

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

DIVISION _____

(Caption)

Case No. _____

MINI DOMESTIC RELATIONS AFFIDAVIT
OF PETITIONER/RESPONDENT

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

1. Your Name _____
First _____ Middle _____ Last _____

Residence _____
Street Address _____ City _____ State _____

Date of Birth _____ Social Security Number _____

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

<u>Name</u>	<u>SS Number</u>	<u>DOB</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

<u>Name</u>	<u>Name of Custodian</u>	<u>SS Number</u>	<u>DOB</u>	<u>Support Paid/Received</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 Adjustments _____ Income Tax Adjustments
Special Needs _____ Agreement Past Minority _____ Overall Financial Condition

10. Attached is: _____ Current Pay Stub _____ Last Year's Tax Form _____ W-2
_____ Written Proof of Day Care Cost _____ Written Proof of Insurance Costs
_____ Other

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

Petitioner/Respondent

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____

NOTARY PUBLIC

My Appointment Expires: _____