

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: \_\_\_\_\_