F 3.405(M)

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS
DIVISION _____

_____	)	Case No.
[CAPTION]	)	
	)	Document No. _____
vs.	)	
_____	)	

MINI DOMESTIC RELATIONS AFFIDAVIT
OF _____ (name)

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

1. Your Name _____
First Middle Last

Residence _____
City State

_____ XXX-XX-_____
Year of Birth Social Security Number

2. Names, SS#'s, birth dates, and ages of minor children of the marriage/relationship:

Name	SS Number	Year of Birth	Age
_____	XXX-XX-_____	_____	_____
_____	XXX-XX-_____	_____	_____
_____	XXX-XX-_____	_____	_____
_____	XXX-XX-_____	_____	_____

3. Names, SS#'s, and ages of minor children of previous marriage/relationships and facts as to custody and support payments paid or received, if any.

Name	Name of Custodian	SS Number	Year of Birth	Support Paid/Received
_____	_____	XXX-XX-_____	_____	_____
_____	_____	XXX-XX-_____	_____	_____
_____	_____	XXX-XX-_____	_____	_____
_____	_____	XXX-XX-_____	_____	_____

4. You are employed by: Name: _____
Address: _____
_____

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 Summer Expense
$_____
Name and Address of Provider
_____
_____

B. Weekly School Year Expense
$_____
Name and Address of Provider
_____
_____

7. Father/Mother provides Health Insurance for child(ren).

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

B. Persons insured on plan: _____

C. 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:

____ Long Distance Parenting Time Adjustment
____ Parenting Time Adjustment
____Agreement Past Minority
____ Special Needs
____ Income Tax Adjustment
____ Overall Financial Condition

10. Attached is:

____ Current Pay Stub
____ W-2
____ Written Proof of Insurance Costs
____ Last Year's Tax Form
____ Written Proof of Day Care Cost
____ Other

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__.

_____
Petitioner/Respondent