

*****HELP CENTER STAFF CANNOT HELP YOU FILL OUT THE DOCUMENTS*****

- **BRING BACK TO FILE BEFORE 4:00PM**
- **AVOID THE LUNCH HOUR 12:00PM – 1:30PM**
- **\$196.50 FILING FEE (WE ACCEPT CASH, CHECK, MONEY ORDER, AND CREDIT/DEBIT CARD (\$4.95 FEE W/ CARD))**

CHECKLIST FOR PATERNITY CASE

- ☐ **CIVIL INFORMATION SHEET**
- ☐ **PETITION FOR PATERNITY– *MUST BE SIGNED***
- ☐ **DOMESTIC RELATIONS AFFIDAVIT – *MUST BE SIGNED***
- ☐ **PROPOSED PARENTING PLAN – *CUSTODY/PARENTING TIME***
- ☐ **REQUEST AND SERVICE INSTRUCTION FORM – *COMPLETE WITH ADDRESS & HOW YOU'RE SERVING OTHER PARTY (Ignore if filing with voluntary entry of appearance)***
- ☐ ***VOLUNTARY ENTRY OF APPEARANCE– THIS MAY BE SIGNED BY OTHER PARTY TO WAIVE SERVICE***

TO BE COMPLETED FOR THE FINAL HEARING DATE

(WE WILL PROVIDE YOU W/ THIS PAPERWORK THE DAY YOU FILE)

- ☐ **NOTICE OF HEARING – AT LEAST 60 DAYS OUT FROM THE DATE YOU FILE**
- ☐ **JOURNAL ENTRY OF PATERNITY**
- ☐ **AGREED PARENTING PLAN**
- ☐ **CHILD SUPPORT WORKSHEET/SHARED EXPENSE PLAN**
- ☐ **HELP CENTER – *COME BACK TO THE HELP CENTER AND WE CAN VERIFY YOU HAVE ALL THE FORMS YOU NEED FOR YOUR FINAL HEARING***



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	CONTRACT	REAL PROPERTY	STATE TAX WARRANT
Asbestos Product Liability	Buyer Plaintiff	Eminent Domain	
Automobile Tort	Employment Dispute - Discrimination	Mortgage Foreclosure	
Intentional Tort	Employment Dispute - Other	Other Real Property	
Legal Malpractice	Fraud		
Medical Malpractice	Landlord/Tenant - Unlawful Detainer	MISCELLANEOUS	
Other Professional Malpractice	Landlord/Tenant Dispute - Other	60-1507	
Premises Liability	Seller Plaintiff (debt collection)	Habeas Corpus	
Slander/Libel/Defamation	Other Contract	Other Writs	
Tobacco Product Liability			
Toxic/Other Product Liability	CIVIL APPEALS	OTHER CIVIL	
Other Tort	Administrative Agency	SMALL CLAIMS	
	Other Civil Appeal		

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>	<u>DETERMINATION OF DESCENT</u>	<u>ELDER ABUSE</u>	<u>ADOPTION</u>
Conservatorship/Trusteeship			
Guardianship - Adult	<u>SEXUALLY VIOLENT PREDATOR</u>	<u>OTHER PROBATE/ESTATE</u>	
Guardianship - Minor			
Guardian/Conservator - Adult	<u>DECEDENT ESTATE</u>	<u>CARE AND TREATMENT</u>	
Guardian/Conservator - Minor			

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 NumberALIAS 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 NumberALIAS 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

_____, Plaintiffs

_____, a minor
child, by and through his/her next friend

Case No. _____

Division _____

vs.

_____, Defendant.

PETITION FOR DETERMINATION OF PATERNITY

_____, a minor child, by _____ next friend,
_____, state that:

1. _____ is a minor child under the age of eighteen who was
born on _____. _____ lives with _____ natural
_____ in _____, Johnson County, Kansas.

2. _____ is a minor child under the age of eighteen years.
_____ was born on _____. _____ resides with _____
in _____, Johnson County, Kansas.

3. _____ is the natural mother of _____.

4. _____ is the natural father of _____.

5. _____, and is thereby presumed
to be the father of the child. (delete if there is not a presumed father)

6. _____ are entitled to child support.

WHEREFORE, I and the children request that _____ be
determined to be the father of the minor child(ren); that the court establish a parenting
plan and child support for the child(ren); and for such other orders as may be
appropriate.

Filing Party Signature

Signed by: _____

Address: _____

Phone: _____

E-Mail: _____

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: _____

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

In the Matter of:

and

Case No. _____

Division _____

Chapter _____

PROPOSED PARENTING PLAN

_____ proposes the following Parenting Plan for the minor child(ren).

Section I. General Information

This parenting plan applies to the following children:

<u>Full Name of Child</u>	<u>Gender</u>	<u>Birth Date (Mo/Yr) and Age</u>
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____

Section II. Legal Custody (Decision-Making)

☐ A. **Joint Legal Custody.** Mother and Father shall have joint legal custody of their minor child(ren).

“Joint legal custody” means that both parents have equal rights to participate in, contribute to, and have responsibility for the major life decisions concerning the child(ren) including matters of health and education. Neither parent’s rights are superior to the other parent’s rights, and they should cooperate to determine what is in their child(ren)’s best interests.

☐ B. **Sole Legal Custody.** Joint legal custody is not in the child(ren)’s best interests. “Sole legal custody” means that the parent granted sole legal custody has the primary right to decide matters of health and education in the child(ren)'s best interests. The parent not granted sole legal custody may make emergency decisions affecting the child(ren)’s health or safety when the child(ren) are in that parent's physical care and control. The grant of sole legal custody to one

parent does not deprive the other parent of access to information, including school and medical records, regarding the child(ren) unless the court specifically orders otherwise.

1. Sole legal custody is granted to ☐ Mother ☐ Father by Agreement of the parents.

2. Restriction of Information Regarding the Child(ren) to Non Legal Custodian.

The ☐ Mother ☐ Father shall have no access to the child(ren)'s health, educational and other personal information because of the following specific reasons:

Section III. Parenting Time Schedule.

This parenting schedule shall begin on:

The children will be with Mother (select one):

☐ at all times not with Father

☐ at the following times (describe the time the children usually spend with Mother stating the day and time each period of parenting tie begins and ends in the normal week):the days and times
Mother and Father will share time with the children on the following schedule:

The children will be with Father (select one):

☐ at all times not with Mother

☐ at the following times (describe the time the children usually spend with Father stating the day and time each period of parenting tie begins and ends in the normal week):the days and times
Mother and Father will share time with the children on the following schedule:

Holiday Parenting Schedule:

- ☐ Per attached schedule
- ☐ According to parents' regular parenting time schedule
- ☐ Other (specify holidays and times):

☐ Parenting time/exchange restrictions (specifically list restriction, i.e. supervision, location, parties, etc.):

Section IV. Dispute Resolution Process

Disputes between the parents, other than about child support, shall be submitted to:

- ☐ Mediation by: ☐ Johnson County Court Services ☐ Other:
- ☐ The following dispute resolution method:

Section V. Other Provisions

Additional provisions which the proposing party asks the court to include:

Parenting Plan Proposed By:

Signature: _____

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Email: _____

Date Signed: _____

Holiday Parenting Plan:

(A) Spring Break. Select One.

☐ The child will be with each parent during one-half of the Spring Break. The parent normally having the child during the first weekend of Spring Break shall have the child the first half of Spring Break.

☐ The parents will alternate the weeks of Spring Break with Mother in even-numbered years and with Father in odd-numbered years;

(B) Mother's Day. The child shall spend Mother's Day from 9:00 a.m. until 8:00 p.m. or until school, day care or 8:00 a.m. Monday (if the child is not in school or day care) with the child's mother;

(C) Memorial Day. The child shall spend the Memorial Day weekend from Friday immediately after school, after daycare or 5:00 p.m. until Monday at 8:00 p.m. or until school, day care or 8:00 a.m. Tuesday (if the child is not in school or day care) with Mother in even numbered years and with Father during in odd-numbered years;

(D) Father's Day. The child shall spend Father's Day from 9:00 a.m. until 8:00 p.m. or until school, day care or 8:00 a.m. Monday (if the child is not in school or day care) with the child's father;

(E) Fourth of July. The child shall spend the Fourth of July holiday from after school, after daycare or 5:00 p.m. on July 3 until 8:00 p.m. on July 5 with Mother in even-numbered years and with Father in odd-numbered years;

(F) Labor Day. The child shall spend Labor Day weekend from Friday immediately after school, after daycare or 5:00 p.m. until Monday at 8:00 p.m. or until school, day care or 8:00 a.m. Tuesday (if the child is not in school or day care) with Father in even-numbered years and with Mother in odd-numbered years;

- (G) **Halloween.** Every effort should be made to share time between the parents every year. In the event the parents cannot agree, the child shall spend a minimum of three hours on Halloween evening with Mother during even-numbered years and with Father during odd numbered years;
- (H) **Thanksgiving.** Select One:
- ☐ From after school, after daycare or 5:00 p.m. until Friday evening at 5:00 p.m. with Father during even-numbered years and with Mother during odd-numbered years; The parent that does not have the holiday shall always have the weekend following Thanksgiving Day;
- ☐ From after school, day care or 5:00 p.m. the day school is dismissed until 8:00 p.m. Sunday or until school, day care or 8:00 a.m. Monday (if the child is not in school or day care);
- (I) **Winter Break.** The child shall spend from after school, after daycare or 5:00 p.m. on the day that school is dismissed for vacation until 10:00 p.m. on December 24 with Father during even-numbered years and with Mother during odd-numbered years. The child shall spend from 10:00 p.m. on December 24 until 8:00 p.m. on December 30 with Mother during even-numbered years and with Father during odd-numbered years;
- (J) **New Year's Eve and New Year's Day.** The child shall spend from December 30 at 8:00 p.m. until 8:00 p.m. on the evening before school resumes or until the beginning of school, day care or 8:00 a.m. on the day school commences with Father during even-numbered years and with Mother during odd-numbered years;
- (K) **Religious Holidays.** Select one or none depending upon the appropriate circumstances for the family:
- ☐ **Christian Religious Holidays:**
- (I) **Easter Sunday.** The child shall spend Easter Sunday (from Saturday night at 5:00 p.m. until Sunday at 8:00 p.m. or until school, day care or 8:00 a.m. Monday

(if the child is not in school or day care)) with Father during even numbered years and with Mother during odd-numbered years.

(ii) **Christmas**. The Christmas Eve and Christmas Day schedule is reflected in the Winter Break schedule set forth above.

□ **Jewish Religious Holidays**. The following holiday schedule may be followed for families of Jewish faith. Unless otherwise stated the holiday should be considered to begin the evening before the holiday and end the evening of the holiday:

(I) **Purim**. The child shall spend Purim with Mother during even-numbered years and with Father during odd-numbered years.

(ii) **Rosh Hashanah**. The child shall spend Rosh Hashanah with Father during even-numbered years and with Mother during odd-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

(iii) **Yom Kippur**. The child shall spend Yom Kippur with Mother during even numbered years and with Father during odd-numbered years.

(iv) **Alternate Nights of Hanukkah**. The child shall spend alternate nights of Hanukkah beginning with the first night, with Father having the first night during even-numbered years and with Mother having the First Night during odd numbered years.

(v) **The First Night of Passover**. The child shall spend the first night of Passover with Father during odd-numbered years and with Mother during even numbered years. The holiday time shall end before the beginning of the second night.

(vi) **The Second Night of Passover**. The child shall spend the second night of Passover with Mother during odd-numbered years and with Father

during even numbered years. The holiday time shall end at the conclusion of the second day.

(vii) Simhat Torah. The child shall spend the first day(s) of Simhat Torah with Father during odd-numbered years and Mother during even-numbered years. The child shall spend the final day(s) of Simhat Torah with Mother during odd numbered years and Father during even-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

(viii) Sukkot. The child shall spend the first day(s) of Sukkot with Father during even-numbered years and Mother during odd-numbered years. The child shall spend the final day(s) of Sukkot with Mother during even-numbered years and Father during odd-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

(ix) Shavuot. The child shall spend the holiday with Father during odd numbered years and with Mother during even-numbered years. The parents should agree upon the definition of the holiday as it may be observed as a single day or over two days depending upon the practices of the family.

□ **Islamic Religious Holidays**. The following holiday schedule may be followed for families of Muslim faith:

(i) Eid al-Fitr. The child shall spend this holiday celebration with Mother during even-numbered years and Father during odd-numbered years.

(ii) Eid al-Hadr. The child shall spend this holiday celebration with Mother during odd-numbered years and Father during even-numbered years.

□ **Other Religious Holidays**. Religious holidays or celebrations other than those referenced above will be shared as follows:

- (L) **Parent's Birthday.** The child should spend part of the day with the respective parent on that parent's birthday;
- (M) **Child's Birthday.** The child shall spend the child's birthday with Father during even numbered years and with Mother during odd-numbered years. During such years, the child shall spend the day before or the day after the child's birthday with the other parent. If there is more than one child the parties shall alternate the children's birthdays so that each parent has one or more of the children each year;
- (N) **Conflict between Weekend and Holiday Parenting Time.** Whenever there is a conflict between weekend and holiday parenting time, the holiday parenting time shall apply. The parents are encouraged to compensate for missed weekends so that a parent will not go more than two weekends without having weekend parenting time;
- (O) **Conflict between Holiday Parenting Time and Birthday Celebrations.** When there is a conflict between birthday and holiday time, the holiday schedule shall apply. However, the parents should be flexible in allowing the birthday to be celebrated either the weekend before or the weekend after the holiday period.

Child Support Worksheet

IN THE _____ JUDICIAL DISTRICT
 _____ COUNTY, KANSAS

IN THE MATTER OF:

_____ and _____ CASE NO. _____

CHILD SUPPORT WORKSHEET OF (name) _____

		Petitioner	Respondent																
A. <u>INCOME COMPUTATION – WAGE EARNER</u>																			
1. Domestic Gross Income (Insert on Line C.1. below)*		\$ _____	\$ _____																
B. <u>INCOME COMPUTATION – SELF-EMPLOYED</u>																			
1. Self-Employment Gross Income		_____	_____																
2. Reasonable Business Expenses	(-)	_____	_____																
3. Domestic Gross Income (Insert on Line C.1. below)*		_____	_____																
C. <u>ADJUSTMENTS TO DOMESTIC GROSS INCOME</u>																			
1. Domestic Gross Income		_____	_____																
2. Court-Ordered Child Support Paid	(-)	_____	_____																
3. Court-Ordered Maintenance Paid _____%	(-)	_____	_____																
4. Court-Ordered Maintenance Received _____%	(+)	_____	_____																
5. Child Support Income (Insert on Line D.1. below)		_____	_____																
D. <u>COMPUTATION OF CHILD SUPPORT</u>																			
1. Child Support Income		_____	+ _____																
		= _____																	
2. Proportionate Shares of Combined Income (Each parent's income divided by combined income)		_____%	_____%																
3. Gross Child Support Obligation** (Using the combined income from Line D.1., find the amount for each child and enter total for all children)																			
Age of Children	0-5	6-11	12-18																
Number Per Age Category	_____	_____	_____																
Total Amount	_____	+ _____	= _____																
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">* Cost of Living Differential Adjustment?</td> <td style="width: 10%; text-align: center;">_____ Yes</td> <td style="width: 10%; text-align: center;">_____ No</td> <td style="width: 30%;"></td> </tr> <tr> <td>**Multiple Family Application?</td> <td style="text-align: center;">_____ Yes</td> <td style="text-align: center;">_____ No</td> <td></td> </tr> <tr> <td>Parenting Time Adjustment</td> <td style="text-align: center;">_____ Yes</td> <td style="text-align: center;">_____ No</td> <td style="text-align: center;">_____ %</td> </tr> <tr> <td>Income Beyond the Child Support Schedule calculation used</td> <td style="text-align: center;">_____ Yes</td> <td style="text-align: center;">_____ No</td> <td></td> </tr> </table>				* Cost of Living Differential Adjustment?	_____ Yes	_____ No		**Multiple Family Application?	_____ Yes	_____ No		Parenting Time Adjustment	_____ Yes	_____ No	_____ %	Income Beyond the Child Support Schedule calculation used	_____ Yes	_____ No	
* Cost of Living Differential Adjustment?	_____ Yes	_____ No																	
**Multiple Family Application?	_____ Yes	_____ No																	
Parenting Time Adjustment	_____ Yes	_____ No	_____ %																
Income Beyond the Child Support Schedule calculation used	_____ Yes	_____ No																	

Case No. _____

		Petitioner	Respondent
4.	Proportionate Share (Line D.3 x Line D.2)	_____	_____
5.	Parenting Time Adjustment _____ % x Line D.4 (-)	_____	_____
6.	Proportionate Shares after Parenting Time Adjustment	_____	_____
7.	Health and Dental Insurance Premium	\$ _____	+ \$ _____
8.	Proportionate Shares Health Insurance Premium	_____	_____
9.	Work-Related Child Care Costs Formula: Amt. – (Amt. x %) for each child care credit Example: 200 – (200 x 30%)	_____	_____
10.	Proportionate Shares Work-Related Child Care Costs	_____	_____
11.	Proportionate Child Support Obligation for Each Parent (Line D.6 + D.8 + D.10)	_____	_____
12.	Credit for Insurance or Work-Related Child Care Paid (-)	_____	_____
13.	Basic Parental Child Support Obligation ((Line 11-Line D.12); Insert on Line F.1. below)	_____	_____

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	Petitioner	Respondent
1. <input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. <input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
3. <input type="checkbox"/>		Special Needs	(+/-) _____	(+/-) _____
4. <input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Majority	(+/-) _____	(+/-) _____
5. <input type="checkbox"/>	<input type="checkbox"/>	Overall Financial Condition	(+/-) _____	(+/-) _____
6.		TOTAL (Insert on Line F.2. below)	_____	_____

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

AMOUNT ALLOWED

		<u>Petitioner</u>	<u>Respondent</u>
1.	Basic Parental Child Support Obligation (Line D.13. from above)	_____	_____
2.	Total Child Support Adjustments (Line E.6. from above)	(+/-) _____	_____
3.	Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4.	Equal Parenting Time Obligation (<input type="checkbox"/> EPT Worksheet or <input type="checkbox"/> Shared Expense Formula)	_____	_____
5. a	Ability to Pay Calculation Child Support Income (D.1) _____ - Poverty Guidelines for Household of One _____ = _____		
5. b.	Subtotal (lesser amount of F.3 and F.5.a)	_____	_____
6.	Social Security Dependent Benefits	(-) _____	(-) _____
6. b.	Final Subtotal	_____	_____
7.	Enforcement Fee Allowance** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	Percentage _____ % Flat Fee \$ _____ (+) _____	(+) _____
8.	Net Parental Child Support Obligation (Line 5.b. + Line F.4.)	_____	_____

**Parent paying support.

Prepared By (Signature)

Judge/Hearing Officer Signature

Prepared By (Print Name)

Date Submitted

Date Approved

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 _____

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