

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

In the Matter of the Marriage of:

\_\_\_\_\_ and \_\_\_\_\_

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

Division \_\_\_\_\_

Chapter 23

**ANSWER TO PETITION FOR DIVORCE (no children)**

1. I am now living at \_\_\_\_\_, and I have lived there since \_\_\_\_\_.
2. My spouse is now living at \_\_\_\_\_, and has lived there since \_\_\_\_\_.
3. We were married on \_\_\_\_\_ in \_\_\_\_\_, and have been married since that date.
4. Check the applicable boxes if any of the following statements apply to your case:
  - a. We are incompatible and should be divorced.
  - b. We are not incompatible and we should not be divorced.
  - c. I request spousal maintenance (alimony).
  - d. I should be restored to the following former name \_\_\_\_\_.
  - e. I am now on active military duty.
  - f. I or my spouse is pregnant.
5. I generally admit the allegations contained in the following paragraphs contained in the Petition for divorce: \_\_\_\_\_.
6. I generally deny the allegations contained in the following paragraphs contained in the Petition for divorce: \_\_\_\_\_.
7. No children have been born during our marriage or all of our children are over 18 years old at this time. We have no minor children together.
8. If a divorce is granted the court should, divide our property and debt, enter support orders, and issue other appropriate orders as we agree or as the Court 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 Answer are true and that I am the person filing this answer.

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

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

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

**CERTIFICATE OF SERVICE AND MAILING**

I certify that on \_\_\_\_\_, I sent a true copy of this Answer to Petition for Divorce by depositing it in the United States mail, postage prepaid, addressed to the Petitioner at the following address: \_\_\_\_\_  
\_\_\_\_\_.

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

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 \_\_\_\_\_