

## 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)



**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

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

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

Case No. DG  
Division \_\_\_\_\_

**RETURN OF SERVICE FOR CERTIFIED MAIL**

State of Kansas )  
County of Douglas )

ss.

The undersigned, being duly sworn, states: I have served a Motion for Modification of Child Support and Notice of Hearing on the Petitioner/Respondent, and their attorney of record, if any, and the following Return for Receipt of Service was served on the litigant by certified mail on \_\_\_\_\_, 20\_\_, at the time and place as listed on the attached card.

**(When you receive the signed green card back from the other party, tape it here.)**

\_\_\_\_\_ Check here if service by certified mail was refused. (If refused, I certify that I sent a true copy of the motion by first-class mail after the certified letter was refused.)

\_\_\_\_\_  
*Your signature* *Pro se*

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My commission expires:

**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:

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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 \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
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**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: \_\_\_\_\_  
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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)  
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- I receive \$ \_\_\_\_\_ each month Social Security benefits for a child on this case.

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Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Position or Title: \_\_\_\_\_

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*Explain:* \_\_\_\_\_

The other parent has \$ \_\_\_\_\_ income from other sources (side business, odd jobs, investments, etc.).  
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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:

---

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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: \_\_\_\_\_