court.

Dated: \_\_\_\_\_, 199\_\_

\_\_\_\_\_  
JUDGE OF THE DISTRICT COURT

\_\_\_\_\_  
Official  
Seal of the District Court  
Shawnee County, Kansas  
29 January MDCCCLXI  
-----

Prepared and Approved by:

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

Attorney for Movant

\* An attached list may

Personal service on: [SUPPORT OBLIGOR'S NAME]

**RETURN OF SERVICE**

I hereby certify that I have served this document:

- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
  
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
  
- (3) AGENT SERVICE: By delivering a copy of said document to each of the following agents authorized by appointment or by law to receive service of process on the date indicated:
  
- (4) RESIDENCE SERVICE AND MAILING: By leaving a copy of said document at the usual place of residence of each of the following defendants and mailing by first-class mail on the dates indicated a notice that such copy has been so left:
  
- (5) CERTIFIED MAIL SERVICE: I hereby certify that I have served the within document: (1) By mailing on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, a copy of the said document in the above action as certified mail return receipt requested to each of the within-named defendants: (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:
  
- (6) FIRST CLASS MAIL SERVICE: I hereby certify that I have served the documents described (or listed on the attached list) by first class mail, postage prepaid, to each of the named defendants:
  
- (7) CERTIFIED MAIL SERVICE REFUSED: I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, I mailed a copy of the said document in the above action by first-class mail, postage prepaid, addressed to:
  
- (8) AVOIDANCE OF SERVICE: After diligent effort, I am satisfied that the following defendants are secreting themselves in order to avoid the process of the court:
  
- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Per [DCT/Maximus]'s MAOTA filed [Date]

Case No. [Case Number Served]

ALIAS ORDER TO APPEAR FOR HEARING IN AID OF  
EXECUTION

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

\_\_\_\_\_  
**\*\*CAPTION\*\***

VS.

Case No. **\*\*COURT CASE #\*\***

Document No. \_\_\_\_\_

**CITATION IN CONTEMPT**

(Failure to Appear)

To: **\*\*DEBTOR NAME\*\*** \_\_\_\_\_

**\*\*DEBTOR ADDRESS\*\*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It has been made to appear to the Court that you failed to comply with the order in aid of execution made in this Court, which was served upon you ordering you to appear for questioning concerning your property, assets, and income. After calling your name at the regular Court docket you failed to present yourself.

YOU ARE THEREFORE COMMANDED TO BE AND APPEAR BEFORE THE COURT

on \_\_\_\_\_, 19\_\_\_\_, AT \_\_\_\_:\_\_\_\_ \_\_.M. at the **Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas**, and show cause, if any you may have, why you should not be accused and placed upon trial and punished for contempt of Court.

**FAILURE TO APPEAR IN RESPONSE TO THIS ORDER WILL RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.**

Dated: \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE DISTRICT COURT

Official  
Seal of the District Court  
Shawnee County, Kansas  
29 January MDCCCLXI

Prepared and Approved by:

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

Attorney for Movant

Joyce D. Reeves  
Clerk of the District Court

\_\_\_\_\_  
Deputy Clerk

Personal service on: [SUPPORT OBLIGOR'S NAME]

**RETURN OF SERVICE**

I hereby certify that I have served this document:

- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
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- (4) RESIDENCE SERVICE AND MAILING: By leaving a copy of said document at the usual place of residence of each of the following defendants and mailing by first-class mail on the dates indicated a notice that such copy has been so left:
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- (7) CERTIFIED MAIL SERVICE REFUSED: I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, I mailed a copy of the said document in the above action by first-class mail, postage prepaid, addressed to:
- (8) AVOIDANCE OF SERVICE: After diligent effort, I am satisfied that the following defendants are secreting themselves in order to avoid the process of the court:
- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Case No. [Case Number Served]

CITATION IN CONTEMPT FAILURE TO APPEAR

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

Case No. **\*\*COURT CASE #\*\***

\_\_\_\_\_  
**\*\*CAPTION\*\***

VS.

Document No. \_\_\_\_\_

**ALIAS CITATION IN CONTEMPT**

(Failure to Appear)

To: **\*\*DEBTOR NAME\*\***

\_\_\_\_\_  
**\*\*DEBTOR ADDRESS\*\***

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

It has been made to appear to the Court that you failed to comply with the order in aid of execution made in this Court, which was served upon you ordering you to appear for questioning concerning your property, assets, and income. After calling your name at the regular Court docket you failed to present yourself.

YOU ARE THEREFORE COMMANDED TO BE AND APPEAR BEFORE THE COURT

on \_\_\_\_\_, 19\_\_\_\_, AT \_\_\_\_:\_\_\_\_ \_\_.M. at the **Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas**, and show cause, if any you may have, why you should not be accused and placed upon trial and punished for contempt of Court.

**FAILURE TO APPEAR IN RESPONSE TO THIS ORDER WILL RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.**

Dated: \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE DISTRICT COURT

Official  
Seal of the District Court  
Shawnee County, Kansas  
29 January MDCCCLXI

Prepared and Approved by:

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

Attorney for Movant

Joyce D. Reeves  
Clerk of the District Court

\_\_\_\_\_  
Deputy Clerk

Personal service on: [SUPPORT OBLIGOR'S NAME]

**RETURN OF SERVICE**

I hereby certify that I have served this document:

- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
  
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
  
- (3) AGENT SERVICE: By delivering a copy of said document to each of the following agents authorized by appointment or by law to receive service of process on the date indicated:
  
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- (8) AVOIDANCE OF SERVICE: After diligent effort, I am satisfied that the following defendants are secreting themselves in order to avoid the process of the court:
  
- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Case No. [Case Number Served]

ALIAS CITATION IN CONTEMPT FAILURE TO APPEAR

**ORDER TO APPEAR FOR REVIEW**

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

Pursuant to K.S.A. 60-2419, the Court has ordered that you are hereby given notice to appear.

CASE NUMBER: \_\_\_\_\_

You are hereby Ordered to appear at the Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas, on the following six(6) dates:

- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.

Full payment means the amount of your current support order, including any arrearage payment included in that order.

The Clerk of the Court has been directed by the Court to furnish you this copy for your records.

**F 3.405F**

**ORDER TO APPEAR FOR REVIEW**

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

Pursuant to K.S.A. 60-2419, the Court has ordered that you are hereby given notice to appear.

CASE NUMBER: \_\_\_\_\_

You are hereby Ordered to appear at the Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas, on the following six(6) dates:

- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.
- \_\_\_\_\_ 8:30 a.m. No appearance required if full payment made.

Full payment means the amount of your current support order, including any arrearage payment included in that order.

The Clerk of the Court has been directed by the Court to furnish you this copy for your records.

**F 3.405F(2)**



**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

In the Matter of the Marriage of:/ or	)	
_____	)	
**CAPTION**[Petitioner]	)	
	)	Case No.
and / vs.	)	
	)	
_____	)	Document No. _____
[Respondent]	)	

**SUMMONS TO APPEAR FOR REVIEW**

YOU ARE HEREBY SUMMONED TO APPEAR AT the **Kansas Expocentre, Heritage Hall (enter through west doors), 1 Expocentre Drive, Topeka, Kansas**, on the following six (6) dates:

_____	<b>8:30 a.m.</b>	<b>No appearance required if full payment made.</b>
_____	<b>8:30 a.m.</b>	<b>No appearance required if full payment made.</b>
_____	<b>8:30 a.m.</b>	<b>No appearance required if full payment made.</b>
_____	<b>8:30 a.m.</b>	<b>No appearance required if full payment made.</b>
_____	<b>8:30 a.m.</b>	<b>No appearance required if full payment made.</b>
_____	<b>8:30 a.m.</b>	<b>No appearance required if full payment made.</b>

Full payment means the amount of your current support order, including any arrearage payment included in that order.

By your signature you acknowledge receipt of a copy of this Summons to Appear for Review, and you agree to appear at the above dates unless full payment is made.

\_\_\_\_\_  
Name / Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Employer's Address

**YOU MUST APPEAR IN COURT AT THE ABOVE TIMES, UNLESS FULL PAYMENT IS MADE PRIOR TO THE DATES INDICATED.**

**IF YOU FAIL TO APPEAR, A CITATION IN CONTEMPT MAY BE ISSUED**

Personal service on: [SUPPORT OBLIGOR'S NAME]

**RETURN OF SERVICE**

I hereby certify that I have served this document:

- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
- (3) AGENT SERVICE: By delivering a copy of said document to each of the following agents authorized by appointment or by law to receive service of process on the date indicated:
- (4) RESIDENCE SERVICE AND MAILING: By leaving a copy of said document at the usual place of residence of each of the following defendants and mailing by first-class mail on the dates indicated a notice that such copy has been so left:
- (5) CERTIFIED MAIL SERVICE: I hereby certify that I have served the within document: (1) By mailing on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, a copy of the said document in the above action as certified mail return receipt requested to each of the within-named defendants: (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:
- (6) FIRST CLASS MAIL SERVICE: I hereby certify that I have served the documents described (or listed on the attached list) by first class mail, postage prepaid, to each of the named defendants:
- (7) CERTIFIED MAIL SERVICE REFUSED: I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, I mailed a copy of the said document in the above action by first-class mail, postage prepaid, addressed to:
- (8) AVOIDANCE OF SERVICE: After diligent effort, I am satisfied that the following defendants are secreting themselves in order to avoid the process of the court:
- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Case No. [Case Number Served]

SUMMONS TO APPEAR FOR REVIEW

F 3.405G

DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

Case No. **\*\*COURT CASE #\*\***

\_\_\_\_\_  
**\*\*CAPTION\*\***

vs.

Document No. \_\_\_\_\_

**MOTION AND AFFIDAVIT FOR AN ORDER TO APPEAR AND SHOW CAUSE**

COMES NOW **\*\*ATTORNEY NAME\*\***, **\*\*ATTORNEY TITLE\*\***, and states: (1) the Support Obligor, (**KEYBOARD NAME**), has failed to comply with a valid order of this Court to make the monthly child support payment of \$\_\_\_\_\_ current and \$\_\_\_\_\_ on the arrears, for a total monthly child support payment of \$\_\_\_\_\_; (2) the support obligor is at least three months in arrears in the payment of support; and (3) no payment has been made on this case since (**KEYBOARD LAST PAYMENT DATE**); (4) there is evidence available to movant which can be presented to the Court, that the support obligor has assets or the ability to pay support obligation but has deliberately, willfully and without good cause refused to pay or to take reasonable and necessary action to make payment.

WHEREFORE movant requests that the Court enter an order requiring the Support Obligor to appear before the Court and show cause why s/he should not be found in Contempt of Court.

\_\_\_\_\_  
(Attorney Name, S.Ct. # and Address)

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

Attorney for Movant

STATE OF KANSAS        )  
                                  ) ss:  
COUNTY OF SHAWNEE )

COMES NOW, **\*\*ATTORNEY NAME\*\***, being first duly sworn, deposes and states that the foregoing statements are true and correct.

\_\_\_\_\_  
(Attorney Name, S.Ct. #, and Title)

Attorney for Movant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Notary Public

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

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

\_\_\_\_\_  
**\*\*CAPTION\*\***

VS.

Case No. **\*\*COURT CASE #\*\***

Document No. \_\_\_\_\_

**CITATION IN CONTEMPT**

(Failure to Pay)

To: **\*\*DEBTOR NAME\*\*** \_\_\_\_\_

**\*\*DEBTOR ADDRESS\*\*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It has been made to appear to the Court that you willfully and without good cause failed or refused to comply with the order of this Court, ordering you to pay support.

YOU ARE THEREFORE COMMANDED TO BE AND APPEAR BEFORE THE COURT

on \_\_\_\_\_, 19\_\_\_\_, AT \_\_\_\_:\_\_\_\_ \_\_.M. at the **Shawnee County Courthouse,**  
**200 S. E. 7th, Topeka, Kansas,** and show cause, if any you may have, why you should not be found in  
contempt and incarcerated until you comply with said order of the Court.

**FAILURE TO APPEAR IN RESPONSE TO THIS ORDER WILL RESULT IN A WARRANT BEING  
ISSUED FOR YOUR ARREST.**

Dated: \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE DISTRICT COURT

Official  
Seal of the District Court  
Shawnee County, Kansas  
29 January MDCCCLXI

Prepared and Approved by:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Movant

Joyce D. Reeves  
Clerk of the District Court

\_\_\_\_\_  
Deputy Clerk

Personal service on: [SUPPORT OBLIGOR'S NAME]

**RETURN OF SERVICE**

I hereby certify that I have served this document:

- (1) PERSONAL SERVICE: By delivering a copy of said document to each of the following defendants on the date indicated:
- (2) RESIDENCE SERVICE: By leaving a copy of said document at the usual place of residence of each of the following defendants with some person of suitable age and discretion residing therein on the date indicated:
- (3) AGENT SERVICE: By delivering a copy of said document to each of the following agents authorized by appointment or by law to receive service of process on the date indicated:
- (4) RESIDENCE SERVICE AND MAILING: By leaving a copy of said document at the usual place of residence of each of the following defendants and mailing by first-class mail on the dates indicated a notice that such copy has been so left:
- (5) CERTIFIED MAIL SERVICE: I hereby certify that I have served the within document: (1) By mailing on the \_\_\_\_ day of \_\_\_\_\_, 199\_\_, a copy of the said document in the above action as certified mail return receipt requested to each of the within-named defendants: (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:
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- (9) NO SERVICE: The following defendants were not found in this county:

Date Served: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Officer)

Return to:  
Clerk of the District Court  
200 SE 7th, Suite 209  
Topeka, Kansas 66603-3968  
(785) 233-8200 Ext. 5159

Case No. [Case Number Served]

CITATION IN CONTEMPT FAILURE TO PAY

DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

Case No. **\*\*COURT CASE #\*\***

\_\_\_\_\_  
**\*\*CAPTION\*\***

vs.

Document No. \_\_\_\_\_

**APPLICATION FOR APPOINTED DEFENSE SERVICES**  
(To accompany Financial Affidavit)

NOTICE TO APPLICANT:

A. *General Information*

- 1. The information on the attached affidavit is *not* confidential.
- 2. False entries may lead to criminal prosecution and conviction.
- 3. If you do not understand a specific question or need help, ask for assistance.
- 4. The judge or hearing officer may place you under oath and inquire further about any information provided on this form.

B. *Eligibility for Defense Services*

- 1. Appointed counsel and other defense services will only be provided to people who cannot afford to pay for these services themselves.
- 2. If, after the date of the alleged offense, you transfer any of your property for less than it is worth, the State may sue to obtain repayment of the cost of your defense.
- 3. You must inform the court if there is a change in any of the financial information given on the Affidavit.

I have read or have had read to me and understand the above notice and the attached Financial Affidavit. I further state that I am of lawful age and that under penalty of perjury I declare that the information I have provided on the Financial Affidavit is true, and I hereby request that court-appointed counsel be provided to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Deputy Clerk

Financial Affidavit
For Court-Appointed Attorney

Obligor Name: Last First MI Age
Spouse if Married: Last First MI Age
Address: Street City State/Zip Phone: ( )
Emergency Contact: Last First MI
Address: Street City State/Zip Phone: ( )

EMPLOYMENT: Are you (check one): \_\_\_ Employed \_\_\_ Unemployed \_\_\_ Self-employed
Complete the information below for the past 12 months:
EMPLOYER ADDRESS DATES OF EMPLOYMENT
(YOUR)
SPOUSE)
If living with your parents or others to whom you look for support, enter their monthly income. . . . .
TOTAL
Estimated Annual Income
Monthly Income
\$ X 12 \$
OTHER INCOME: Have you received within the past 12 months any other income, including from a business, rent payments, public assistance, support or other sources? \_\_\_ Yes \_\_\_ No
If yes, give the amount received and identify sources
Total Annual Income
CASH: Have you any available cash or money in savings or checking accounts, certificates of deposit or other funds? \_\_\_ Yes \_\_\_ No Value
PROPERTY: Do you own a home, land or other property? (Do not include any household furnishings or clothing) \_\_\_ Yes \_\_\_ No
A. If yes, approximately how much is it worth?
B. How much is still owed on it?
C. Net value of property (A - B)
Total Income, Other Income, Cash, and Property:
DEPENDENTS: Check one: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced
Total Number of Dependents \_\_\_\_\_. List their names, ages, and relationship to you:
Debts/Monthly Bills: List your expenses for each of the following categories:
Rent/House payment. . . . .
Food/Clothing/Medicine . . . .
Utilities. . . . .
Alimony/Child Support . . . .
Installment Payments . . . . .
Other Payments . . . . .
TOTAL MONTHLY EXPENSES

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

\_\_\_\_\_  
Petitioner / Plaintiff

and / vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent / Defendant

**MOTION TO ENFORCE VISITATION**  
(Pursuant to Chapter 60 of the Kansas Statutes Annotated)

The **non-custodial / custodial** parent in the above-captioned matter moves the Court to set a hearing and enforce its order of visitation regarding the minor child/children of the parties.

In support of the motion, the undersigned parent states that the visitation set forth in the most recent order of the Court, is not being followed. The visitation problem is briefly stated as:

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

The last date visitation was requested of the other parent was: \_\_\_\_\_.

The name, current address and telephone number of the other parent is known to be **(if not know, do not fill in)**

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

Wherefore, the undersigned parent prays the Court to enforce the visitation rights as ordered in the most recent court order and to set this motion for hearing as soon as the Court can hear the same.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

SUBSCRIBED AND SWORN TO before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

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



F 3.405L

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

\_\_\_\_\_  
Petitioner / Plaintiff

and / vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent / Defendant

**MOTION TO MODIFY VISITATION**

(Pursuant to Chapter 60 of the Kansas Statutes Annotated)

The **non-custodial / custodial** parent in the above-captioned matter moves the Court to set a hearing and modify its order of visitation regarding the minor **child/children** of the parties.

In support of the motion, the undersigned parent states that the visitation set forth in the most recent order of the Court, is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
The visitation change requested by this motion is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The last date visitation was requested of the other parent was: \_\_\_\_\_.

The name, current address and telephone number of the other parent is **known** to be **(if not known, do not fill in)**

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

Wherefore, the undersigned parent prays the Court to modify the visitation rights as ordered in the most recent court order and to set this motion for hearing as soon as the Court can hear the same.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

SUBSCRIBED AND SWORN TO before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
My appointment expires: \_\_\_\_\_

**F 3.405M  
Part 1**

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

	)	
	)	
Plaintiff / Petitioner,	)	
	)	
and / vs.	)	Case No. _____
	)	
	)	
Defendant / Respondent.	)	
	)	

**MOTION FOR MODIFICATION OF CHILD SUPPORT ORDER**

COMES NOW the \_\_\_\_\_ and moves the Court to increase / decrease the present child support obligation. In support of this Motion, the Petitioner shows or alleges as follows:

1. The present order dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month for current support plus an additional \$ \_\_\_\_\_ per month to be applied to the arrearage.
2. The material change in circumstance since the last child support order is \_\_\_\_\_  
\_\_\_\_\_.
3. A financial affidavit which reflects my current financial status has been submitted to the Shawnee County District Court Trustee in support of this Motion and a Child Support Worksheet supporting this request is attached to this motion.
4. The Petitioners gross monthly income is estimated to be \$ \_\_\_\_\_, and the Respondent's gross monthly income is estimated to be \$ \_\_\_\_\_.

WHEREFORE the petitioner moves the Court to modify the present child support order to \$ \_\_\_\_\_ per month current support plus \$ \_\_\_\_\_ per month to apply to the arrearage in accordance with Kansas Child Support Guidelines.

\_\_\_\_\_  
Petitioner / Respondent

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

A Child Support Worksheet and financial information must accompany all Motions to Modify Child Support. Financial information is not required if request is for termination only.

**F 3.405M  
Part 2**

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

IN THE MATTER OF THE MARRIAGE OF/OR: )  
 )  
 \_\_\_\_\_ )  
 Petitioner / Plaintiff, )  
 )  
 and / vs. )  
 )  
 \_\_\_\_\_ )  
 Respondent / Defendant. )  
 \_\_\_\_\_ )

Case No. \_\_\_\_\_

**CHILD SUPPORT WORKSHEET**

		<u>Petitioner</u>	<u>Respondent</u>
<b>A. INCOME COMPUTATION-WAGE EARNER</b>			
1. Domestic Gross Income (Insert on Line C.1 below)*		\$ _____	\$ _____
<b>B. INCOME COMPUTATION-SELF-EMPLOYED</b>			
1. Self-Employment Gross Income		_____	_____
2. Reasonable Business Expenses	(-)	_____	_____
3. Domestic Gross Income (Insert on Line C-1 below)		\$ _____	\$ _____
<b>C. ADJUSTMENTS TO DOMESTIC GROSS INCOME</b>			
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)		\$ _____	\$ _____
<b>D. COMPUTATION OF CHILD SUPPORT</b>			
1. Child Support Income		\$ _____ + \$ _____	
		= \$ _____	
2. Proportionate Shares of Combined Income (Each parent's income divided by combined income)		_____ %	_____ %
3. Basic Child Support Obligation** (Using combined income from Line D.1., find amount for each child and enter total for all children)			
Age of Children	0 - 6	7 - 15	16 - 18
Number Per Age Category	_____	_____	_____
Total Amount	\$ _____	\$ _____	\$ _____ = \$ _____
*Cost of Living Differential Adjustment?	_____ yes	_____ no	
**Multiple Family Adjustment?	_____ yes	_____ no	

Case No. \_\_\_\_\_

	PETITIONER	RESPONDENT
4. Health and Dental Insurance Premium	\$ _____	\$ _____
		= \$ _____
5. Work-Related Child Care Costs ( <u>  </u> x <u>  </u> % + [.25 x <u>  </u> x <u>  </u> %] = <u>  </u> ) Child Care Tax Credit Formula	\$ _____	\$ _____
		= \$ _____
6. Parents' Total Child Support Obligation (Line D.3 plus D.4 & D.5.)		\$ _____
7. Parental Child Support Obligation (Line D.2 times Line D.6. for each parent)	\$ _____	\$ _____
8. Adjustment for Insurance and Child Care (Subtract for actual payment made for items D.4. and D.5.) (-)	\$ _____	\$ _____
9. Net Parental child Support Obligation (Line D.7. minus Line D.8.; Insert on Line F.1. below)	\$ _____	\$ _____

E. CHILD SUPPORT ADJUSTMENTS

			AMOUNT ALLOWED	
APPLICABLE	N/A	CATEGORY	PETITIONER	RESPONDENT
1.	[ ]	[ ] Long Distance Visitation Costs	(+/-) _____	_____
2.	[ ]	[ ] Visitation Adjustment	(+/-) _____	_____
3.	[ ]	[ ] Income Tax Considerations	(+/-) _____	_____
4.	[ ]	[ ] Special Needs	(+/-) _____	_____
5.	[ ]	[ ] Agreement Past Majority	(+/-) _____	_____
6.	[ ]	[ ] Overall Financial Condition	(+/-) _____	_____
7.		TOTAL (Insert on Line F.2. below)	(+/-) \$ _____	\$ _____

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

1. Net Parental Child Support Obligation (Line D.9. from above)	\$ _____	\$ _____
2. Total Child Support Adjustments	\$ _____	\$ _____
3. Adjusted Child Support Obligation	\$ _____	\$ _____
4. Child Support Fee	\$ _____	\$ _____
5. Shawnee County Family Law Child Support Guideline Amount	\$ _____	\$ _____
6. *Estimated amount of arrears: \$ _____		
7. Monthly payment towards arrears	\$ _____	\$ _____
8. Total Monthly Support Due	\$ _____	\$ _____

PREPARED BY:

\_\_\_\_\_

\* As shown by the records of the collecting agency. Arrears does not include interest.

Attorneys or parties appearing pro se are expected to check arrearage amount with SRS for IV-D case, and DCT for private cases prior to submitting Worksheet.

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

\_\_\_\_\_) )  
 ) )  
 Plaintiff / Petitioner ) )  
 ) )  
 and / vs. ) )  
 ) )  
 ) )  
 Defendant / Respondent ) )  
 \_\_\_\_\_ ) )

Case No. \_\_\_\_\_

DOMESTIC RELATIONS AFFIDAVIT OF \_\_\_\_\_

1. Petitioner's \_\_\_\_\_ )  
 Date of Birth Social Security Number

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

2. Respondent's \_\_\_\_\_ )  
 Date of Birth Social Security Number

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Date of Marriage \_\_\_\_\_

4. Number of Marriages \_\_\_\_\_ )  
 Petitioner Respondent

5. Number of Children of this marriage or relationship: \_\_\_\_\_

6. Names, Social Security Numbers, birthdays, and ages of minor children of this marriage or relationship:

Name	Social Security No.	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Names, Social Security numbers, and ages of minor children you are obligated to support arising out of other marriages or relationships and facts as to custody and support payments paid or received, if any:

Name of Child(ren)	Name of Residential Custodian	Social Security Number	Birth	Date of or Received	Support Paid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Petitioner is employed by \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address of Employer)

Respondent is employed by \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address of Employer)

with monthly income as follows:

A.	Wage Earner	Petitioner	Respondent
1.	Gross	\$ _____	\$ _____
2.	Other Income	\$ _____	\$ _____
3.	Subtotal Gross Income	\$ _____	\$ _____
4.	Federal Withholding	\$ _____	\$ _____
5.	Federal Income Tax	\$ _____	\$ _____
6.	OASDHI	\$ _____	\$ _____
7.	Kansas Withholding	\$ _____	\$ _____
8.	Subtotal Deductions	\$ _____	\$ _____
9.	Net Income	\$ _____	\$ _____

(Line A.3. minus Line A.8.)

B.	Self-Employed	Petitioner	Respondent
1.	Gross Income from self-employ	\$ _____	\$ _____
2.	Other Income	\$ _____	\$ _____
3.	Subtotal Gross Income	\$ _____	\$ _____
4.	Reasonable Business Expenses (Itemize on attached exhibit)	\$ _____	\$ _____
5.	Self-Employment Tax	\$ _____	\$ _____
6.	Estimated Tax Payments (Claim _____ Exemptions)	\$ _____	\$ _____
7.	Federal Income Tax	\$ _____	\$ _____
8.	Kansas Withholding	\$ _____	\$ _____
9.	Subtotal Deductions	\$ _____	\$ _____
10.	Net Income	\$ _____	\$ _____

(Line 18.C minus Line 18-I)

Pay period: \_\_\_\_\_  
Petitioner Respondent

9. Work related Child Care Expenses:  
Weekly expenses: \$ \_\_\_\_\_ Name and address of provider \_\_\_\_\_  
\$ \_\_\_\_\_

10. Health Insurance provided by: \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent  
 Family Coverage \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of health insurance plan:  
 \_\_\_\_\_

Persons insured on family plan: \_\_\_\_\_  
 \_\_\_\_\_

What is the increased cost for providing the family plan health insurance over the cost of the single plan coverage? \$ \_\_\_\_\_ per \_\_\_\_\_. Amount of annual deductible \_\_\_\_\_%; coinsurance.

Sections 11 thru 13 need not be completed in post-judgment motions to modify child support.

11. The assets of the parties are:

Asset and Ownership	Ownership Joint or Individual	Date Acquired	Fair Market Value	Date of Valuation
A. Checking Accounts:				
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
B. Savings Accounts and Certificates of Deposit:				
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
C. Cash on Hand:				
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

\*\*\* PARAGRAPHS 12 D. THROUGH 12 J., 13, 14, 15 AND 16 NEED NOT BE ANSWERED IN POST-JUDGMENT PROCEEDINGS. \*\*\*

D. Employer Retirement/Savings/Pension Plans (401K, Pensions, Profit Sharing, etc.):				
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
E. Real Estate:				County Appraiser Value
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
F. Stocks, Bonds, Mutual Funds, and Other Marketable Securities:				
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
G. Money Owed to You:				
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

H. Life Insurance: Cash Value  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

I Automobiles and Motorcycles: Fair Market Value  
Make/Model/VIN#  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

J. Miscellaneous Personal Property:  
Boats, Trailers or Campers:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Hand or Power Tools:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Jewelry:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Guns:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Camera Equipment:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Antiques:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Personal Injury or Worker's Comp. Claims:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

K. All Other Assets not Included Above:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_



12. List all liabilities of the parties: Include mortgages and indebtedness to banks, individuals, loan companies or on credit accounts. Indicate actual balance due as of the date this document is prepared. If secured, state the property which secures the loan.

Creditor	Balance Owed	Amount of Monthly Payment / Amount	Security
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Recapulation:

Assets

A.	Checking Accounts	\$ _____
B.	Savings Accounts	\$ _____
C.	Cash	\$ _____
D.	Retirement Plans	\$ _____
E.	Real Estate	\$ _____
F.	Marketable Securities	\$ _____
G.	Accounts Receivable	\$ _____
H.	Life Insurance	\$ _____
I.	Misc. Personal Property	\$ _____
	Total Value of Assets	\$ _____

Liabilities

A.	Real Estate Mortgage	\$ _____
B.	Auto Loans	\$ _____
C.	Total Other Debts	\$ _____
	Total Liabilities	\$ _____
	Parties Net Worth (Assets Minus Liabilities)	\$ _____

This section to be completed only if requesting temporary support or requesting adjustment in guideline amounts for hardship reasons.

14 The monthly expenses of each party are:

Item	Petitioner (Actual or Estimated)	Respondent (Actual or Estimated)
A. House payment, rent or mortgage	\$ _____	\$ _____
B. Food	\$ _____	\$ _____
C. Utilities:		
Trash Service	\$ _____	\$ _____
Newspaper	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Gas and Lights	\$ _____	\$ _____
Water	\$ _____	\$ _____
Cable	\$ _____	\$ _____
Other	\$ _____	\$ _____
D. Insurance:		
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Car	\$ _____	\$ _____
House	\$ _____	\$ _____
Other	\$ _____	\$ _____
E. Uninsured Health	\$ _____	\$ _____
F. Child Care (Babysitting)	\$ _____	\$ _____
G. Clothing	\$ _____	\$ _____
H. School Expenses	\$ _____	\$ _____
I. Hair Cuts and Beauty	\$ _____	\$ _____
J. Car Repair	\$ _____	\$ _____
K. Gas and Oil	\$ _____	\$ _____
L. Personal Property Tax	\$ _____	\$ _____
M. Miscellaneous (specify)		
Recreation	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

(Please indicate an asterisk all figures which are estimates rather than actual figures taken from records.)

I have read the above affidavit and to the best of my knowledge believe that the information is accurate and complete.

\_\_\_\_\_  
(Signature of Petitioner/Respondent)

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

\_\_\_\_\_  
NOTARY PUBLIC/DEPUTY CLERK

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

CHILD SUPPORT, CUSTODY & VISITATION

COMMONLY ASKED QUESTIONS AND ANSWERS\*

1. WHAT IF I DO NOT THINK THIS IS MY "BIOLOGICAL" CHILD?

ANSWER: Normally, once a court has established paternity, the Court cannot set this finding aside. In other words, once you are found to be the parent, you are financially responsible to support the child or children. If you wish to contest this, you will need to file a motion yourself or employ a lawyer to do so for you.

2. WHAT IF MOTHER AND FATHER STILL LIVE TOGETHER OR HAVE RECONCILED OR THE CHILD(REN) IS LIVING WITH ME?

ANSWER: You should move to change the order for child support to reflect the actual residence of the child. It is the duty of the parents (parties) to prepare and present this order. The Court will not change the order on its own. You will need to file a written motion with the Court or prepare an agreed order to be filed. A form (F3.405M) for this motion can be obtained from the Clerk of the District Court, Domestic Department.

3. WHAT IF MY CHILD SUPPORT ORDER IS TOO HIGH?

ANSWER: Your attorney, or you on your own without an attorney, can file a motion to request a reduction of your child support. You may have to pay a \$20.00 filing fee, unless you qualify to file the motion with a poverty affidavit. Forms (F3.405M & N) for this motion can be obtained from the Clerk of the District Court, Domestic Department.

4. WHY SHOULD I PAY CHILD SUPPORT WHEN I DO NOT GET VISITATION?

ANSWER: Child support and visitation are two separate issues. Your duty or obligation to pay child support does not depend upon whether you are receiving visitation. Your visitation rights should not be based on whether you are actually paying your monthly child support payment. If you are being denied visitation, you have right to file a motion to enforce this right. You do not need a lawyer to file this motion. You may get a form (F 3.405K) for this motion from the Clerk of the District Court, Domestic Department. It is important to have the other party's address.

5. WHAT IF I CANNOT WORK BECAUSE OF A DISABILITY?

ANSWER: You will need to provide the child support agency with written documentation (usually medical) regarding your health and disability including any documentation concerning your workers' compensation claims, social security or any other disability agency's determination. It is important to file a motion with the court to review your child support. This procedure is explained in paragraph three above.

6. WHY DO I HAVE TO PAY CHILD SUPPORT IF THE OTHER PARENT IS NOT WORKING?

ANSWER: Kansas has a statewide guideline to govern child support amounts. Under these guidelines, both parents are financially responsible for the child(ren). Often when a parent (party) is not employed or is under-employed, the Court when issuing the child support order will impute income to that unemployed or under-employed parent. That means that the Court will assume for the child support guideline purposes that the parent can work 40 hours a week at a minimum wage job, at least.

7. WHAT IF THE RESIDENTIAL PARENT IS NOT SPENDING THE MONEY ON THE CHILD(REN)? AREN'T I ENTITLED TO KNOW HOW THE MONEY IS SPENT?

ANSWER: Normally, the Court does not require an accounting from the residential parent showing how child support monies are spent. Child support is not just for direct needs of the child, such as food, clothes, school expenses, and entertainment. It is also to be used for housing, utilities, transportation, and for other indirect expenses related to the day-to-day care and well-being of the child.

8. ARE SERVICES AVAILABLE WHERE THE OTHER PARENT AND I CAN GET HELP IN RESOLVING OUR CUSTODY/VISITATION PROBLEMS?

ANSWER: Yes. You should file a motion for conciliation (F 3.405R). This motion will be placed on a motion docket and a judge can refer you and the other parent to a Court Services Domestic Relations Counselor or to a mediator. Your financial circumstances will determine what cost, if any will be incurred.

\* This information is supplied as a courtesy by enforcement and defense counsel and is intended to be helpful. However, all parties are advised and encouraged to consult their own attorney for individual advice in specific cases.

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS  
DIVISION \_\_\_\_\_

In the Matter of the Marriage of

\_\_\_\_\_  
Petitioner / Plaintiff

vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent / Defendant  
Pursuant to K.S.A. Chapter 60

MOTION FOR JUDICIAL REVIEW

COMES NOW THE \_\_\_\_\_ and moves the Court for a judicial hearing relative to the Administrative Hearing Officer's recommended order filed on \_\_\_\_\_, 19\_\_\_\_, for the following reason(s):

1. \_\_\_\_\_  
\_\_\_\_\_; and

2. \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Petitioner / Respondent

\_\_\_\_\_  
Address Zip

\_\_\_\_\_  
Phone number

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

CERTIFICATE OF MAILING

I certify that a copy of the Motion for Judicial Review, filed \_\_\_\_\_, was mailed  
or delivered to the following:

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

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Petitioner / Plaintiff

\_\_\_\_\_  
Address                      Zip

\_\_\_\_\_  
Phone number

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

In the Matter of Marriage of

\_\_\_\_\_  
Petitioner / Plaintiff

vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent / Defendant  
Pursuant to K.S.A. Chapter 60

REQUEST FOR TRANSCRIPT

\_\_\_\_\_ hereby requests a typed transcript of the hearing before the Administrative Hearing Officer of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. The tape of the hearing is Indexed as tape # \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Attached is a certified check or money order for the estimated cost of transcribing, which is \$ \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Requesting Party)

\_\_\_\_\_  
(Address of Requesting Party)

\_\_\_\_\_  
(Telephone Number of Requesting Party)

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

In the Matter of the Marriage of

\_\_\_\_\_  
Petitioner / Plaintiff

and / vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent / Defendant  
Pursuant to K.S.A. Chapter 60

MOTION FOR CONCILIATION

COMES NOW the Petitioner / Respondent and moves the Court for an Order for Conciliation. In support of this motion, movant states:

- (1) That the parties have completed both sessions of the Parents in Divorce Seminar,
- (2) The parties are presently not able to resolve the visitation issues involving their minor child/children,
- (3) That conciliation by a Court Services Officer may be of assistance in resolving the disputed issues of visitation.

Wherefore, movant prays that the Court enter an Order of Conciliation, requiring the parties to conciliate the disputed issued.

\_\_\_\_\_  
Petitioner's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Respondent's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



**IN THE DISTRICT COURT OF SHAWNEE COUNTY  
THIRD JUDICIAL DISTRICT**

**INFORMATION REGARDING CASH DEPOSIT BONDS FOR SUPPORT OBLIGORS**

1. Child Support obligors are approved for release on a Cash Deposit bond. This bond requires a cash deposit in an amount set by local Court rule.
2. When an obligor qualifies for a Cash Deposit bond, the bond in cash shall be deposited with and held by the Clerk of the District Court until such time as an order to pay is made for distribution of the bond.
3. The cash deposit shall be retained by the Clerk of the Court until the obligor has performed all conditions of the bond and has been discharged from all financial obligations ordered by the Court, including payment of child support or any other outstanding court ordered financial obligations. If all such financial obligations have been satisfied, the cash deposit shall be returned to the obligor upon filing the bond receipt with the Clerk. No interest will be paid on the cash deposit. The Court will only refund cash deposits to the obligor or a person having possession of the receipt and an assignment of the cash deposit executed by the obligor.
4. The cash deposit may be forfeited to the State of Kansas should one or more of the following events occur:
  - a. Obligor fails to make any required court appearance;
  - b. Obligor fails to perform any other special condition of bail imposed by the Court.
5. The Cash Deposit bail bond program is voluntary. If an obligor does not participate in this program he/she retains the right to seek or obtain pretrial release under any other statutory provision for admitting obligors to bail.
6. **NOTICE: ANY PERSONS POSTING BOND FOR ANOTHER ARE DEEMED BY THE COURT AS MAKING A LOAN TO THE ARRESTED PARTY. THE COURT IS NOT OBLIGATED TO REFUND A CASH DEPOSIT TO ANYONE OTHER THAN THE ARRESTED PARTY. ALL CASH DEPOSITS ARE SUBJECT TO FORFEITURE UPON DEFAULT AND WILL BE APPLIED TO THE JUDGMENT DEBT AND ANY OTHER COURT ORDERED FINANCIAL OBLIGATIONS, UNLESS THE ARRESTED PARTY BY MOTION SHOWS GOOD CAUSE TO THE CONTRARY.**
7. This information sheet should be attached to every receipt for a Cash Deposit.

I have read the foregoing and have received a copy of this information sheet.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Obligor)

Name and Mailing Address (Please Print)

\_\_\_\_\_  
Party Advancing Money to Child Support Obligor

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

**CHILD SUPPORT DOCKET CONTINUING BOND**

**RECOGNIZANCE FOR APPEARANCE  
IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

STATE OF KANSAS, COUNTY OF SHAWNEE, ss: Case No. \_\_\_\_\_

WHEREAS, \_\_\_\_\_ (SUPPORT OBLIGOR)  
has been arrested and is now held in custody to answer for failure to appear in District Court as ordered on the \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_,

NOW, I, the undersigned, support obligor as a condition for my release do hereby deposit the sum of  
\$\_\_\_\_\_ as security to guarantee my appearance in the District Court of Shawnee County when noticed to answer  
all docket calls, hearings and trials and at such other times and places including reporting to jail (to commence serving any  
sentence for contempt of court) as directed by the District Court, and on the following additional conditions: \_\_\_\_\_

TAKE NOTICE THAT CASH POSTED AS SURETY BOND IN CHILD SUPPORT AND/OR MAINTENANCE  
MATTERS IS CONSIDERED TO BE THE PROPERTY OF THE OBLIGOR AND IT WILL BE APPLIED TO PAST DUE  
SUPPORT AND/OR MAINTENANCE BY THE COURT UNLESS THE OBLIGOR BY MOTION SHOWS GOOD CAUSE TO  
THE CONTRARY. This cash deposit does not include surety for an appeal bond to the Court of Appeals or to the Supreme  
Court; however, this obligation shall remain in full force and effect in this proceeding until discharged by the Court.

SUPPORT OBLIGORS WILL ALSO TAKE NOTE that they are obligated to keep advised of all settings in this case  
and appear for same or be subject to re-arrest and forfeiture of this cash deposit bond.

Approved by me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_

\_\_\_\_\_  
Debtor Support Obligor  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Judge Telephone  
Number

Clerk of the District Court

\_\_\_\_\_  
Appearance Bond Deputy  
Clerk

**AFFIDAVIT OF SURETIES**

(COMPLETE ONLY WHEN JUDGE APPROVES PERSONAL OR PROFESSIONAL SURETY BOND)

I (We), THE UNDERSIGNED, SURETIES, do solemnly swear that I (We) are resident(s) of the State of Kansas, and  
that I (We) am (are) worth \_\_\_\_\_ dollars (\$\_\_\_\_\_) over and above all exemptions, debt and  
liabilities, and that I (We) have no outstanding recognizance or bonds forfeited in courts of this state on which judgments have  
not been paid, and further that I (We) have never been convicted of a felony and that we are bound to the State of Kansas in  
the amount of \$\_\_\_\_\_ to guarantee the appearance of the support obligor under the conditions set forth above.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Surety  
\_\_\_\_\_  
Surety

Clerk of the District Court

\_\_\_\_\_  
Deputy Clerk