

Name: _____
 Address: _____

 Telephone: _____

**IN THE 18TH JUDICIAL DISTRICT
 DISTRICT COURT, SEDGWICK COUNTY KANSAS
 FAMILY LAW DEPARTMENT**

_____)	Case No. _____
Petitioner)	
))	
vs.))	
))	Document No. _____
_____)	
Respondent)	

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 the 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-_____	\$ _____
_____	_____	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 \$ _____
- C. Reasonable Business Expense \$ _____
- D. 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. Father Mother provides Health Insurance for child(ren).

- 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. Father Mother claims child(ren) for income tax purposes.

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
- Parenting Time Adjustment
- Agreement Past Minority
- Special Needs
- Income Tax Adjustment
- 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
- W-2
- Written Proof of Insurance Costs
- Last Year's Tax Return including schedules
- Written Proof of Day Care Cost

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

Executed on the _____ day of _____, 20____.

Name (Print): _____