

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
CIVIL COURT DEPARTMENT

IN THE MATTER OF

Petitioner

and

Respondent

Case No.

Division No.

Chapter 60

EMPLOYER VERIFICATION FORM

(BOTH PARTIES MUST HAVE THEIR EMPLOYER COMPLETE THIS FORM)

Employee Name _____ Last 4 of social _____

Current home address _____

Employer name _____ Employer phone _____

Work address _____

Number of dependents claimed: _____

Normal payment period: weekly biweekly monthly semi-monthly

Gross income _____

Federal tax _____

State & Local tax _____

Medicare tax _____

SS tax _____

Other _____

Net income _____

Health Insurance: Does the employee have health insurance through your company which covers dependent children not living with the employee? Yes No

Is health insurance available which would provide such coverage? Yes No

What is the cost to provide such coverage for the children only? _____

Insurance carrier: _____

Signature

Name: _____

Title of person completing form:

Phone #:

Instructions: Please complete this fillable form and print, to be signed with original signature.

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