

## Please read directions completely

# Pro Se Motion for Modification of Support

Go to [www.kscourts.org](http://www.kscourts.org) to find the State of Kansas Child Support Guidelines.

\$62.00 filing fee:  
Cash, certified check, money order, debit  
or credit cards (add: \$4.95 for cards),  
personal checks payable to the Clerk of  
the District Court

1. **Fill out completely:** Typed or printed legibly (black ink)

a. Motion

b Domestic Relations Affidavit - \*\*you will also need to bring a copy of your last year's tax return and your most recent pay stub to the hearing.

c. Employer verification form

d. Child Care verification form, if applicable. The form must be completed by child care provider.

e. Proposed Child Support Worksheet – software is available in the Help Center located on the first floor of the Courthouse to help prepare your proposed worksheet or via the website [www.bradleysoftware.com](http://www.bradleysoftware.com).

2. **Hearing date and time:** Upon completion of all forms, please bring forms to the Johnson County Courthouse, 1<sup>st</sup> floor, room 114 “Help Center” to obtain a hearing date and time. Or if you live out of state, please contact the Hearing Office of at 913-715-3668 or 913-715-3669 for a hearing date.

3. **Provide a copy to Hearing Office:** The Hearing Office-Room 335, third floor of the Courthouse must receive a copy of all paperwork filed with the Clerk of the District Court.

4. **Mail a copy of the documents to the other party:** A copy of documents (a), (b), (c), (d) and (e) must be served on the other party prior to the hearing. A blank Domestic Relations Affidavit must also be mailed with the filed documents to the other party. The preferred method of service is to mail the documents to the opposing party at their last known address whether they reside in this state or another. Service must be completed at least five (5) days prior to hearing date (excluding weekends and holidays), so documents must be mailed no later than eight (8) days prior to the hearing.

Clerk of the District Court is open Monday-Friday, 8:00-5:00

Last completed filing taken at 4:30

Mailing:

100 North Kansas Avenue 2nd floor, Courthouse Olathe,

Kansas 66061

Fax: 913-715-3401

### Service Methods:

1. **Service by US Mail**-Postage pre-paid, to opposing parties at last known address by the undersigned pro se litigant.

2. **Certified mail service by the undersigned Pro Se Litigant** - Return of service for Certified Mail Form, must be filed with the Clerk of the Court after green card is returned and before court date.

3. **Hand Delivery** – A) At the person's office with a clerk or other person in charge, or, if no one is in charge, in a conspicuous place in the office; or

(B) if the person has no office or the office is closed, at the person's dwelling or usual place of abode with someone of suitable age and discretion who resides there.

4. **Fax** - sending it by tele facsimile communication, in which event service is complete upon receipt of a confirmation generated by the transmitting machine.

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS  
CIVIL COURT DEPARTMENT

In the Matter of

\_\_\_\_\_ Petitioner Case No.: \_\_\_\_\_

And Division: \_\_\_\_\_

\_\_\_\_\_ Respondent

**MOTION FOR MODIFICATION OF SUPPORT**

Comes now \_\_\_\_\_ and moves the court to  
(Your Name)  
modify the current order of the Court and in support of said motion states:  
(List all reasons you believe a modification is warranted)

WHEREFORE, \_\_\_\_\_ moves the Court for a change  
(Your name)  
of the current support order in accordance with the Kansas Child Support Guidelines.

Your Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**NOTICE OF HEARING**

Please take notice that the above Motion to Modify has been set for hearing before the Hearing Officer at the Johnson County Courthouse, 100 N Kansas Ave, Room 334/336, Olathe, Kansas 66061 on:

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

**CERTIFICATE OF SERVICE AND MAILING**

I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent a true copy of this Motion and Notice of Hearing along with (select all that apply): \_\_\_ Domestic Relations Affidavit, \_\_\_ Employer Verification Form, \_\_\_ Child Care Verification Form, \_\_\_ Proposed Child Support Worksheet by depositing them in the United States mail, postage prepaid addressed to:

\_\_\_\_\_  
(Name and address of the other party)

and

\_\_\_\_\_  
(Name and address of the other party's attorney, if any)

and

\_\_\_\_\_  
(DCF Child Support Services) – if the current child support order is being enforced by that entity

Your Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

In the District Court of \_\_\_\_\_ County, Kansas

\_\_\_\_\_

vs.

\_\_\_\_\_

**Case No.**

**SHORT-FORM DOMESTIC RELATIONS AFFIDAVIT**  
(To be used for Paternity Actions, Child Support Actions, and  
Post-Judgment Motions to Establish or Modify Child Support)

Name: \_\_\_\_\_

I am the :     Parent     IV-D Agency     Other: \_\_\_\_\_

This case involves these dependents:

Child 1: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 2: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 3: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 4: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 5: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 6: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**CONTACT INFORMATION**

Please provide the following information about yourself:

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Current Mailing address: \_\_\_\_\_

**CHILD(REN)**

A. How many children live in your household currently? \_\_\_\_\_

B. How many children do you have that are not part of this court order? \_\_\_\_\_

C. What children reside with you in your home?  none

Child 1: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 2: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 4: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 5: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 6: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

D. For which children do you pay child support?

None  Court Order  Verbal Agreement

Child 1: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ State of order: \_\_\_\_\_  
Child 2: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ State of order: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ State of order: \_\_\_\_\_

E. Do you have any parenting agreements for these children?

None  Court Order  Verbal Agreement:

F. Who claims the child(ren) for tax purposes?

\_\_\_\_\_ claims every year  Alternate  other arrangement  Unknown  
 No one

### **EDUCATION & TRAINING**

Check all levels of education you have completed:

G.E.D.  High School Diploma  Associate Degree  Bachelor Degree  
 Graduate Degree/Professional License/Trade/Certification: \_\_\_\_\_

### **YOUR CURRENT WORK & OTHER INCOME**

I am currently:

Not working  Employed through an employer  Have more than one job  
 Self-Employed  A stay-at-home parent  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Position or Title: \_\_\_\_\_

I am paid hourly; the amount is \$ \_\_\_\_\_ per hour. I usually work \_\_\_\_\_ hours each week.  
 I am paid salary; the amount is \$ \_\_\_\_\_ every  week  two weeks  month  year

Please list information about any other jobs you currently have and/or information about previous jobs:

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

I pay \$ \_\_\_\_\_ for work-related expenses such as union dues or uniform.

*Explain:* \_\_\_\_\_

I have \$ \_\_\_\_\_ income from other sources (side business, odd jobs, investments, etc.).

*Explain:* \_\_\_\_\_

I receive \$ \_\_\_\_\_  Unemployment Compensation  Workers Compensation

Social Security Disability Insurance (SSDI)  Supplemental Security Income (SSI)

VA Disability  Other Disability  Other: \_\_\_\_\_

I receive \$ \_\_\_\_\_ each month Social Security benefits for a child on this case.

### **OTHER PARENTS' CURRENT WORK & OTHER INCOME**

The other parent currently:

Is not working  Is employed through an employer  Has more than one job

Self-Employed  A stay-at-home parent  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Position or Title: \_\_\_\_\_

The other parent is paid hourly; the amount is \$ \_\_\_\_\_ per hour. The other parent usually works \_\_\_\_\_ hours each week.

The other parent is paid salary; the amount is \$ \_\_\_\_\_ every  week  two weeks  month  
 year

Please list information about any other jobs the other parent has and/or information about previous jobs:

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

The other parent pays \$ \_\_\_\_\_ for work-related expenses such as union dues or uniform.

*Explain:* \_\_\_\_\_

The other parent has \$ \_\_\_\_\_ income from other sources (side business, odd jobs, investments, etc.).

*Explain:* \_\_\_\_\_

The other parent receives \$ \_\_\_\_\_  Unemployment Compensation  
 Workers Compensation  Social Security Disability Insurance (SSDI)  
 Supplemental Security Income (SSI)  VA Disability  Other Disability  
 Other: \_\_\_\_\_

The other parent receives \$ \_\_\_\_\_ each month Social Security benefits for a child on this case.

Remember: Provide documentation for each type of employment and income.

**IF YOU ARE NOT CURRENTLY WORKING**

Have you had a job in the past?  Yes  No  
If yes, when did you become unemployed? Month: \_\_\_\_\_ Year: \_\_\_\_\_  
If yes, why did you become unemployed?  I was laid off  I was terminated  I quit

Are you looking for work?  Yes  No and I do not plan to  
 Not currently, but I plan to in the future

Please list information about your last 2 jobs (if applicable):  
Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_  
Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

Do you have trouble gaining/keeping employment or are you looking for work? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If it applies, attach any proof of lay off or medical records affecting your ability to work

**CHILDCARE AND HEALTH INSURANCE**

Do you pay for child care for the child(ren) on this case?  Yes  No  
For which child(ren)? \_\_\_\_\_

Does DCF pay any portion of the child care?  Yes  No If yes, how much? \$ \_\_\_\_\_

Do you pay child care:  every month  summer only  after school only  other: \_\_\_\_\_  
How much do you pay for child care? \$ \_\_\_\_\_  each week  every two weeks  monthly

Remember: Attach receipts, a bill, a letter from a provider on business letterhead, or a notarized letter from a provider.

Who pays for the child(ren)'s health insurance?

- I carry the children's health insurance  Medicaid  The children have no insurance
- My current spouse carries the children's health insurance
- The other party on this case carries the children's insurance
- Someone else carries the children's health insurance

**If you or your current spouse carry private health insurance for the children, we need your current plan info:**

Insurance company name: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

What type of plan is it?  Employee only (Single) \$ \_\_\_\_\_  
 Employee + children \$ \_\_\_\_\_  Family \$ \_\_\_\_\_  Other: \_\_\_\_\_

Plan effective date: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

List all dependents covered on the plan: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

**ADJUSTMENTS**

I am requesting that my child support worksheet include the following adjustments:

- parenting time adjustment  agreement past majority
- income tax consideration  long distance parenting time
- special needs  overall financial conditions

other: \_\_\_\_\_

**SIGNATURE**

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

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



## Child Support Worksheet

IN THE \_\_\_\_\_ JUDICIAL DISTRICT  
 \_\_\_\_\_ COUNTY, KANSAS

IN THE MATTER OF:

\_\_\_\_\_

and

CASE NO. \_\_\_\_\_

CHILD SUPPORT WORKSHEET OF (name) \_\_\_\_\_

|  |         | Petitioner | Respondent    |
|--|---------|------------|---------------|
| <b>A. <u>INCOME COMPUTATION – WAGE EARNER</u></b>  |         |            |               |
| 1. Domestic Gross Income<br>(Insert on Line C.1. below)*   |         | \$ _____   | \$ _____      |
| <b>B. <u>INCOME COMPUTATION – SELF-EMPLOYED</u></b>  |         |            |               |
| 1. Self-Employment Gross Income  |         | _____      | _____         |
| 2. Reasonable Business Expenses  | (-)     | _____      | _____         |
| 3. Domestic Gross Income<br>(Insert on Line C.1. below)*   |         | _____      | _____         |
| <b>C. <u>ADJUSTMENTS TO DOMESTIC GROSS INCOME</u></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<br>(Insert on Line D.1. below)   |         | _____      | _____         |
| <b>D. <u>COMPUTATION OF CHILD SUPPORT</u></b>  |         |            |               |
| 1. Child Support Income  |         | _____      | + _____       |
|  |         |            | = _____       |
| 2. Proportionate Shares of Combined Income<br>(Each parent's income divided by combined income)  |         | _____%     | _____%        |
| 3. Gross Child Support Obligation**<br>(Using the combined income from Line D.1.,<br>find the amount for each child and enter total for<br>all children) |         |            |               |
| Age of Children  | 0-5     | 6-11       | 12-18         |
| Number Per Age Category  | _____   | _____      | _____         |
| Total Amount   | _____ + | _____ +    | _____ = _____ |
| * Cost of Living Differential Adjustment?  |         | _____ Yes  | _____ No      |
| **Multiple Family Application?   |         | _____ Yes  | _____ No      |
| Parenting Time Adjustment  |         | _____ Yes  | _____ No      |
| Income Beyond the Child Support Schedule calculation used  |         | _____ Yes  | _____ No      |

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

|  | Petitioner | Respondent |
|--|------------|------------|
| 4. Proportionate Share (Line D.3 x Line D.2)   | _____      | _____      |
| 5. Parenting Time Adjustment _____% x Line D.4 (-)   | _____      | _____      |
| 6. Proportionate Shares after Parenting Time Adjustment  | _____      | _____      |
| 7. Health and Dental Insurance Premium   | \$ _____   | + \$ _____ |
| 8. Proportionate Shares Health Insurance Premium   | _____      | _____      |
| 9. Work-Related Child Care Costs<br>Formula: Amt. - (Amt. x %)<br>for each child care credit<br>Example: 200 - (200 x 30%) | _____      | _____      |
| 10. Proportionate Shares Work-Related Child Care Costs   | _____      | _____      |
| 11. Proportionate Child Support Obligation for Each Parent<br>(Line D.6 + D.8 + D.10)                                      | _____      | _____      |
| 12. Credit for Insurance or Work-Related Child Care Paid (-)   | _____      | _____      |
| 13. Basic Parental Child Support Obligation<br>((Line 11-Line D.12); Insert on Line F.1. below)                            | _____      | _____      |

E. CHILD SUPPORT ADJUSTMENTS

| APPLICABLE                  | N/A                      | CATEGORY                           | Petitioner  | Respondent  |
|-----------------------------|--------------------------|------------------------------------|-------------|-------------|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Long Distance Parenting Time Costs | (+/-) _____ | (+/-) _____ |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Income Tax Considerations          | (+/-) _____ | (+/-) _____ |
| 3. <input type="checkbox"/> |                          | Special Needs                      | (+/-) _____ | (+/-) _____ |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Agreement Past Majority            | (+/-) _____ | (+/-) _____ |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Overall Financial Condition        | (+/-) _____ | (+/-) _____ |
| 6.                          |                          | TOTAL (Insert on Line F.2. below)  | _____       | _____       |

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

AMOUNT ALLOWED

|       |   | Petitioner                              | Respondent |
|-------|---|---|------------|
| 1.    | Basic Parental Child Support Obligation<br>(Line D.13. from above)  | _____                                   | _____      |
| 2.    | Total Child Support Adjustments<br>(Line E.6. from above)   | (+/-) _____                             | _____      |
| 3.    | Adjusted Subtotal (Line F.1. +/- Line F.2.)   | _____                                   | _____      |
| 4.    | Equal Parenting Time Obligation<br>( <input type="checkbox"/> EPT Worksheet or <input type="checkbox"/> Shared Expense Formula)               | _____                                   | _____      |
| 5. a  | Ability to Pay Calculation<br>Child Support Income (D.1) _____ - Poverty Guidelines for Household of One _____ = _____                        |   |            |
| 5. b. | Subtotal (lesser amount of F.3 and F.5.a)   | _____                                   | _____      |
| 6.    | Social Security Dependent Benefits  | (-) _____                               | (-) _____  |
| 6. b. | Final Subtotal  | _____                                   | _____      |
| 7.    | Enforcement Fee Allowance**<br>(Applied only to Nonresidential Parent)<br>((Line F.3. x Collection Fee %) x .5)<br>or (Monthly Flat Fee x .5) | Percentage _____ %<br>Flat Fee \$ _____ |            |
|       |   | (+)                                     | (+)        |
| 8.    | Net Parental Child Support Obligation<br>(Line 5.b. + Line F.4.)  | _____                                   | _____      |

\*\*Parent paying support.

\_\_\_\_\_  
Prepared By (Signature)

\_\_\_\_\_  
Judge/Hearing Officer Signature

\_\_\_\_\_  
Prepared By (Print Name)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Approved

# CHILD CARE VERIFICATION

Case #:

HEARING OFFICER OFFICE  
100 N. Kansas, Room 335  
Olathe, Kansas 66061

Petitioner:  and Respondent:

Parent Information-Complete top portion of this form and have your child care provider complete the remainder.

Name

Name and ages of children

Are you receiving financial assistance for child care from a Federal or State agency?  Yes  No  
If yes, please state the agency and the amount you are receiving \_\_\_\_\_

CHILD CARE PROVIDER INFORMATION: Please attach a schedule of your most recent child care rates.

Name of provider  Address

City  State  Zip code  County

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Do you require payment for services when children are absent to guarantee a position in your center?  Yes  No

The above information is provided to enable the District Court to accurately report child care costs in making a child support modification. I certify that the above information is true, accurate, and complete.

Date  Signed By \_\_\_\_\_

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS  
CIVIL COURT DEPARTMENT

IN THE MATTER OF

Petitioner

and

Respondent

Case No.

Division No.

Chapter 60

EMPLOYER VERIFICATION FORM

(BOTH PARTIES MUST HAVE THEIR EMPLOYER COMPLETE THIS FORM)

Employee Name \_\_\_\_\_ Last 4 of social \_\_\_\_\_

Current home address \_\_\_\_\_

Employer name \_\_\_\_\_ Employer phone \_\_\_\_\_

Work address \_\_\_\_\_

Number of dependents claimed: \_\_\_\_\_

Normal payment period:  weekly  biweekly  monthly  semi-monthly

Gross income \_\_\_\_\_

Federal tax \_\_\_\_\_

State & Local tax \_\_\_\_\_

Medicare tax \_\_\_\_\_

SS tax \_\_\_\_\_

Other \_\_\_\_\_

Net income \_\_\_\_\_

Health Insurance: Does the employee have health insurance through your company which covers dependent children not living with the employee?  Yes  No

Is health insurance available which would provide such coverage? Yes  No

What is the cost to provide such coverage for the children only? \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Title of person completing form:

Phone #:

Instructions: Please complete this fillable form and print, to be signed with original signature.

07/2019