

In the District Court of \_\_\_\_\_ County, Kansas

\_\_\_\_\_

vs.

\_\_\_\_\_

**Case No.**

**SHORT-FORM DOMESTIC RELATIONS AFFIDAVIT**  
(To be used for Paternity Actions, Child Support Actions, and  
Post-Judgment Motions to Establish or Modify Child Support)

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

I am the :     Parent     IV-D Agency     Other: \_\_\_\_\_

This case involves these dependents:

Child 1: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 2: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 3: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 4: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 5: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Child 6: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**CONTACT INFORMATION**

Please provide the following information about yourself:

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other phone #: \_\_\_\_\_

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

Current Mailing address: \_\_\_\_\_

**CHILD(REN)**

A. How many children live in your household currently? \_\_\_\_\_

B. How many children do you have that are not part of this court order? \_\_\_\_\_

C. What children reside with you in your home?  none

Child 1: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 2: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 4: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 5: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child 6: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

D. For which children do you pay child support?

None  Court Order  Verbal Agreement

Child 1: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ State of order: \_\_\_\_\_  
Child 2: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ State of order: \_\_\_\_\_  
Child 3: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ State of order: \_\_\_\_\_

E. Do you have any parenting agreements for these children?

None  Court Order  Verbal Agreement:

F. Who claims the child(ren) for tax purposes?

\_\_\_\_\_ claims every year  Alternate  other arrangement  Unknown  
 No one

### **EDUCATION & TRAINING**

Check all levels of education you have completed:

G.E.D.  High School Diploma  Associate Degree  Bachelor Degree  
 Graduate Degree/Professional License/Trade/Certification: \_\_\_\_\_

### **YOUR CURRENT WORK & OTHER INCOME**

I am currently:

Not working  Employed through an employer  Have more than one job  
 Self-Employed  A stay-at-home parent  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Position or Title: \_\_\_\_\_

I am paid hourly; the amount is \$ \_\_\_\_\_ per hour. I usually work \_\_\_\_\_ hours each week.  
 I am paid salary; the amount is \$ \_\_\_\_\_ every  week  two weeks  month  year

Please list information about any other jobs you currently have and/or information about previous jobs:

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

I pay \$ \_\_\_\_\_ for work-related expenses such as union dues or uniform.

*Explain:* \_\_\_\_\_

I have \$ \_\_\_\_\_ income from other sources (side business, odd jobs, investments, etc.).

*Explain:* \_\_\_\_\_

I receive \$ \_\_\_\_\_  Unemployment Compensation  Workers Compensation

Social Security Disability Insurance (SSDI)  Supplemental Security Income (SSI)

VA Disability  Other Disability  Other: \_\_\_\_\_

I receive \$ \_\_\_\_\_ each month Social Security benefits for a child on this case.

**OTHER PARENTS' CURRENT WORK & OTHER INCOME**

The other parent currently:

Is not working  Is employed through an employer  Has more than one job

Self-Employed  A stay-at-home parent  Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Position or Title: \_\_\_\_\_

The other parent is paid hourly; the amount is \$ \_\_\_\_\_ per hour. The other parent usually works \_\_\_\_\_ hours each week.

The other parent is paid salary; the amount is \$ \_\_\_\_\_ every  week  two weeks  month  
 year

Please list information about any other jobs the other parent has and/or information about previous jobs:

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

The other parent pays \$ \_\_\_\_\_ for work-related expenses such as union dues or uniform.

*Explain:* \_\_\_\_\_

The other parent has \$ \_\_\_\_\_ income from other sources (side business, odd jobs, investments, etc.).

*Explain:* \_\_\_\_\_

The other parent receives \$ \_\_\_\_\_  Unemployment Compensation  
 Workers Compensation  Social Security Disability Insurance (SSDI)  
 Supplemental Security Income (SSI)  VA Disability  Other Disability  
 Other: \_\_\_\_\_

The other parent receives \$ \_\_\_\_\_ each month Social Security benefits for a child on this case.

Remember: Provide documentation for each type of employment and income.

**IF YOU ARE NOT CURRENTLY WORKING**

Have you had a job in the past?  Yes  No  
If yes, when did you become unemployed? Month: \_\_\_\_\_ Year: \_\_\_\_\_  
If yes, why did you become unemployed?  I was laid off  I was terminated  I quit

Are you looking for work?  Yes  No and I do not plan to  
 Not currently, but I plan to in the future

Please list information about your last 2 jobs (if applicable):  
Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_  
Type of job/position: \_\_\_\_\_ Wage/Salary: \$ \_\_\_\_\_

Do you have trouble gaining/keeping employment or are you looking for work? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If it applies, attach any proof of lay off or medical records affecting your ability to work

**CHILDCARE AND HEALTH INSURANCE**

Do you pay for child care for the child(ren) on this case?  Yes  No  
For which child(ren)? \_\_\_\_\_

Does DCF pay any portion of the child care?  Yes  No If yes, how much? \$ \_\_\_\_\_

Do you pay child care:  every month  summer only  after school only  other: \_\_\_\_\_  
How much do you pay for child care? \$ \_\_\_\_\_  each week  every two weeks  monthly

Remember: Attach receipts, a bill, a letter from a provider on business letterhead, or a notarized letter from a provider.

Who pays for the child(ren)'s health insurance?

- I carry the children's health insurance  Medicaid  The children have no insurance
- My current spouse carries the children's health insurance
- The other party on this case carries the children's insurance
- Someone else carries the children's health insurance

**If you or your current spouse carry private health insurance for the children, we need your current plan info:**

Insurance company name: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

What type of plan is it?  Employee only (Single) \$ \_\_\_\_\_  
 Employee + children \$ \_\_\_\_\_  Family \$ \_\_\_\_\_  Other: \_\_\_\_\_

Plan effective date: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

List all dependents covered on the plan: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

**ADJUSTMENTS**

I am requesting that my child support worksheet include the following adjustments:

- parenting time adjustment  agreement past majority
- income tax consideration  long distance parenting time
- special needs  overall financial conditions

other: \_\_\_\_\_

**SIGNATURE**

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true, correct and complete.

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