

Domestic Relations Affidavit

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

IN THE MATTER OF \_\_\_\_\_ )

Petitioner \_\_\_\_\_ )

and \_\_\_\_\_ )

Respondent \_\_\_\_\_ )

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

DOMESTIC RELATIONS AFFIDAVIT OF \_\_\_\_\_  
 (name)

1. Petitioner Residence \_\_\_\_\_

Petitioner \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
 Birth Month/Year Social Security Number Telephone \_\_\_\_\_

2. Respondent Residence \_\_\_\_\_

Respondent \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
 Birth Month/Year Social Security Number Telephone \_\_\_\_\_

3. Date of Marriage: \_\_\_\_\_

4. Number of Marriages: Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_

5. Number of children of the relationship: \_\_\_\_\_

6. Names, Social Security Numbers, the month and year of each child's birth and ages of minor children of the relationship:

Name	Social Security Number XXX-XX-_____	Birth Month /Year	Age	Custodian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Names, Social Security Numbers, and ages of minor children of previous relationships and facts as to custody and support payments paid or received, if any.

Name	Social Security No. XXX-XX-____	Age	Custodian	Support Payment	Paid or Rec'd
_____	_____	____	_____	\$ _____	_____
_____	_____	____	_____	\$ _____	_____
_____	_____	____	_____	\$ _____	_____
_____	_____	____	_____	\$ _____	_____

8. Petitioner is employed by (name) \_\_\_\_\_

(address) \_\_\_\_\_

Respondent is employed by (name) \_\_\_\_\_

(address) \_\_\_\_\_

with monthly income as follows:

A. Wage Earner	Petitioner	Respondent
1. Gross Income	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Federal Withholding (Claiming _____ exemptions)	\$ _____	\$ _____
5. Federal Income Tax	\$ _____	\$ _____
6. OASDHI	\$ _____	\$ _____
7. Kansas Withholding	\$ _____	\$ _____
8. Subtotal Deductions	\$ _____	\$ _____
9. Net Income	\$ _____	\$ _____

B. Self-Employed	Petitioner	Respondent
1. Gross Income from self-employment	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Reasonable Business Expenses (-) (Itemize on attached exhibit)	\$ _____	\$ _____
5. Self-Employment Tax (-)	\$ _____	\$ _____
6. Business Net Income	\$ _____	\$ _____
7. Estimated Tax Payments (Claim _____ exemptions)	\$ _____	\$ _____
8. Federal Income Tax	\$ _____	\$ _____
9. Kansas Withholding	\$ _____	\$ _____
10. Subtotal Deductions	\$ _____	\$ _____

11. Net Income \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Line B.3. minus Line B.9.)

Pay period: \_\_\_\_\_  
Petitioner Respondent

9. The liquid assets of the parties are:

	Item	Amount	Joint or Individual (Specify)
A.	Checking Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
B.	Savings Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
C.	Cash		
	Petitioner	\$ _____	_____
	Respondent	\$ _____	_____
D.	Other		
	_____	\$ _____	_____
	_____	\$ _____	_____

10. The monthly expenses of each party are: (Please indicate with an asterisk all figures which are estimates rather than actual figures taken from records.)

	Item	Petitioner (Actual or Estimated)	Respondent (Actual or Estimated)
1.	Rent	\$ _____	\$ _____
2.	Food	\$ _____	\$ _____
3.	Utilities/services:		
	Trash Service	\$ _____	\$ _____
	Newspaper	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	Cell Phone	\$ _____	\$ _____
	Cable	\$ _____	\$ _____
	Gas	\$ _____	\$ _____
	Water	\$ _____	\$ _____
	Lights	\$ _____	\$ _____
	Other	\$ _____	\$ _____
4.	Insurance:		
	Life	\$ _____	\$ _____
	Health	\$ _____	\$ _____
	Car	\$ _____	\$ _____
	House/Rental	\$ _____	\$ _____
	Other	\$ _____	\$ _____
5.	Medical and dental	\$ _____	\$ _____
6.	Prescriptions drugs	\$ _____	\$ _____
7.	Child care (work-related)	\$ _____	\$ _____

8.	Child care (non-work-related)	\$ _____	\$ _____
9.	Clothing	\$ _____	\$ _____
10.	School expenses	\$ _____	\$ _____
11.	Hair cuts and beauty	\$ _____	\$ _____
12.	Car repair	\$ _____	\$ _____
13.	Gas and oil	\$ _____	\$ _____
14.	Personal property tax	\$ _____	\$ _____

	Item	<u>Petitioner</u> (Actual or Estimated)	<u>Respondent</u> (Actual or Estimated)
15.	Miscellaneous (Specify) _____ _____	\$ _____ \$ _____	\$ _____ \$ _____
16.	Debt Payments (Specify) _____ _____	\$ _____ \$ _____	\$ _____ \$ _____
	Total	\$ _____	\$ _____

\*Show house payments, mortgage payments, etc., in Section 10.B.

B. Monthly payments to banks, loan companies or on credit accounts: (Indicate actual or estimated monetary amount in each column; use asterisk for secured.) DO NOT LIST ANY PAYMENTS INCLUDED IN PART 10.A ABOVE.

Creditor	When Incurred	Amount of Payment	Date of Last Payment	Balance	Responsibility	
					Petitioner	Respondent
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
				Subtotal of Payments	\$ _____	\$ _____
				Total	\$ _____	\$ _____

C. Total Living Expenses

	<u>Petitioner</u> (Actual or Estimated)	<u>Respondent</u> (Actual or Estimated)
1. Total funds available to Both Parties (from No. 8)	\$ _____	\$ _____
2. Total needed (from No. 10.A and B)	\$ _____	\$ _____
3. Net Balance	\$ _____	\$ _____
4. Projected child support	\$ _____	\$ _____

D. Payments or contributions received, or paid, for support of others. Specify source and amount.

Source	Petitioner	Respondent
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____

11. How much does the party who provides health care pay for family coverage?  
 \$ \_\_\_\_\_ per \_\_\_\_\_.  
 How much does it cost the provider to furnish health insurance only on the provider?  
 \$ \_\_\_\_\_ per \_\_\_\_\_.

FURNISH THE FOLLOWING INFORMATION IF APPLICABLE.

12. Income and financial resources of children.

Income/Resources	Amount
_____	\$ _____
_____	\$ _____

13. Child support adjustments requested.

- |  |   |
|--|---|
| <input type="checkbox"/> parenting time adjustment | <input type="checkbox"/> agreement past majority      |
| <input type="checkbox"/> income tax consideration  | <input type="checkbox"/> long distance parenting time |
| <input type="checkbox"/> special needs             | <input type="checkbox"/> overall financial conditions |
| <input type="checkbox"/> other: _____              |   |

14. All other personal property including retirement benefits (including but not limited to qualified plans such as profit-sharing, pension, IRA, 401(k), or other savings-type employee benefits, nonqualified plans, and deferred income plans), and ownership thereof (joint or individual), including policies of insurance, identified as to nature or description, ownership (joint or individual), and actual or estimated value.

Joint or Individual	Amount	(Specify)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

THE FOLLOWING NEED NOT BE FURNISHED IN POST JUDGMENT PROCEDURES.

15. List real property identified as to description, ownership (joint or individual) and actual or estimated value.

Property Description	Ownership	Actual/Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Identify the property, if any, acquired by each of the parties prior to marriage or acquired during marriage by a will or inheritance.

Property Description	Ownership	Source of Ownership	Actual/ Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____

17. List debt obligations, including maintenance, not listed in Section 10.A or 10.B above, identified as to name or names of payor or payors and payees, balance due and rate at which payable; and, if secured, identify the encumbered property.

Debt Obligation	Payor	Payee	Balance Due	Payment Rate	Encumbered Property
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. List health insurance coverage and the right, pursuant to ERISA §§ 601-608, 29 U.S.C. §§ 1161-1168 (1986), to continued coverage by the spouse who is not a member of the covered employee group.

<u>Health Insurance</u>	<u>COBRA Continuation</u>		
	Yes	No	Unknown
_____	_____	_____	_____
_____	_____	_____	_____

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Signature \_\_\_\_\_