

DISTRICT COURT TRUSTEE
SEVENTH JUDICIAL DISTRICT
111 EAST 11TH STREET, UNIT 101
LAWRENCE, KS 66044-2966
785-832-5315
Fax: 785-838-2408

**Pro Se
Motion for Modification of Income Withholding Order**

1. **Fill out completely using typewriter or printed in black ink:**
 - a) Motion (with specific reasons)
 - b) Acknowledgment/certificate of mailing section
(signed before a Notary Public)

2. File the original and 5 copies of the motion with the Clerk of the District Court's Office. Write "Juvenile Judge Pro Tem" on the top of one of your copies.

3. The Clerk of the District Court will "file stamp" all copies, keep the original and copy marked "Juvenile Judge Pro Tem," and give you back the additional copies. You must send by first class mail a "file-stamped" copy of your Motion to the Petitioner/ Respondent and his/her attorney of record, and **send/bring a copy to:**

<p>District Court Trustee Office Judicial Center 111 East 11th Street, Unit 101 OR Lawrence, KS 66044 (If you have a case open with the Court Trustee)</p>	<p>Kansas Child Support Services 120 SE 6th Street, Ste 106 Topeka, KS 66603 (If you have a case open with the DCF office)</p>
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4. When the Juvenile Judge Pro Tem receives a copy of your motion, you will be notified by mail of your hearing date and time.

5. **IT IS UP TO YOU** to get the correct papers filed in order for your case to go forward on its assigned hearing date and time.

PLEASE REMEMBER!! A copy of all paperwork that you have filed with the Clerk of the District Court needs to be given to the Court Trustee Office or DCF at the address indicated above if you currently have an open enforcement case with them.

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of _____)
 _____)
 and Petitioner, _____) Case No. DG _____
 _____) Division _____
 Respondent. _____)

MOTION FOR MODIFICATION OF INCOME WITHHOLDING ORDER

I, _____, the judgment debtor in the above-captioned case, request that a modified income withholding order be issued to the employer/payor listed below for the following reason:

Name of Employer/Payor: _____
 Address: _____

Income is modified to be withheld as follows:

\$ _____ per month, to be applied:
 \$ _____ per month for current support
 \$ _____ per month for past due support

 (Your signature)
 Address: _____

 Phone: _____

ACKNOWLEDGMENT

State of Kansas)
)
 County of _____) ss.

This instrument was subscribed and sworn to before me on _____.

My term expires: _____

 Notary Public

CERTIFICATE OF MAILING

The above Motion for Modification of Income Withholding Order has been sent by First Class Mail to (Petitioner/Respondent), their attorney of record, and the Court Trustee/DCF office at the following addresses:

DATE: _____

 (Your signature again here)

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of:)
)
_____,)
and)
)
_____.)
_____)

Case No. DG
Division _____

Proceeding under K.S.A. Chapter 23

REQUEST FOR SERVICE OF INCOME WITHHOLDING ORDER MODIFICATION

TO THE CLERK OF THE DISTRICT COURT:

The attached income withholding order modification is being submitted for approval and order by the Court, affecting the income of _____. Upon approval and order, please have a copy of this income withholding order modification, along with the appropriate notice and answer forms, served upon debtor's employer:

(Insert your name)

(Employer name and address)

- Certified mail, return receipt requested.
- Special Process Server authorized by K.S.A. 60-603 or appointed by local rule.
- HOLD SERVICE, no employment known at this time.

Dated: _____

(Your name)

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of:)
)
_____,)
and)
)
_____.)
_____)

Case No. DG
Division _____

Proceeding under K.S.A. Chapter 23

INCOME WITHHOLDING ORDER MODIFICATION

On this ____ day of _____, 20____, it is ordered that this income withholding order shall be binding upon the debtor's present employer or other payor of income and upon any subsequent employer or payor upon whom it is served, and that:

1. This order shall be served on the employer or payor of the debtor, (Your name) _____, Social Security Number, _____, with the notice and answer forms appropriate to the nature of the periodic payments made to the debtor by the employer or payor. Initial service of the order will be upon debtor's (choose one):

employer payor other than employer

2. An employer or payor (including a self-employed debtor) who is served a copy of this order shall withhold from debtor's disposable income (or from payments otherwise owed to the debtor) as follows;

\$_____ per month to be applied as:
 \$_____ per month for current support.
 \$_____ per month for past due support.

Withholding by an employer is subject to the limitation given in paragraph 3 below. Paragraph 3 does not apply if withholding is from income other than earnings.

3. If withholding is from earnings, the total withheld from disposable income shall be prorated over all pay periods within each month and cannot be more than (choose one):

50% 55% 60% 65%

4. Until further order of the court, the employer or payor shall continue withholding from the debtor's income as instructed. Notice and instructions concerning the rights and duties of the employer or payor are stated on the accompanying notice and answer forms and are incorporated by reference into this order.

5. The employer or payor shall return a completed copy of the attached answer to the court at the address given in the answer packet when the first payment is sent, or as soon as possible if no income is withheld.

6. All payments shall be identified with the debtor's name, the court case number, and the county identifier. Unless otherwise instructed on the answer form, payments from the employer or payor shall be sent and made payable to:

Kansas Payment Center
P.O. Box 758599
Topeka, KS 66675-8599

The Kansas Payment Center shall credit payments to the debtor's record and forward the payments to the appropriate person or office.

7. Nothing in this order shall be construed as a restriction, restraint, or bar to other means of collecting past due support, if any.

JUVENILE JUDGE PRO TEM

Prepared by: (Your name & address)

EMPLOYER/PAYOR: PLEASE NOTE THE DATE THIS ORDER WAS SERVED ON YOU
Withholding must begin no later than 14 days after the date of service.

CLERK'S INSTRUCTIONS: Attach the appropriate notice, answer and change of address forms to the income withholding order.