



For Office Use Only

# CIVIL COVER SHEET

The civil cover sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at [www.kscourts.org](http://www.kscourts.org).

**NATURE OF SUIT** (Mark only one - If the case involves more than one of the following categories, indicate the category having the highest dollar value.)

**CIVIL** If a CH. 61: \$ \_\_\_\_\_ (Judgment Demand Amount)

<b>TORT</b> Asbestos Product Liability Automobile Tort Intentional Tort Legal Malpractice Medical Malpractice Other Professional Malpractice Premises Liability Slander/Libel/Defamation Tobacco Product Liability Toxic/Other Product Liability Other Tort	<b>CONTRACT</b> Buyer Plaintiff Employment Dispute - Discrimination Employment Dispute - Other Fraud Landlord/Tenant - Unlawful Detainer Landlord/Tenant Dispute - Other Seller Plaintiff (debt collection) Other Contract	<b>REAL PROPERTY</b> Eminent Domain Mortgage Foreclosure Other Real Property	<b>STATE TAX WARRANT</b>
	<b>CIVIL APPEALS</b> Administrative Agency Other Civil Appeal	<b>MISCELLANEOUS</b> 60-1507 Habeas Corpus Other Writs	<b>OTHER CIVIL</b>  <b>SMALL CLAIMS</b>

## **DOMESTIC**

<b><u>MARRIAGE DISSOLUTION/DIVORCE</u></b>	<b><u>PROTECTION FROM ABUSE</u></b>	<b><u>PROTECTION FROM STALKING</u></b>	<b><u>UIFSA</u></b>
<b><u>OTHER DOMESTIC RELATIONS</u></b>	<b><u>NON-DIVORCE SUPPORT, CUSTODY OR VISITATION</u></b>	<b><u>PATERNITY</u></b>	

## **PROBATE/ESTATE**

<b><u>GUARDIAN/CONSERVATOR</u></b> Conservatorship/Trusteeship Guardianship - Adult Guardianship - Minor Guardian/Conservator - Adult Guardian/Conservator - Minor	<b><u>DETERMINATION OF DESCENT</u></b>  <b><u>SEXUALLY VIOLENT PREDATOR</u></b>  <b><u>DECEDENT ESTATE</u></b>	<b><u>ELDER ABUSE</u></b>  <b><u>OTHER PROBATE/ESTATE</u></b>  <b><u>CARE AND TREATMENT</u></b>	<b><u>ADOPTION</u></b>
---	--	---	------------------------

**JURY DEMAND** YES (Check yes only if jury demand is included in petition or as a separate pleading)  
NO

**SUMMONS ATTACHED:** YES  
NO

**SERVICE BY:** PROCESS SERVER/ATTORNEY  
SHERIFF IN STATE \_\_\_\_\_ (County)  
SHERIFF OUT OF STATE \_\_\_\_\_ (State)

**SHERIFF'S PROCESS FEE ATTACHED** YES  
NO

**PLAINTIFF/SUBJECT INFORMATION**

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_  
State and Number

ALIAS NAMES USED: \_\_\_\_\_  
\_\_\_\_\_

**ATTORNEYS**

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEFENDANT/OTHER PARTY INFORMATION**

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_  
State and Number

ALIAS NAMES USED: \_\_\_\_\_  
\_\_\_\_\_

**ATTORNEYS**

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:**

(Name)

(Date of Birth)

(Social Security Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the Social Security number is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

*In the Matter of*

\_\_\_\_\_

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

And

Court No. \_\_\_\_\_

\_\_\_\_\_

**PETITION FOR ANNULMENT WITH CHILDREN**

Petitioner states:

1. I am now living at: \_\_\_\_\_ and I have lived in \_\_\_\_\_ since \_\_\_\_\_.
2. My spouse is now living at \_\_\_\_\_, and has lived in \_\_\_\_\_ since \_\_\_\_\_.
3. We were married on \_\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state) and have been married since that date.
4. We should receive an annulment because:
  - a. Because the marriage is void for the following reason:
  - b. Because the marriage is voidable because it was induced y fraud for the following reason:
  - c. Because the marriage was induced by the following mistake of fact:
  - d. Because the marriage was induced by the following lack of knowledge of a material fact:
  - e. For the following reason that justifies rescission of the contract of marriage:
5. Alternately, we are incompatible and should receive a divorce.
6. The court should divide our property and debt as we agree or as the court may decide.
7. I do            do not            request spousal support.

8. I should be restored to the following former name: \_\_\_\_\_.
9. My spouse is        is not        now on active duty with the United States Military.
10. Wife is        is not        pregnant when this Petition is filed.
11. The following children have been born during our marriage:

Name:	DOB:	SSN (last 4):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. I request an annulment or, in the alternative a divorce, a division of property and debt, support orders, and other appropriate orders.

\_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**VERIFICATION**

STATE OF KANSAS            )  
   ) ss.  
 COUNTY OF JOHNSON        )

I swear or affirm that the statements made in this Petition for Annulment or, in the Alternative Divorce are true and that I am the person filing this petition.

\_\_\_\_\_  
 Filing Party

**SUBSCRIBED AND SWORN** to before me, a Notary Public, on \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

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

2. Respondent Residence \_\_\_\_\_  
 Respondent \_\_\_\_\_  
 Birth Month/Year \_\_\_\_\_ Social Security Number XXX-XX-\_\_\_\_ 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 \_\_\_\_\_

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

In the Matter of:

and

Case No. \_\_\_\_\_  
Division \_\_\_\_\_  
Chapter \_\_\_\_\_

**PROPOSED PARENTING PLAN**

\_\_\_\_\_ proposes the following Parenting Plan for the minor child(ren).

**Section I. General Information**

This parenting plan applies to the following children:

<u>Full Name of Child</u>	<u>Gender</u>	<u>Birth Date (Mo/Yr) and Age</u>
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____

**Section II. Legal Custody (Decision-Making)**

A. **Joint Legal Custody.** Mother and Father shall have joint legal custody of their minor child(ren).

“Joint legal custody” means that both parents have equal rights to participate in, contribute to, and have responsibility for the major life decisions concerning the child(ren) including matters of health and education. Neither parent’s rights are superior to the other parent’s rights, and they should cooperate to determine what is in their child(ren)’s best interests.

B. **Sole Legal Custody.** Joint legal custody is not in the child(ren)’s best interests. “Sole legal custody” means that the parent granted sole legal custody has the primary right to decide matters of health and education in the child(ren)'s best interests. The parent not granted sole legal custody may make emergency decisions affecting the child(ren)’s health or safety when the child(ren) are in that parent's physical care and control. The grant of sole legal custody to one

parent does not deprive the other parent of access to information, including school and medical records, regarding the child(ren) unless the court specifically orders otherwise.

1. Sole legal custody is granted to  Mother  Father by Agreement of the parents.

2. Restriction of Information Regarding the Child(ren) to Non Legal Custodian.

The  Mother  Father shall have no access to the child(ren)'s health, educational and other personal information because of the following specific reasons:

**Section III. Parenting Time Schedule.**

**This parenting schedule shall begin on:**

The children will be with Mother (select one):

at all times not with Father

at the following times (describe the time the children usually spend with Mother stating the day and time each period of parenting tie begins and ends in the normal week):the days and times

Mother and Father will share time with the children on the following schedule:

The children will be with Father (select one):

at all times not with Mother

at the following times (describe the time the children usually spend with Father stating the day and time each period of parenting tie begins and ends in the normal week):the days and times

Mother and Father will share time with the children on the following schedule:

Holiday Parenting Schedule:

- Per attached schedule
- According to parents' regular parenting time schedule
- Other (specify holidays and times):

Parenting time/exchange restrictions (specifically list restriction, i.e. supervision, location, parties, etc.):

**Section IV. Dispute Resolution Process**

Disputes between the parents, other than about child support, shall be submitted to:

- Mediation by:  Johnson County Court Services  Other:
- The following dispute resolution method:

**Section V. Other Provisions**

Additional provisions which the proposing party asks the court to include:

**Parenting Plan Proposed By:**

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

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

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

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

**Holiday Parenting Plan:**

- (A) **Spring Break.** Select One.
- The child will be with each parent during one-half of the Spring Break. The parent normally having the child during the first weekend of Spring Break shall have the child the first half of Spring Break.
  - The parents will alternate the weeks of Spring Break with Mother in even-numbered years and with Father in odd-numbered years;
- (B) **Mother's Day.** The child shall spend Mother's Day from 9:00 a.m. until 8:00 p.m. or until school, day care or 8:00 a.m. Monday (if the child is not in school or day care) with the child's mother;
- (C) **Memorial Day.** The child shall spend the Memorial Day weekend from Friday immediately after school, after daycare or 5:00 p.m. until Monday at 8:00 p.m. or until school, day care or 8:00 a.m. Tuesday (if the child is not in school or day care) with Mother in even numbered years and with Father during in odd-numbered years;
- (D) **Father's Day.** The child shall spend Father's Day from 9:00 a.m. until 8:00 p.m. or until school, day care or 8:00 a.m. Monday (if the child is not in school or day care) with the child's father;
- (E) **Fourth of July.** The child shall spend the Fourth of July holiday from after school, after daycare or 5:00 p.m. on July 3 until 8:00 p.m. on July 5 with Mother in even-numbered years and with Father in odd-numbered years;
- (F) **Labor Day.** The child shall spend Labor Day weekend from Friday immediately after school, after daycare or 5:00 p.m. until Monday at 8:00 p.m. or until school, day care or 8:00 a.m. Tuesday (if the child is not in school or day care) with Father in even-numbered years and with Mother in odd-numbered years;

**(G) Halloween.** Every effort should be made to share time between the parents every year. In the event the parents cannot agree, the child shall spend a minimum of three hours on Halloween evening with Mother during even-numbered years and with Father during odd numbered years;

**(H) Thanksgiving.** Select One:

From after school, after daycare or 5:00 p.m. until Friday evening at 5:00 p.m. with Father during even-numbered years and with Mother during odd-numbered years; The parent that does not have the holiday shall always have the weekend following Thanksgiving Day;

From after school, day care or 5:00 p.m. the day school is dismissed until 8:00 p.m. Sunday or until school, day care or 8:00 a.m. Monday (if the child is not in school or day care);

**(I) Winter Break.** The child shall spend from after school, after daycare or 5:00 p.m. on the day that school is dismissed for vacation until 10:00 p.m. on December 24 with Father during even-numbered years and with Mother during odd-numbered years. The child shall spend from 10:00 p.m. on December 24 until 8:00 p.m. on December 30 with Mother during even-numbered years and with Father during odd-numbered years;

**(J) New Year's Eve and New Year's Day.** The child shall spend from December 30 at 8:00 p.m. until 8:00 p.m. on the evening before school resumes or until the beginning of school, day care or 8:00 a.m. on the day school commences with Father during even-numbered years and with Mother during odd-numbered years;

**(K) Religious Holidays.** Select one or none depending upon the appropriate circumstances for the family:

**Christian Religious Holidays:**

(I) **Easter Sunday.** The child shall spend Easter Sunday (from Saturday night at 5:00 p.m. until Sunday at 8:00 p.m. or until school, day care or 8:00 a.m. Monday

(if the child is not in school or day care)) with Father during even numbered years and with Mother during odd-numbered years.

(ii) **Christmas**. The Christmas Eve and Christmas Day schedule is reflected in the Winter Break schedule set forth above.

□ **Jewish Religious Holidays**. The following holiday schedule may be followed for families of Jewish faith. Unless otherwise stated the holiday should be considered to begin the evening before the holiday and end the evening of the holiday:

(I) **Purim**. The child shall spend Purim with Mother during even-numbered years and with Father during odd-numbered years.

(ii) **Rosh Hashanah**. The child shall spend Rosh Hashanah with Father during even-numbered years and with Mother during odd-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

(iii) **Yom Kippur**. The child shall spend Yom Kippur with Mother during even numbered years and with Father during odd-numbered years.

(iv) **Alternate Nights of Hanukkah**. The child shall spend alternate nights of Hanukkah beginning with the first night, with Father having the first night during even-numbered years and with Mother having the First Night during odd numbered years.

(v) **The First Night of Passover**. The child shall spend the first night of Passover with Father during odd-numbered years and with Mother during even numbered years. The holiday time shall end before the beginning of the second night.

(vi) **The Second Night of Passover**. The child shall spend the second night of Passover with Mother during odd-numbered years and with Father



during even numbered years. The holiday time shall end at the conclusion of the second day.

(vii) Simhat Torah. The child shall spend the first day(s) of Simhat Torah with Father during odd-numbered years and Mother during even-numbered years. The child shall spend the final day(s) of Simhat Torah with Mother during odd numbered years and Father during even-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

(viii) Sukkot. The child shall spend the first day(s) of Sukkot with Father during even-numbered years and Mother during odd-numbered years. The child shall spend the final day(s) of Sukkot with Mother during even-numbered years and Father during odd-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

(ix) Shavuot. The child shall spend the holiday with Father during odd numbered years and with Mother during even-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

**Islamic Religious Holidays**. The following holiday schedule may be followed for families of Muslim faith:

(i) Eid al-Fitr. The child shall spend this holiday celebration with Mother during even-numbered years and Father during odd-numbered years.

(ii) Eid al-Hadr. The child shall spend this holiday celebration with Mother during odd-numbered years and Father during even-numbered years.

**Other Religious Holidays**. Religious holidays or celebrations other than those referenced above will be shared as follows:

- (L) **Parent's Birthday.** The child should spend part of the day with the respective parent on that parent's birthday;
- (M) **Child's Birthday.** The child shall spend the child's birthday with Father during even numbered years and with Mother during odd-numbered years. During such years, the child shall spend the day before or the day after the child's birthday with the other paren. If there is more than one child the parties shall alternate the children's birthdays so that each parent has one or more of the children each year;
- (N) **Conflict between Weekend and Holiday Parenting Time.** Whenever there is a conflict between weekend and holiday parenting time, the holiday parenting time shall apply. The parents are encouraged to compensate for missed weekends so that a parent will not go more than two weekends without having weekend parenting time;
- (O) **Conflict between Holiday Parenting Time and Birthday Celebrations.** When there is a conflict between birthday and holiday time, the holiday schedule shall apply. However, the parents should be flexible in allowing the birthday to be celebrated either the weekend before or the weekend after the holiday period.

## 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 (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 (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 (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 (Each parent's income divided by combined income)		_____%	_____%
3. Gross Child Support Obligation** (Using the combined income from Line D.1., find the amount for each child and enter total for 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 Formula: Amt. - (Amt. x %) for each child care credit Example: 200 - (200 x 30%)	_____	_____
10. Proportionate Shares Work-Related Child Care Costs	_____	_____
11. Proportionate Child Support Obligation for Each Parent (Line D.6 + D.8 + D.10)	_____	_____
12. Credit for Insurance or Work-Related Child Care Paid (-)	_____	_____
13. Basic Parental Child Support Obligation ((Line 11-Line D.12); Insert on Line F.1. below)	_____	_____

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	Petitioner	Respondent
1.		Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2.		Income Tax Considerations	(+/-) _____	(+/-) _____
3.		Special Needs	(+/-) _____	(+/-) _____
4.		Agreement Past Majority	(+/-) _____	(+/-) _____
5.		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 (Line D.13. from above)	_____	_____
2.	Total Child Support Adjustments (Line E.6. from above)	(+/-) _____	_____
3.	Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4.	Equal Parenting Time Obligation ( <input type="checkbox"/> EPT Worksheet or <input type="checkbox"/> Shared Expense Formula)	_____	_____
5. a	Ability to Pay Calculation 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** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	Percentage _____ % Flat Fee \$ _____	
		(+)	(+)
8.	Net Parental Child Support Obligation (Line 5.b. + Line F.4.)	_____	_____

\*\*Parent paying support.

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

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

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

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

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

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

*In the Matter of*

Case No.

And

Court No.

**VOLUNTARY ENTRY OF APPEARANCE**

I received a copy of the petition/motion filed in this case. I am not requiring that the sheriff or other person hand me the summons and petition/motion as Kansas law may require. I understand that if I do not file an answer or appear at the hearing in this case that the court can enter orders against me.

Further, I acknowledge and so advise the court that I  **am**  **am not** a member of the active duty United States \_\_\_\_\_ and by signing this voluntary entry of appearance I am waiving my rights for the purpose of the captioned case, under the Service Members Civil Relief Act (SCRA) pursuant to 50 U.S.C. App. paragraphs 501-597b.

\_\_\_\_\_

Name:

Address:

City, State, Zip:

Telephone Number:

Email:

**ACKNOWLEDGEMENT**

**STATE OF KANSAS )**

**COUNTY OF \_\_\_\_\_ ) ss.**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ personally appeared in front of me, signed this document, and acknowledged to me that s/he signed this document voluntarily for purpose stated in this document. IN WITNESS, I have set my hand and affixed my seal.

\_\_\_\_\_

**Notary**

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

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

\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

VS.

\_\_\_\_\_  
\_\_\_\_\_  
Defendant

REQUEST AND SERVICE INSTRUCTION FORM

To: Clerk of the District Court

Please issue a: \_\_\_\_\_

in this action for: \_\_\_\_\_

whose address for service is: \_\_\_\_\_

Service is requested as indicated below:

- A. Service through the Sheriff of \_\_\_\_\_  
County, State of \_\_\_\_\_. Returns may be faxed to  
(913) 715-3401 7 days a week – 24 hour a day.
- B. Service by an authorized process server.
- C. Certified mail with a Return Receipt service by the undersigned litigant or attorney, who  
understands that is their responsibility to obtain service and to make the return to the clerk.  
The postal “green card” for service must be filed with the Clerk’s office to prove service.
- D. Certified mail service by the Sheriff of Johnson County Kansas. Sheriff of Johnson County  
does not do Out-of-state service by certified mail.
- E. No Service required as Respondent will complete a Voluntary Entry of Appearance.

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

ProSe: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Email \_\_\_\_\_