

*****THE 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))

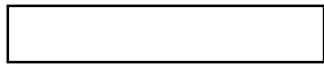
CHECKLIST FOR LEGAL SEPARATION WITHOUT CHILDREN

- COVER SHEET
- PETITION FOR LEGAL SEPARATION – *MUST BE NOTARIZED*
- DOMESTIC RELATIONS AFFIDAVIT – *MUST BE SIGNED*
- VOLUNTARY ENTRY OF APPEARANCE – *THIS MAY BE SIGNED BY OTHER PARTY TO WAIVE SERVICE -MUST BE NOTARIZED*
- REQUEST AND SERVICE INSTRUCTION FORM – *COMPLETE WITH ADDRESS & HOW YOU'RE SERVING OTHER PARTY (Ignore if filing with Voluntary Entry of Appearance)*
-

TO BE COMPLETED FOR THE FINAL HEARING DATE (WE WILL PROVIDE YOU W/ THIS PAPERWORK THE DAY YOU FILE)

- RETURN OF SERVICE – ONLY IF SERVICE IS DONE BY CERTIFIED MAIL
- NOTICE OF HEARING – AT LEAST 60 DAYS OUT FROM THE DATE YOU FILE
- DECREE OF LEGAL SEPARATION - MUST BE IN WORD FORMAT (.DOC)
- HELP CENTER – *COME BACK TO THE HELP CENTER AND WE CAN VERIFY YOU HAVE ALL THE FORMS YOU NEED FOR YOUR FINAL HEARING*





For Office Use Only

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

- Asbestos Product Liability
- Automobile Tort
- Intentional Tort
- Legal Malpractice
- Medical Malpractice
- Other Professional Malpractice
- Premises Liability
- Slander/Libel/Defamation
- Tobacco Product Liability
- Toxic/Other Product Liability
- Other Tort

CONTRACT

- Buyer Plaintiff
- Employment Dispute - Discrimination
- Employment Dispute - Other
- Fraud
- Landlord/Tenant - Unlawful Detainer
- Landlord/Tenant Dispute - Other
- Seller Plaintiff (debt collection)
- Other Contract

CIVIL APPEALS

- Administrative Agency
- Other Civil Appeal

REAL PROPERTY

- Eminent Domain
- Mortgage Foreclosure
- Other Real Property

MISCELLANEOUS

- 60-1507
- Habeas Corpus
- Other Writs

OTHER CIVIL

SMALL CLAIMS

STATE TAX WARRANT

DOMESTIC

MARRIAGE DISSOLUTION/DIVORCE

PROTECTION FROM ABUSE

PROTECTION FROM STALKING

UIFSA

OTHER DOMESTIC RELATIONS

NON-DIVORCE SUPPORT, CUSTODY OR VISITATION

PATERNITY

PROBATE/ESTATE

GUARDIAN/CONSERVATOR

- Conservatorship/Trusteeship
- Guardianship - Adult
- Guardianship - Minor
- Guardian/Conservator - Adult
- Guardian/Conservator - Minor

DETERMINATION OF DESCENT

SEXUALLY VIOLENT PREDATOR

DECEDENT ESTATE

ELDER ABUSE

OTHER PROBATE/ESTATE

CARE AND TREATMENT

ADOPTION

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 Number

ALIAS 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 Number

ALIAS 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 _____ COUNTY, KANSAS

In the Matter of the Marriage of

(Name of person filing this Petition)

Case No. _____

and

(Name of person who did not file this Petition)

PETITION FOR LEGAL SEPARATION (no children)

“Petitioner” means the person filing this Petition.

“Respondent” means the person who did not file the Petition.

“Parties” means the Petitioner and Respondent.

The person filing this petition states:

1. I am now living at: _____ (Street address),
_____ (city), _____ (state) and I have lived in _____
since _____ (date).
2. Respondent is now living at: _____ (Street
address), _____ (city), _____ (state) and has lived in _____
since _____ (date).
3. We were married on the following date and year: _____ in the
following city and state: _____ and have been married since that
date.
4. We are incompatible and should receive a legal separation.
5. The court should distribute the marital property and debts as agreed upon or as the court
may decide.
6. I _____ (do or do not) not request spousal support.
7. Respondent _____ (is or is not) now on active duty with the United States Military.
8. Neither party is pregnant.
9. No children have been born during the marriage.

On final hearing, the court should grant a separation, divide the property and debts between the parties and issue other appropriate orders as needed.

X _____

Signature of Petitioner

Name (Print): _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Telephone Number: _____

VERIFICATION

STATE OF KANSAS

COUNTY OF _____

I swear or affirm that the statements made in this Petition are true and that I am the person filing this petition.

X _____

Signature of Petitioner

SUBSCRIBED AND SWORN to before me, a Notary Public, this _____ day of

_____ 20____.

Notary Public

Domestic Relations Affidavit

IN THE _____ JUDICIAL DISTRICT
 _____ COUNTY, KANSAS

IN THE MATTER OF _____)

Petitioner _____)

and _____)

Respondent _____)

Case No. _____

DOMESTIC RELATIONS AFFIDAVIT OF _____
 (name)

1. Petitioner Residence _____

Petitioner _____
 Birth Month/Year XXX-XX-____ Social Security Number Telephone

2. Respondent Residence _____

Respondent _____
 Birth Month/Year XXX-XX-____ Social Security Number Telephone

3. Date of Marriage: _____

4. Number of Marriages: Petitioner _____ Respondent _____

5. Number of children of the relationship: _____

6. Names, Social Security Numbers, the month and year of each child's birth and ages of minor children of the relationship:

Name	Social Security Number XXX-XX-____	Birth Month /Year	Age	Custodian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Names, Social Security Numbers, and ages of minor children of previous relationships and facts as to custody and support payments paid or received, if any.

Name	Social Security No. XXX-XX-____	Age	Custodian	Support Payment	Paid or Rec'd
_____	_____	____	_____	\$ _____	_____
_____	_____	____	_____	\$ _____	_____
_____	_____	____	_____	\$ _____	_____
_____	_____	____	_____	\$ _____	_____

8. Petitioner is employed by (name) _____

(address) _____

Respondent is employed by (name) _____

(address) _____

with monthly income as follows:

A. Wage Earner	Petitioner	Respondent
1. Gross Income	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Federal Withholding (Claiming _____ exemptions)	\$ _____	\$ _____
5. Federal Income Tax	\$ _____	\$ _____
6. OASDHI	\$ _____	\$ _____
7. Kansas Withholding	\$ _____	\$ _____
8. Subtotal Deductions	\$ _____	\$ _____
9. Net Income	\$ _____	\$ _____

B. Self-Employed	Petitioner	Respondent
1. Gross Income from self-employment	\$ _____	\$ _____
2. Other Income	\$ _____	\$ _____
3. Subtotal Gross Income	\$ _____	\$ _____
4. Reasonable Business Expenses (-) (Itemize on attached exhibit)	\$ _____	\$ _____
5. Self-Employment Tax (-)	\$ _____	\$ _____
6. Business Net Income	\$ _____	\$ _____
7. Estimated Tax Payments (Claim _____ exemptions)	\$ _____	\$ _____
8. Federal Income Tax	\$ _____	\$ _____
9. Kansas Withholding	\$ _____	\$ _____
10. Subtotal Deductions	\$ _____	\$ _____

11. Net Income \$ _____ \$ _____
 (Line B.3. minus Line B.9.)

Pay period: _____
Petitioner Respondent

9. The liquid assets of the parties are:

	Item	Amount	Joint or Individual (Specify)
A.	Checking Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
B.	Savings Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
C.	Cash		
	Petitioner	\$ _____	_____
	Respondent	\$ _____	_____
D.	Other		
	_____	\$ _____	_____
	_____	\$ _____	_____

10. The monthly expenses of each party are: (Please indicate with an asterisk all figures which are estimates rather than actual figures taken from records.)

	Item	Petitioner (Actual or Estimated)	Respondent (Actual or Estimated)
1.	Rent	\$ _____	\$ _____
2.	Food	\$ _____	\$ _____
3.	Utilities/services:		
	Trash Service	\$ _____	\$ _____
	Newspaper	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	Cell Phone	\$ _____	\$ _____
	Cable	\$ _____	\$ _____
	Gas	\$ _____	\$ _____
	Water	\$ _____	\$ _____
	Lights	\$ _____	\$ _____
	Other	\$ _____	\$ _____
4.	Insurance:		
	Life	\$ _____	\$ _____
	Health	\$ _____	\$ _____
	Car	\$ _____	\$ _____
	House/Rental	\$ _____	\$ _____
	Other	\$ _____	\$ _____
5.	Medical and dental	\$ _____	\$ _____
6.	Prescriptions drugs	\$ _____	\$ _____
7.	Child care (work-related)	\$ _____	\$ _____

8.	Child care (non-work-related)	\$ _____	\$ _____
9.	Clothing	\$ _____	\$ _____
10.	School expenses	\$ _____	\$ _____
11.	Hair cuts and beauty	\$ _____	\$ _____
12.	Car repair	\$ _____	\$ _____
13.	Gas and oil	\$ _____	\$ _____
14.	Personal property tax	\$ _____	\$ _____

	Item	<u>Petitioner</u> (Actual or Estimated)	<u>Respondent</u> (Actual or Estimated)
15.	Miscellaneous (Specify) _____ _____	\$ _____ \$ _____	\$ _____ \$ _____
16.	Debt Payments (Specify) _____ _____	\$ _____ \$ _____	\$ _____ \$ _____
	Total	\$ _____	\$ _____

*Show house payments, mortgage payments, etc., in Section 10.B.

B. Monthly payments to banks, loan companies or on credit accounts: (Indicate actual or estimated monetary amount in each column; use asterisk for secured.) DO NOT LIST ANY PAYMENTS INCLUDED IN PART 10.A ABOVE.

Creditor	When Incurred	Amount of Payment	Date of Last Payment	Balance	Responsibility	
					Petitioner	Respondent
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
				Subtotal of Payments	\$ _____	\$ _____
				Total	\$ _____	\$ _____

C. Total Living Expenses

	<u>Petitioner</u> (Actual or Estimated)	<u>Respondent</u> (Actual or Estimated)
1. Total funds available to Both Parties (from No. 8)	\$ _____	\$ _____
2. Total needed (from No. 10.A and B)	\$ _____	\$ _____
3. Net Balance	\$ _____	\$ _____
4. Projected child support	\$ _____	\$ _____

D. Payments or contributions received, or paid, for support of others. Specify source and amount.

Source	Petitioner	Respondent
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____

11. How much does the party who provides health care pay for family coverage?
 \$ _____ per _____.
 How much does it cost the provider to furnish health insurance only on the provider?
 \$ _____ per _____.

FURNISH THE FOLLOWING INFORMATION IF APPLICABLE.

12. Income and financial resources of children.

Income/Resources	Amount
_____	\$ _____
_____	\$ _____

13. Child support adjustments requested.

- | | |
|--|---|
| <input type="checkbox"/> parenting time adjustment | <input type="checkbox"/> agreement past majority |
| <input type="checkbox"/> income tax consideration | <input type="checkbox"/> long distance parenting time |
| <input type="checkbox"/> special needs | <input type="checkbox"/> overall financial conditions |
| <input type="checkbox"/> other: _____ | |

14. All other personal property including retirement benefits (including but not limited to qualified plans such as profit-sharing, pension, IRA, 401(k), or other savings-type employee benefits, nonqualified plans, and deferred income plans), and ownership thereof (joint or individual), including policies of insurance, identified as to nature or description, ownership (joint or individual), and actual or estimated value.

Joint or Individual	Amount	(Specify)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

THE FOLLOWING NEED NOT BE FURNISHED IN POST JUDGMENT PROCEDURES.

15. List real property identified as to description, ownership (joint or individual) and actual or estimated value.

Property Description	Ownership	Actual/Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Identify the property, if any, acquired by each of the parties prior to marriage or acquired during marriage by a will or inheritance.

Property Description	Ownership	Source of Ownership	Actual/ Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____

17. List debt obligations, including maintenance, not listed in Section 10.A or 10.B above, identified as to name or names of payor or payors and payees, balance due and rate at which payable; and, if secured, identify the encumbered property.

Debt Obligation	Payor	Payee	Balance Due	Payment Rate	Encumbered Property
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. List health insurance coverage and the right, pursuant to ERISA §§ 601-608, 29 U.S.C. §§ 1161-1168 (1986), to continued coverage by the spouse who is not a member of the covered employee group.

<u>Health Insurance</u>	<u>COBRA Continuation</u>		
	Yes	No	Unknown
_____	_____	_____	_____
_____	_____	_____	_____

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

Executed on the _____ day of _____, 20____.

Name (Print): _____

Signature _____

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

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 _____