

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

In the Matter of:

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

Case No. \_\_\_\_\_  
Division \_\_\_\_\_  
Chapter 23

**ENTRY OF APPEARANCE BY SELF REPRESENTED PARTY**

I am proceeding in this matter without an attorney.

I understand that the Court cannot give me an advantage or disadvantage simply because I do not have an attorney and that I must follow the same rules of procedure and evidence as a party represented by an attorney.

I am providing to the Court, the opposing parties, any attorney representing other parties (including any guardian ad litem, case manager or parent coordinator, if any), Domestic Court Services, and the District Court Trustee the following address and contact information for use in this case.

**I understand that it is my responsibility to update this information with the Court and that all letters, emails, court papers and other correspondence concerning my case will be sent to the address/email below, unless another one of these forms is filed with the Court Clerk.**

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

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

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

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

NOTICE: KSA 60-211 requires that signature blocks on all filed papers include the signer's e-mail address. KSA 60-205 allows service of papers upon opposing attorneys and parties by electronic means. You may serve, and opposing lawyers, parties and the court may serve you with court papers (except those required to be served with a summons or required to be served by other specific means) by e-mail or other electronic means. Service by e-mail or electronic means is deemed complete when transmitted unless returned as undeliverable. The three-day time for any response added under KSA 60-206 applies to service by e-mail.

This means that YOU MUST CHECK YOUR EMAIL REGULARLY. DO NOT LIST AN EMAIL ADDRESS THAT YOU DO NOT REGULARLY CHECK. IF YOU CHANGE YOUR EMAIL ADDRESS YOU SHOULD INFORM THE COURT AND OPPOSING LAWYERS AND PARTIES IMMEDIATELY.

See also Johnson County Local Rule 3.6.

You can find information about court rules and procedures at the websites listed below. This list does not include every source of information that you might need. This information is also available in the Johnson County Law Library located on the first floor of the courthouse.

Kansas Laws on Procedure: K.S.A. Chapter 60,

[https://www.ksrevisor.org/statutes/ksa\\_ch60.html](https://www.ksrevisor.org/statutes/ksa_ch60.html)

Kansas Laws on Paternity and Divorce: K.S.A. Chapter 23,

[https://www.ksrevisor.org/statutes/ksa\\_ch23.html](https://www.ksrevisor.org/statutes/ksa_ch23.html)

Kansas Supreme Court Rules: <https://www.kscourts.org/Rules-Orders/Rules>

District Court Local Rules: [http://courts.jocogov.org/local\\_index.aspx#top](http://courts.jocogov.org/local_index.aspx#top)

All information in this top section can be found at the top of the Petition.  
 Write the county in which this case was filed.  
 Copy the Plaintiffs' names as listed in the case caption on the Petition.  
 Copy the Case Number from the Petition.  
 Copy the name(s) of the Defendant(s) from the Petition.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

vs.

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

**ANSWER TO PETITION TO DETERMINE PARENTAGE**

Write the street address, city, state, and zip code for where you live right now.  
 You will receive official letters about this case in the mail. If you want these letters to be mailed to a different address from where you are living, write the mailing address here.

1. I am now living at:

\_\_\_\_\_  
 \_\_\_\_\_

If different from the address above, I want to receive all notices and court dates at the following mailing address:

\_\_\_\_\_  
 \_\_\_\_\_

Check whether you are or are not the parent of the child(ren).  
 If you do not think you are the parent of the child(ren) write why you do not think you are the child(ren)'s parent.  
 Check to say if you want genetic testing.  
*Note: Genetic Testing is not available in all cases.*

2. I  am  am not the parent of the child(ren) named in the petition.

If you are not the child(ren)'s parent, explain why you believe you are not the child(ren)'s parent:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. I  am  am not requesting genetic testing be conducted.

Check whether you agree with the amount of child support. You can find the amount at the bottom of the second page of the child support worksheet attached to the Petition.

If you do not agree with the amount of child support, check all boxes that apply and give the requested information.

4. I  **agree**  **do not agree** with the amount of child support proposed on the child support worksheet attached to the petition.

If you do not agree with the amount of child support, check all statements that apply:

**There is a court order for me to pay child support for another child(ren).** *(Give more information in paragraph #5.)*

**There is a court order for me to receive child support for another child(ren).** *(Give more information in paragraph #5.)*

**I do not agree with how much money the child support worksheet says I make each month.**  
*(Note: The monthly income amount is based on how much you make before taxes or health insurance premiums are taken out of your check.)*

I  **am**  **am not** currently working.

I work at

\_\_\_\_\_.

I make \_\_\_\_\_ an hour and I work \_\_\_\_\_ hours per week.

**I am disabled.**

I receive benefits from  **Social Security**  **Veterans Administration**  **Workers Compensation**

**Other:** \_\_\_\_\_.

**I do not receive any benefits.**

*(Attach a copy of your eligibility letter to this answer.)*

**I do not agree with how much money the child support worksheet says the other parent makes each month.**

*(Note: The monthly income amount is based on how much the other parent makes before taxes or health insurance premiums are taken out of the check.)*

**I do not agree with how much the child support worksheet says childcare costs per month.**

*(If you pay for childcare for the child(ren) in this case, attach information from the childcare provider about how much you pay.)*

I do not agree with how much the child support worksheet says health insurance costs.

Who pays for health insurance for the child(ren)? (Check all that apply.)

Myself    The other parent    State of Kansas  
(KanCare)

(If you pay for health insurance for the child or have health insurance available that would cover the child, attach information about how much the health insurance premiums cost.)

5. I have the following children who are 19 years of age or under and they are:  
(If you need more space, attach another sheet of paper to this Answer.)

Give information about each of your children. Give their names, where they live, and who they live with even if there is no court order for you to pay or receive child support for that child.

Child's Name & Year of Birth	Where child lives (City, State)	Name of adult the child lives with, and how the adult is related to the child (e.g. mother, father, grandparent, friend)	Do you pay or receive child support for this child? (select one)	County and Case Number of case that ordered child support	Monthly child support amount as ordered by the court
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		

Check whether you are on active duty with the U.S. Military.

6. I  am  am not on active duty with the United States Military.

Write whether you agree or disagree with anything else in the Petition.

Attach an extra page if you need more space to write.

7. *Tell the court anything else you agree or do not agree with in the petition:*

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Give all your phone numbers and email addresses so that the court and the other parties can contact you.

8. I may be contacted at the following telephone numbers and email addresses:

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

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

Sign your name.

Print your name.

Write the date.

X \_\_\_\_\_  
Signature of Defendant

Name (Print): \_\_\_\_\_

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

**CERTIFICATE OF SERVICE AND MAILING**

On the same day you file this Answer with the Clerk of the District Court, you must mail a copy of the document to the attorney representing DCF and the other parent, if applicable. You can find the name and address of the DCF attorney on the Petition or Summons you received.

I certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this Answer by depositing it in the United States mail, postage prepaid, addressed to:

\_\_\_\_\_  
DCF Child Support Services (*write address above*)

and

\_\_\_\_\_  
Name and address of other parent, if applicable

X \_\_\_\_\_  
Signature of Defendant

Name (Print): \_\_\_\_\_

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: \_\_\_\_\_

## Child Support Worksheet

IN THE \_\_\_\_\_ JUDICIAL DISTRICT  
 \_\_\_\_\_ COUNTY, KANSAS

IN THE MATTER OF:

\_\_\_\_\_

and

CASE NO. \_\_\_\_\_

CHILD SUPPORT WORKSHEET OF (name) \_\_\_\_\_

		Petitioner	Respondent
<b>A. <u>INCOME COMPUTATION – WAGE EARNER</u></b>			
1. Domestic Gross Income (Insert on Line C.1. below)*		\$ _____	\$ _____
<b>B. <u>INCOME COMPUTATION – SELF-EMPLOYED</u></b>			
1. Self-Employment Gross Income		_____	_____
2. Reasonable Business Expenses	(-)	_____	_____
3. Domestic Gross Income (Insert on Line C.1. below)*		_____	_____
<b>C. <u>ADJUSTMENTS TO DOMESTIC GROSS INCOME</u></b>			
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)		_____	_____
<b>D. <u>COMPUTATION OF CHILD SUPPORT</u></b>			
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	_____ +	_____ +	_____ = _____
* 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

		Petitioner	Respondent
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