

KAECSES #: _____

Serv Provider: _____

CHILD SUPPORT SERVICES CHILD SUPPORT SERVICES APPLICATION

You should receive the "[Child Support Services Handbook](#)" with this application form. If you need a copy of the handbook, please request one from your local Child Support Services (CSS) office. Please read the handbook before you sign this form.

FULL SERVICES LOCATE ONLY

NONCUSTODIAL PARENT'S FULL NAME (first, middle, last)

YOUR FULL NAME (first, middle, last)

YOUR Social Security Number

Date of Birth (month, day, year)

By signing this form, I confirm that I have read the "[Child Support Services Handbook](#)". I have had an opportunity to ask questions, and I agree to the terms and limitations stated in the "[Child Support Services Handbook](#)".

Date

Signed

Sign this form and return it, along with the originals of the attached legal documents to your local CSS office. You may call the Child Support Call Center at 1-888-757-2445 or visit this website to obtain the office address information: <http://www.dcf.ks.gov/services/CSS/Pages/Contractor-Information.aspx>.

CHILD SUPPORT SERVICES

CHILD SUPPORT SERVICES QUESTIONNAIRE

Section One—General Information

Section One Instructions: Complete all questions in Section One. You should receive a copy of the "[Child Support Services Handbook](#)" with this form. If you need a copy of the handbook, please request one from your local CSS office.

Custodial Parent/Guardian Full Name: _____ **SSN:** _____

Any former names you have used (including maiden name): _____

Other names used: _____

Your date of birth: _____ Sex: Male Female

Your mailing address: _____

Telephone number: Home: (____) _____ *Street* *City* *State* *Zip*
Work: (____) _____ Cell: (____) _____

Name of emergency contact: _____ Telephone number: (____) _____

Have you and/or the child/ren received Public Assistance (cash or TANF) in the State of Kansas?

Yes No

Have you received Public Assistance (cash or TANF) in another state? Yes No

If yes, list all state(s) and dates below:

State	Date

State	Date

What is your relationship to the child/ren: _____

Child/ren's Information:

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<i>First Middle Last</i>	<i>M / F</i>		<i>Mo/Day/Yr</i>	<i>First Middle Last</i>
Child's Birthplace City	State	Name of Father listed on Birth Certificate		
<i>City</i>	<i>State</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<i>First Middle Last</i>	<i>M / F</i>		<i>Mo/Day/Yr</i>	<i>First Middle Last</i>
Child's Birthplace City	State	Name of Father listed on Birth Certificate		
<i>City</i>	<i>State</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<i>First Middle Last</i>	<i>M / F</i>		<i>Mo/Day/Yr</i>	<i>First Middle Last</i>
Child's Birthplace City	State		Name of Father listed on Birth Certificate	
<i>City</i>	<i>State</i>		<i>First Middle Last</i>	

Child's Full Name	Sex	SSN	Birth Date	Noncustodial Parent Name(s)
<i>First Middle Last</i>	<i>M / F</i>		<i>Mo/Day/Yr</i>	<i>First Middle Last</i>
Child's Birthplace City	State		Name of Father listed on Birth Certificate	
<i>City</i>	<i>State</i>		<i>First Middle Last</i>	

Is there a child support or medical order(s) for the child/ren? Yes No

For which child/ren? _____

Name of person who is ordered to provide current or medical support: _____

Court Case Number _____ County _____ State _____ Child _____

Court Case Number _____ County _____ State _____ Child _____

If unable to provide a court case number, please provide county, state and date of court order (Month/Year):

Have you taken legal action to enforce payment? Yes No **If yes, type of action:**

Who filed the action? _____

Result of action? _____

Do you have an attorney? Yes No

Name and address of your attorney? _____

If there is no order already established, do you think the other person will be agreeable to signing a voluntary order? _____

If there is a child support order, attach a copy of the order to this form.

Attach Birth Certificates for all children not born in Kansas.

(Please provide the official birth certificate and not the certificate received from the hospital)

CONTINUE TO SECTION TWO ON PAGE 4.

CHILD SUPPORT SERVICES

CHILD SUPPORT QUESTIONNAIRE

Section Two–Noncustodial Parent Information

Section Two Instructions: Complete all questions in Section Two.
****A separate form must be completed for each Noncustodial Parent.****

1. Noncustodial parent's name: _____ Sex: Male Female
First Middle Last
 Noncustodial parent's other names (Alias, Maiden, Nicknames, etc.): _____

2. SSN: _____ Date of birth: _____ Approx age: _____
Month Day Year
 Has the Noncustodial parent ever used a different SSN? Yes No Unknown
If yes, what is that number? _____

3. Place of birth: _____ Unknown
City State or Country

4. Current address: _____
Street City State Zip Code

OR

Last known mailing address: _____
 Date of address: _____
Street City State Zip Code

Physical address: (If different than mailing address): _____
Street City State Zip Code

Telephone number: Home: (____) _____ Work: (____) _____ Cell: (____) _____

5. What is the Noncustodial parent's race?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic
<input type="checkbox"/> White/Caucasian |
|---|---|

6. Physical description of Noncustodial parent:

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Tattoos, scars and other physical traits: _____

7. Give the full maiden name of the Noncustodial Parent's mother: _____

8. Give the full name of the Noncustodial Parent's father: _____

9. Where does the Noncustodial Parent work? _____

Employer address: _____
Street City State Zip Code

Telephone number: _____ Type of business: _____

10. Name of bank where Noncustodial Parent has a checking or savings account:

Street City State Zip Code

11. Where is the last place you knew the Noncustodial Parent worked?

Employer name: _____

Address: _____
Street City State Zip Code

Telephone number: _____ Date of employment: _____

12. Is the Noncustodial Parent on Active Duty in the Military? Yes No

If yes, Branch of Service: _____ Rank: _____ Years of Service: _____

Duty Station/Unit: _____

13. Is the Noncustodial Parent in the National Guard or Reserves? Yes No Unknown Previously

If yes, Branch of Service: _____ Rank: _____ Date of Service: _____

14. Does the Noncustodial Parent have an attorney? Yes No Unknown

Name and address of attorney: _____

15. Has the Noncustodial Parent ever filed Bankruptcy? Yes No Unknown

If yes, Month: _____ Day: _____ Year: _____ Case Number: _____

City: _____ State: _____

16. Does the Noncustodial Parent have a driver's license? Yes No Unknown

If yes, in what state: _____

17. Reason for the Noncustodial Parent's absence: *(Please check all that apply)*

I am not the parent of this child/ren and this question does not apply to me.

Never married to the Noncustodial Parent and never resided together

Never married to the Noncustodial Parent but we resided together

Dates resided together: _____

City and State where you resided together: _____

Divorced Date of Divorce Decree: _____

Filed for Legal Separation

Filed for Divorce

Married but separated from the Noncustodial Parent Date separated: _____

In jail or prison State: _____

Military Service

Domestic violence

Protection From Abuse Order Date: _____ County: _____ State: _____

Restraining Order Date: _____ County: _____ State: _____

Deceased Date: _____
Month Day Year County State

***Attach Proof of Death (Example: Death Certificate, Obituary Notice, Name and Address of Funeral Home).**

Other (Explain): _____

18. Has the Noncustodial Parent ever belonged to a Labor Union or Professional Group? Yes No

Unknown **If yes,** name: _____

19. Has the Noncustodial Parent ever been arrested, put on probation, sent to prison or paroled?

Yes No Unknown **If yes,** Date: _____ Charge: _____
Court (City/County/State) _____ Prison/Jail (City/County/State): _____
Name of Probation or Parole Officer: _____

20. Has the Noncustodial Parent ever attended a college, university or vocational school? Yes No

Unknown **If yes,** Name: _____ State: _____ Date: _____

21. Has the Noncustodial Parent of your child ever provided support for you or your child? Yes No

If yes, type of support provided: _____

When did the Noncustodial Parent provide support: _____

Where did you live at the time the Noncustodial Parent provided support?

Street City State Zip Code
Where did the Noncustodial Parent live at the time support was provided?

Street City State Zip Code

22. Has the Noncustodial Parent ever made a promise in writing to support your child?

Yes No **If yes,** explain: _____

23. Does the Noncustodial Parent have any other type of income? Yes No Unknown

If yes, please check the appropriate resources:

- Social Security / SSI or SSDI
- Self-Employment Source (Name/Address): _____ Amount: \$ _____
- Veteran's Benefits
- Military Retirement
- Worker's Compensation
- Unemployment
- Insurance Source (Name/Address): _____ Amount: \$ _____
- Housing or Travel Allowance Source (Name/Address): _____ Amount: \$ _____
- Trust Income Source (Name/Address): _____ Amount: \$ _____
- Rental Income Source (Name/Address): _____ Amount: \$ _____
- Other Income Source (Name/Address): _____ Amount: \$ _____

24. If the Noncustodial Parent is deceased, do you receive Social Security benefits or other insurance benefits for the child? Yes No

If yes, what is the amount: \$ _____ How Often: _____

25. If the Noncustodial Parent receives disability payments from the Social Security Administration, does the child receive Social Security benefits from the Noncustodial Parent's disability? Yes No

If yes, the amount received: _____ Date child started receiving benefits: _____

26. Does the Noncustodial Parent own property (*Examples: car, truck, motorcycle, boat, camper, trailer, house, farm, rental property, land, business, tools, equipment, etc.*)? Yes No Unknown

If yes, list and describe as best you can including tag numbers and location. Use back of form if additional space is needed:

27. Does the Noncustodial Parent have any other natural or adopted child/ren? Yes No Unknown

If yes, list the child/ren's full names and ages and name of mother (if known):

28. Do any of the children listed in #27 live with the Noncustodial Parent? Yes No Unknown
If yes, list the children's full names and ages:

29. Is the Noncustodial Parent ordered to pay child support for any other child/ren?
 Yes No Unknown **If yes, list full names, ages, amount and state where ordered:**

30. List friends and family members the Noncustodial Parent is most likely to keep in touch with:

Name	Address	Telephone	Relationship to Noncustodial Parent

31. Has the Noncustodial Parent ever received Public Assistance? Yes No Unknown

If yes, Date: _____ **City:** _____ **County:** _____ **State:** _____

32. In an emergency, how do you get in touch with the Noncustodial Parent? _____

33. Who provides medical insurance for the child/ren? _____

What is his or her relationship to the child/ren? _____

Type of Medical Coverage:

Private Insurance Tri-Care (military insurance) Medicaid Healthwave

Name of Insurance Company: _____

Address of Insurance Company: _____

Phone Number of Insurance Company: _____

Policy Number: _____ Group Number: _____

Coverage Start Date: _____ Cost per Month: \$ _____ Single: \$ _____ Family: \$ _____

List Persons Covered on Policy: _____

Types of Coverage: Medical Hospital Drug Vision Dental

Employer Name Insurance is through: _____

Employer Address: _____ Employer Telephone Number: _____

34. Do any of **your** child/ren listed have special medical needs? Yes No

If yes, explain: _____

35. List all the medical expenses resulting from the pregnancy and/or the birth of your child/ren that you have actually paid. (*Receipts of payments must be provided*):

A. Creditor (Doctor): _____ Amount: _____

B. Creditor (Hospital): _____ Amount: _____

C. Creditor (Pediatrician): _____ Amount: _____

D. Creditor (Other): _____ Amount: _____

36. How were the medical expenses paid?: _____

MARRIAGE INFORMATION

**Fill out the Marriage Information section only if you are the custodial parent of the child/ren.
If you are a custodian and not the parent, continue on to Question 38 on page 9.**

37. What is your current marital status? (check all that apply)

- Single
- Never Married
- Married Spouse's Name: _____ Date of Marriage: _____
- Married but Separated
- Divorced
- Widow/Widower

List All Marriages: (to Noncustodial Parent or Any Other Person)

First Marriage:

Spouse's name: _____ Date of marriage: _____
Month Day Year

Place of marriage: _____ Date marriage ended: _____
City County State *Month Day Year*

How marriage ended: (Example: Divorce, Annulment, Death, Still Married) _____
If Divorced or annulled: _____
County *State* *Court Order Number*

Second Marriage:

Spouse's name: _____ Date of marriage: _____
Month Day Year

Place of marriage: _____ Date marriage ended: _____
City County State *Month Day Year*

How marriage ended: (Example: Divorce, Annulment, Death, Still Married) _____
If Divorced or annulled: _____
County *State* *Court Order Number*

Third Marriage:

Spouse's name: _____ Date of marriage: _____
Month Day Year

Place of marriage: _____ Date marriage ended: _____
City County State *Month Day Year*

How marriage ended: (Example: Divorce, Annulment, Death, Still Married) _____
If Divorced or annulled: _____
County *State* *Court Order Number*

Please Use Back of Form if more Space Needed

DIRECT PAYMENTS

38. Use this space to record the month, year and amount of any child support and/or alimony payments you have received directly from the Noncustodial Parent that did not go through the court or payment center. Please specify if the direct payments were for child support or alimony.

If none, check here.

You may also use this space to provide additional information, or you may attach additional sheets. Please give the page, section and number of the question you are answering when giving additional information.



IF THERE IS NO CHILD SUPPORT ORDER FOR ANY OF THE CHILD/REN IN THIS CASE, PLEASE FILL OUT A SEPARATE SECTION THREE FOR EACH CHILD/REN STARTING ON PAGE 10.

IF A CHILD/REN SUPPORT ORDER EXISTS FOR ALL CHILD/REN, GO TO SECTION FOUR STARTING ON PAGE 12.

CHILD SUPPORT SERVICES
PATERNITY QUESTIONNAIRE
Section Three—Child/ren Information

Section Three Instructions: Complete this section for EACH child needing a child support obligation established.

Name of Noncustodial Parent: _____

1. Child's name: _____ Date of birth: _____
2. Who is named as the child's father on the official state birth certificate? _____ No father named
3. In what city and state was the child conceived (Where did the mother become pregnant)?

4. Child's birth place: City: _____ State: _____

5. How long has the child lived in Kansas? _____

6. Has the above-named Noncustodial Parent (even if not named on the birth certificate) ever lived with this child in Kansas? Yes No
If no, has the Noncustodial Parent ever visited the child? Yes No
Length of visit(s): _____

7. Please Check and Complete all true statements:

I am a guardian of the child and not a parent of the child (*if you mark this line, proceed to question 11*)

I was married to the Noncustodial Parent:

When the child was born

When the child was conceived

After the child was conceived but before the child was born

After the child was born

I attempted to marry the Noncustodial Parent but it was later annulled. Explain why you believe the marriage is not valid: _____

If you marked any of the above, please state the date of marriage or attempted marriage:

Month: _____ Day: _____ Year: _____

Place of marriage: City: _____ County: _____ State: _____

I was not married to the Noncustodial Parent:

We lived together Date: From: _____ To: _____

We never lived together

Child was adopted Date of adoption: _____ State of adoption: _____

Other (Explain): _____

8. Did you and the Noncustodial Parent consider yourselves to have a common law marriage while living in Kansas? Yes No

9. Were you married to anyone other than the Noncustodial Parent within one year before the child was born? Yes No

If yes, name of spouse: _____ Date of marriage: _____

Date of divorce: _____

Place of divorce: City: _____ County: _____ State: _____

PATERNITY INFORMATION

Complete this page for each child that needs paternity established.

10. Has the mother, the child and the Noncustodial Parent ever had paternity testing? Yes No
If yes, when: _____ Where were the tests done?: _____
Results of the tests: _____ *Please attach a copy of the genetic test results*

11. What was the date the doctor said the child was due? _____
What was the weight of the child when he/she was born? _____

12. Who do you think the father is and why? _____

13. Did the Noncustodial Parent admit he was the father of the child? Yes No
If yes, Verbal or Written When: _____ Where: _____
Month Day Year City State

14. **Complete this question only if you are the child's mother and *sign below*.** Who did you have sex with 30 days before **and** 30 days after you became pregnant? (Be sure to include the Noncustodial Parent named on page 1.)

A. Name: _____ Telephone Number: _____
Address: _____ City: _____ State: _____
Date of sexual intercourse: Month: _____ Day _____ Year: _____ City: _____ State: _____
Did you tell him you were pregnant? Yes No Date: _____

B. Name: _____ Telephone Number: _____
Address: _____ City: _____ State: _____
Date of sexual intercourse: Month: _____ Day _____ Year: _____ City: _____ State: _____
Did you tell him you were pregnant? Yes No Date: _____

C. Name: _____ Telephone Number: _____
Address: _____ City: _____ State: _____
Date of sexual intercourse: Month: _____ Day _____ Year: _____ City: _____ State: _____
Did you tell him you were pregnant? Yes No Date: _____

D. Name: _____ Telephone Number: _____
Address: _____ City: _____ State: _____
Date of sexual intercourse: Month: _____ Day _____ Year: _____ City: _____ State: _____
Did you tell him you were pregnant? Yes No Date: _____

E. Name: _____ Telephone Number: _____
Address: _____ City: _____ State: _____
Date of sexual intercourse: Month: _____ Day _____ Year: _____ City: _____ State: _____
Did you tell him you were pregnant? Yes No Date: _____

If additional space is needed, please check here and complete information on the back of this form.

I declare under penalty of perjury under the laws of the State of Kansas that the answers I have given to question 14 are true and correct.

Date: _____ Signed: _____

CHILD SUPPORT SERVICES

Section Four—Legal Rights and Duties

Section Four Instructions: Read this section and sign on the last page.
If you have questions, please contact Child Support Services at 1-888-757-2445.

The following are important things you need to know about the CSS Program and your Legal Rights and Duties.

Assignment of Support Rights:

1. When you sign the Application for Services, you turn over your rights to past, present and future support to the Secretary of the Department for Children and Families (DCF). This lets CSS act for you and do the work that is needed for your case.
2. Signing the application gives the Secretary of DCF the legal power to endorse support checks while your CSS case is open. This allows the State to handle and process the support payments quickly.
3. Everyone receiving CSS services assigns support rights in this way. If you have never received Public Assistance (TANF, for example), DCF will not keep support payments.
4. If you are receiving TANF benefits, or your child is in Foster Care, DCF will keep the support payments until your TANF case closes. After the TANF or Foster Care closes, payments for current support (the amount due that month) will go to you, but DCF may keep payments for past due support.

Fee for CSS Services:

1. There is a fee for CSS Services.
2. The fee is not charged while you are receiving TANF Benefits, Child Care, Medicaid or Food Assistance from DCF.
3. The basic fee is 4% of support that is collected for you (\$4.00 of every \$100.00).
4. When the fee applies, CSS will deduct it from the support payment before the payment is sent to you.
5. If your case needs services from the child support program in another state, that state may also charge fees. If they do, they will deduct their fee from the support payment before it is sent to Kansas.
6. CSS will not charge you an application fee just for opening a CSS case.

No Attorney - Client Relationship:

1. The attorneys who work for the CSS Program work only for the Secretary of DCF.
2. Even if you benefit from their work, they DO NOT represent you.
3. They CANNOT give you legal advice.
4. They CANNOT do any legal work on your case that goes beyond CSS Services.
5. The role of the CSS Attorney in child support cases is to act in the public interest to make sure parents, not the State, are the ones that support their child/ren.
6. Any legal action that is taken is at the discretion of the CSS Attorney.
7. If the other parent raises issues that are beyond CSS Services, including Visitation or Custody, you will need to talk with a lawyer of your own choosing to protect your rights or for personal legal advice. If you do not have a lawyer and you want one, you may call the Kansas Bar Association Lawyer Referral Service at 1-800-928-3111. A Kansas Legal Services Office may also be able to help you.

Use of Information:

1. Federal and state laws require CSS to protect private information you give CSS. Those laws also require CSS to use and share it. If you are afraid that our use of confidential information will cause harm to you or your child, talk with your CSS worker immediately.
2. Information you give the CSS Program or a CSS Attorney could be used if DCF needs to take action against you. For example, CSS may have to use information you give to enforce a child support order against you if a child leaves your home or if you keep child support that belongs to DCF.
3. When CSS has confidential information about the Noncustodial Parent, state or federal law may keep CSS from sharing that information with you.

Misdirected Payments:

1. If you receive support money you are not supposed to get, you must return that money to DCF (even if DCF made the mistake).
2. If you do not return it, administrative or legal action can be taken against you to recover the money.
3. Your signature on this document means you agree to allow CSS to recover the money out of future support payments.

Limited CSS Services for Judgment Interest:

1. If there is unpaid child support owed, the law where the order was issued may let you collect Judgment Interest from the debtor.
2. CSS **will not** calculate the total amount of interest that is due or ask the court to figure it for you.
3. If you have an order that states the total amount of interest due from the debtor, CSS will enforce and collect that interest along with the unpaid support.
4. You will need to talk with a lawyer of your own choosing if you are interested in getting this kind of an order.
5. Money CSS collects in your case will be counted toward judgment interest after all past due support is paid in full.

You may have other legal rights and duties involving your child or CSS Services. You will need to talk with a private lawyer (one who does not work for the CSS Program) to protect those rights for personal legal advice. The laws and rules that control the CSS Program change from time to time. You may request a new copy of the Handbook for CSS Customers anytime. Once in a while, it is a good idea to ask your CSS worker whether your copy of the handbook is up to date.

Customer's Responsibilities:

I understand that to be eligible for Cash Assistance or Child Care Assistance I must cooperate with the CSS Program. As a participant in the CSS Program, I am responsible for:

1. Keeping CSS up to date with correct information about myself and the Noncustodial Parent, including new addresses and phone numbers, as well as, providing any other requested information or attesting to the lack of information under Penalty of Perjury.
2. Telling CSS immediately if a private attorney has been obtained for any domestic action including child custody and child support issues.
3. Telling CSS in writing if I want my case closed.
4. Turning into the CSS office immediately upon receipt any assigned child support, alimony or medical payments received directly from the Noncustodial Parent or from anyone on behalf of the Noncustodial Parent. This includes any payments that the court may send to me after I have been approved for cash assistance. Intentionally keeping support payments belonging to DCF could result in theft charges being filed against you.
5. Assisting in identifying and locating the Noncustodial Parent's address and employment.

6. Attending as a witness when needed at any court or administrative procedure.
7. Cooperating with the CSS Program and its staff.

CSS Program Responsibilities:

It is only fair for you to know the limitations of the CSS Program:

1. We cannot promise results.
2. While your CSS case is open, CSS staff will determine the appropriate procedures for your case and what priority it can have compared with other cases.
3. If your support is paid through a Court Trustee’s Office, closing your CSS case does not close the Court Trustee case.
4. Although we would like to be able to, we can’t call or write you regularly about your case. We will contact you when anything important happens or if more information is needed. You may contact CSS at any time for a case update.

I have read the notices contained in Section Four of this form. My signature below authorizes the CSS office to get certified copies of my child’s birth certificate if the certificate is needed in the administration of the CSS Program. I understand that each person who receives assistance must provide or apply for a Social Security number. I authorize the use of these Social Security numbers for such purposes as identification, program reviews, or audits and computer matching with other agencies and institutions, both public and private.

I declare under penalty of perjury under the laws of the State of Kansas that the answers I have given in this questionnaire are true and correct.

Date: _____ Signed: _____

Sign this form and return it, along with the originals of the attached legal documents to your local CSS office. You may call the Child Support Call Center at 1-888-757-2445 or visit this website to obtain the office address information: <http://www.dcf.ks.gov/services/CSS/Pages/Contractor-Information.aspx>.



IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

_____)
vs. _____ Case No. _____
_____)
_____)
_____)

SHORT FORM DOMESTIC RELATIONS AFFIDAVIT
OF _____ (name)

To be used ONLY with post-judgment Motions to Establish or Modify Child Support.

1. Your Name: _____
Residence: _____
Year of Birth: _____ Last Four Digits of SSN: XXX-XX-_____ Phone _____

2. Name(s), last four digits of SSN(s), year of birth, and age(s) of minor children of this marriage/relationship:
Name SSN Year of Birth Age

3. Name(s), last four digits of SSN(s), and year of birth of minor children of other marriage/relationship(s) and facts as to custody and support payments paid or received, if any.
Name Name of Custodian SSN YOB Support Pd/Rec

4. You are employed by: Name: _____
Address: _____
City, ST, Zip: _____

5. Monthly income:
A. Wage Earner, Gross Income \$ _____
B. Self-Employed, Gross Income \$ _____
Reasonable Business Expense \$ _____
Self-Employment Tax \$ _____

6. Work Related Child Care Expenses:

A. Weekly Cost During Summer

\$ _____

Name and Address of Provider

B. Weekly Cost During School Year

\$ _____

Name and Address of Provider

7. Father Mother provides Health Insurance for child(ren).

A. Name and Address of Health Insurance Plan: _____

B. Person(s) insured on plan: _____

Monthly cost of health insurance: \$ _____

Monthly cost of dental insurance: \$ _____

Monthly cost of vision insurance: \$ _____

Monthly cost of drug prescription insurance: \$ _____

Increase cost of adding child(ren) to the plan: \$ _____

8. Father Mother claims child(ren) for income tax purposes.

Father and Mother alternate claiming child(ren) for income tax purposes.

You file taxes: Single Head of Household Married Filing Jointly

Married Filing Separately Other

9. Child Support Adjustments requested (documentation to support requested adjustments must be attached):

Long Distance Parenting Time Adjustment

Special Needs

Parenting Time Adjustment

Income Tax Adjustment

Agreement Past Minority

Overall Financial Condition

10. The following documents must be attached. **Social Security numbers and dates of birth must be removed from the documents prior to filing with the court.**

Current Pay Stub

Last Year's Tax Return including schedules

W-2

Written Proof of Day Care Cost

Written Proof of Insurance Costs

Other

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): _____

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

vs. _____)
Case No. _____)
_____))
_____)

VOLUNTARY ENTRY OF GENERAL APPEARANCE

COMES NOW the biological and custodial parent, _____, guardian and next friend of the below minor children:

Name	Year of birth
_____	_____
_____	_____
_____	_____

And hereby waive service of process and voluntarily enters appearance for myself and each of the minor children herein. I waive our statutory time to plead and further waive notice of trial and consent to the case being heard at any time. I further acknowledge that I am not now, nor have I been within the last sixty (60) days preceding the signing of this Entry of Appearance, a member of the United States Armed Forces.

Plaintiff, Custodial parent

STATE OF KANSAS)
) SS:
COUNTY OF _____)

KNOW ALL PERSONS that on the _____ day of _____, _____, before me, a Notary of Public in and for the County and State aforesaid, appeared _____ who is personally known to me to be the same person who executed the foregoing Voluntary Entry Of General Appearance and that such person acknowledged the foregoing signature as his/her own.

NOTARY PUBLIC
My term expires: _____

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

vs.
_____)
)
)
)
)
)

Case No. _____

ALLEGATION OF PATERNITY

COMES NOW the biological mother, _____, guardian and next friend of the below minor child(ren):

Name	Year of birth
_____	_____
_____	_____
_____	_____

And I hereby declare that the potential natural father(s) of the said minor child(ren) is/are:

Biological Mother

STATE OF KANSAS)
) SS:
COUNTY OF _____)

KNOW ALL PERSONS that on the _____ day of _____, _____, before me, a Notary of Public in and for the County and State aforesaid, appeared _____ who is personally known to me to be the same person who executed the foregoing Voluntary Entry Of General Appearance and that such person acknowledged the foregoing signature as his/her own.

NOTARY PUBLIC

My term expires: _____