



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.

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)

TORT 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	CONTRACT Buyer Plaintiff Employment Dispute - Discrimination Employment Dispute - Other Fraud Landlord/Tenant - Unlawful Detainer Landlord/Tenant Dispute - Other Seller Plaintiff (debt collection) Other Contract	REAL PROPERTY Eminent Domain Mortgage Foreclosure Other Real Property	STATE TAX WARRANT
	CIVIL APPEALS Administrative Agency Other Civil Appeal	MISCELLANEOUS 60-1507 Habeas Corpus Other Writs	OTHER CIVIL SMALL CLAIMS

DOMESTIC

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

PROBATE/ESTATE

<u>GUARDIAN/CONSERVATOR</u> Conservatorship/Trusteeship Guardianship - Adult Guardianship - Minor Guardian/Conservator - Adult Guardian/Conservator - Minor	<u>DETERMINATION OF DESCENT</u> <u>SEXUALLY VIOLENT PREDATOR</u> <u>DECEDENT ESTATE</u>	<u>ELDER ABUSE</u> <u>OTHER PROBATE/ESTATE</u> <u>CARE AND TREATMENT</u>	<u>ADOPTION</u>
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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 WITHOUT 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 or do not request spousal support.

- 8. I should be restored to the following former name: _____.
- 9. My spouse is or is not now on active duty with the United States Military.
- 10. Wife Is not pregnant when this Petition is filed.
- 11. 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 XXX-XX-____ Social Security Number Telephone

2. Respondent Residence _____

Respondent _____
 Birth Month/Year XXX-XX-____ 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 _____

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 _____