

Pro Se Motion for Modification of Child Support

*****Please read these instructions in their entirety before you begin!*****

The following information is provided to assist you in obtaining a modification of your child support. The Kansas Child Support Guidelines are the rules which must be followed in setting the amount of child support to be paid. A hearing cannot be held until your motion has been filed and all of the steps have been completed. Promptness is very important. The Court cannot reduce/increase child support which has already become due prior to the filing of your motion. If you can afford to hire an attorney to represent you in modifying your support obligation, you should seriously consider retaining an attorney to represent you.

Pursuant to K.S.A. 2017 Supp. 28-179, a \$62.00 filing fee must be paid when filing your motion.

The following documents (included in this packet) must be filled out and filed with the court when seeking a child support modification. Fill out the documents using a typewriter, or print legibly in black or blue ink.

1. Motion for Modification of Child Support
2. Short-Form Domestic Relations Affidavit with supporting documentation
3. Notice of Hearing and Certificate of Mailing
4. Return of Service for Certified Mail

Follow the steps below in the order given. Check each one off as you complete it to properly file your motion with the court.

1. Motion for Modification of Child Support.

- a. Fill out completely.
- b. The Certificate of Mailing portion should include the names and addresses of the following:
 - i. Opposing party/ex-spouse;
 - ii. Opposing party/ex-spouse's attorney of record;
 - iii. Court Trustee or DCF if one of those agencies enforces your case.
- c. Make 4 copies. (5 copies if your case is enforced by the Court Trustee or DCF)

2. Short-Form Domestic Relations Affidavit. (Short-Form DRA)

- _____ a. Two copies of this document are provided. Fill out one copy completely. Set aside the other blank copy to mail to the opposing party or ex-spouse.
- _____ b. Attach supporting documentation to your completed Short-Form DRA.
(One month's worth of pay stubs; copy of most recent tax return and W-2; unemployment, disability, work comp, or social security income received; proof of health insurance paid on behalf of yourself and the child(ren); proof of daycare expense, if any)
- _____ c. Sign the Short-Form Domestic Relations Affidavit.
- _____ d. Make 4 copies of the Short-Form Domestic Relations Affidavit and supporting documentation. (5 copies if your case is enforced by the Court Trustee or DCF)
- _____ e. Staple the original Motion for Modification to the original Short-Form Decree Domestic Relations Affidavit with supporting documentation.
- _____ f. Staple the remaining copies of the Motion for Modification to each copy of the Short-Form Domestic Relations Affidavit with all attachments. Write "Chamber copy" at the top of one of the copies.

3. Notice of Hearing and Certificate of Mailing.

- _____ a. Fill out the Notice of Hearing and Certificate of Mailing, with the exception of the hearing date and time. The Certificate of Mailing section should include the same people that you wrote on your certificate of mailing on your Motion to Modify.
- _____ b. Make 4 copies of the completed Notice of Hearing. (5 copies if your case is enforced by the Court Trustee or DCF)

4. Filing your Motion and Obtaining a Hearing Date.

- _____ a. Go to the Clerk of the District Court office in the basement of the Judicial and Law Enforcement Center at 111 East 11th Street, Lawrence, KS to file your motion and pay the filing fee. Bring originals and all copies with you.
- _____ b. Give the clerk at the counter the original and all copies of the Motion for Modification of Child Support.

The clerk will file-stamp the original and all copies of your Motion for Modification of Child Support. They will keep the original for the court file and give you back all of the copies.

- _____ c. Go to the Juvenile Judge Pro Tem office for a hearing date and time. Their office is located in the south hallway on the main floor of the building. Give the administrative assistant the "Chamber copy" of your Motion for Modification of Child Support and the original and all copies of your Notice of Hearing and Certificate of Mailing.

The administrative assistant will give you a hearing date and time and write it on the original and all copies of the Notice of Hearing. The assistant will keep one copy and give the rest back to you.

- _____ d. Go back downstairs to the Clerk of the District Court office and give the original and all copies of the Notice of Hearing and Certificate of Mailing to the clerk for filing. The clerk will keep the original Notice of Hearing for the court file and give you back all the file- stamped copies.

5. Serving the Opposing Party.

You must mail the remaining copies by certified mail to the opposing party, their counsel, and any enforcement agency. You should do this on the same day that you file the Notice of Hearing with the Clerk of the District Court. Failure to mail the copies and provide proof of service will result in your motion being dismissed.

- _____ a. Keep one copy of the Motion for Modification of Child Support and Notice of Hearing for yourself.
- _____ b. Mail one copy of the Motion for Modification of Child Support (with all attachments), the Notice of Hearing, and the blank Short-Form Domestic Relations Affidavit that you previously set aside when you completed Step 2 (a), to the opposing party/ex-spouse **by certified mail**.
- _____ c. Mail one copy of the Motion for Modification of Child Support (with all attachments) and the Notice of Hearing to the opposing attorney of record, if any, **by certified mail**.
- _____ d. Mail one copy of the Motion for Modification of Child Support (with all attachments) and the Notice of Hearing to the agency enforcing your child support case, if any, (Court Trustee or DCF) by regular mail. See below for address information.

6. Filing the Return of Service for Certified Mail.

After you mail your Motion for Modification of Child Support and Notice of Hearing by certified mail to the required parties, you will have to wait for the Return of Service (“green card”) to be returned to you by the post office. Once you receive the green card(s), follow the steps below to prove to the court you served your motion properly.

- _____ a. Fill out the Return of Service for Certified Mail.
- _____ b. Attach the green card(s) to the middle of the page where indicated.
- _____ c. Make one copy for your file.
- _____ d. Bring the original Return of Service for Certified Mail to the Clerk of the District Court office in the basement of the Judicial & Law Enforcement Center at 111 East 11th Street, Lawrence, KS.
- _____ e. Hand the document to the clerk at the counter for filing. The clerk will keep the document so that it can be placed in your court file as proof that you completed all the steps necessary to properly file your Motion for Modification of Child Support.

PLEASE REMEMBER!! It is up to you to get the correct papers filed and proper service completed in order for a hearing to be held at its assigned hearing date and time.

Address information for enforcement agencies:

District Court Trustee
111 East 11th Street, Unit 101
Lawrence, KS 66044

Kansas Child Support Services
120 SE 6th Street, Ste. 106
Topeka, KS 66603
(If you have a case open
with the DCF office)

Check if appropriate:

This motion is filed in a case handled by the Office of the District Court Trustee and Petitioner/Respondent is exempted from paying a post-decree filing fee.

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of

Petitioner,

and

Respondent.

)
)
)
)
)
)
)
)
)
)

Case No. DG
Division _____

MOTION FOR MODIFICATION OF CHILD SUPPORT

COMES NOW the (Petitioner/Respondent) and moves the Court to modify the current order of support for the following reasons: _____

I have attached a completed copy of my Short-Form Domestic Relations Affidavit, along with a copy of the most recent paycheck stub with year-to-date totals, a copy of last year's income tax return and W-2, and any additional supporting documentation.

WHEREFORE, the (Petitioner/Respondent) moves the Court for a modification of the current support order of the Court.

Your signature *Pro se*

Address

Phone

CERTIFICATE OF MAILING

A copy of this Motion for Modification of Child Support has been sent by Certified Mail/Return Receipt Requested to (Petitioner/Respondent) and their attorney of record at the following addresses:

Date _____ _____
(Your signature again here)

NOTE: Both parties are required by Kansas law to fill out and file a Short-Form Domestic Relations Affidavit with attached copy of the most recent paycheck stub with year-to-date totals and a copy of last year's income tax return with the Clerk of the District Court no later than five (5) days prior to the hearing.

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of)	
)	
)	
_____)	
Petitioner,)	Case No. <u>DG</u> _____
and)	Division _____
)	
_____)	
Respondent.)	

NOTICE OF HEARING

PLEASE TAKE NOTE the Motion for Modification of Child Support has been set for hearing before the Juvenile Judge Pro Tem on the _____ day of _____, 20____, at _____ a.m., or as soon thereafter on said date as the Court can hear the same, in the Juvenile Pro Tem Division Courtroom of the Judicial & Law Enforcement Center, 111 East 11th Street, Lawrence, Kansas.

Your signature *Pro se*

CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20_ , I caused a true and correct copy of this Notice of Hearing to be mailed by Certified Mail, Return Receipt Requested, addressed to the following:

Your signature *Pro se*

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of: _____)
_____)
_____) Case No. DG _____
and _____)
_____)
_____)
_____)
_____)

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 PARENT'S 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

CHILD CARE 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? \$ _____ per 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:

- | | |
|--|---|
| <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 |

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 DOUGLAS COUNTY, KANSAS

In the Matter of: _____)
_____)
_____) Case No. DG _____
and _____)
_____)
_____)
_____)
_____)
_____)

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)

G. How many children live in your household currently? _____

H. How many children do you have that are not part of this court order? _____

I. 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: _____

J. 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: _____

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

None Court Order Verbal Agreement:

L. 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 PARENT'S 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

CHILD CARE 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? \$ _____ per 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:

- | | |
|--|---|
| <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 |

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: _____