

CHILD CARE VERIFICATION

Case #:

HEARING OFFICER OFFICE
150 W Santa Fe Street
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 _____