

Instructions for Divorce – With Children

Only Pro-Se forms from our website will be accepted- www.dc18.org

**Read Directions Completely – Please Type or Print Neatly
COURT STAFF CANNOT PROVIDE ASSISTANCE OR ADVICE IN
COMPLETING FORMS**

**Only single-sided documents are accepted. DO NOT print double
sided**

CONTENTS: Instructions (4 pages);
Civil Information Sheet (1 page);
Petition (4 pages);
Kansas Payment Center Sheet (1 page);
Temporary Order (8 pages);
Temporary Parenting Plan (7 pages);
Domestic Relations Affidavit (7 Pages);
Child Support Worksheet (2 pages);
Order to Attend Solid Growth Parenting Workshop (1 page);
Notice of Intent to Appear (2 pages);
Entry of Appearance & Waiver of Service (1 page);
Summons (1 page);
Decree of Divorce (8 pages); and
Certificate of Divorce or Annulment (1 page)

Caution: Use of forms without the assistance of a lawyer could harm your legal rights. You may want to have a lawyer review your completed forms before you file them with the court. These are basic forms and may not cover every situation.

1. Petitioner: Complete the Civil Information Sheet (Person Filing Petition will always be designated the Petitioner; Respondent is person who has been filed against and will always be designated the Respondent)

Items 2 through 5: No line can be blank. If it states Husband/Wife you must circle whatever is applicable.

2. Petitioner: Complete the Petition except for the case and court numbers. (Paragraph 7 may be omitted). **Sign the Petition in front of a Notary.**

3. Petitioner: Complete the Temporary Order and the Kansas Payment Center Sheet.

4. Petitioner: Complete the Temporary Parenting Plan.

5. Petitioner: Complete Rule 401 Affidavit for Ex Parte Temporary Order. **Sign in front of a Notary.**

6. Petitioner: Complete the Domestic Relations Affidavit—this can be filled out by both parties together for filing or separately. **Sign in front of a Notary.**
7. Petitioner: Complete Child Support Worksheet.
8. Petitioner: Prepare the Order for Solid Growth Parenting Workshop. **Enrollment fee of \$60.00 must be paid at time of filing case (Cash or Money Order only).** This workshop must be attended by the Petitioner prior to the final decree being approved. No post-judgment motion filed by the Respondent shall be heard until the Respondent has completed the workshop.
9. Petitioner: Prepare the Notice of Intent to Appear with your case caption at the top.
10. Petitioner: Prepare the Entry of Appearance and Waiver of Summons with your case caption at the top.

**PETITIONS/TEMPORARY ORDERS/DOMESTIC RELATIONS AFFIDAVITS
TEMPORARY PARENTING PLANS/CHILD SUPPORT WORKSHEETS
SOLID GROWTH PARENTING WORKSHOP ORDERS CAN BE BROUGHT
FOR APPROVAL TO THE 4th FLOOR ON WEDNESDAY AND THURSDAY
AFTERNOONS BETWEEN 1:30 P.M. AND 3:30 P.M.**

11. File the original and 2 copies of Items 2 through 9 with the Clerk of the District Court (7th floor of the Sedgwick County Courthouse). Copies can be made on the 7th floor for a fee.

The filing fee is \$197.00. It can be paid by money order, cashier's check, cash or personal check. **NOTE: If you obtain DCF benefits, you must prepare a third copy to file. It will be your responsibility to provide the third file stamped copy to your social worker.**

12. Obtain case and court numbers from the Clerk of the District Court when you file.

13. **You are required to serve the other party with copies of the pleadings and give them notice of the divorce action.** Service can be accomplished by: waiver, sheriff's service, special process server, certified mail-return receipt or by publication.

a) **By Waiver:** Respondent completes the Entry of Appearance and Waiver of Service and **signs it in front of a Notary or Deputy Clerk.** If the Respondent is given a copy of the Petition before it is filed he/she may complete and sign (**notarized**) the Entry of Appearance and Waiver of Service and it may be filed at the same time as the Petition.

b) **By Sheriff's Service:** Complete a Summons provided with this packet. File it along with a \$15.00 money order, cashier's check or cash payable to (*Name of County where service will take place*)_ County Sheriff's Office. The Clerk will issue the paperwork to the Sheriff's Office.

c) **By Special Process Server:** Petitioner should look in the yellow pages of the

phone book under “Process Servers.”

d) **By Mail:** Complete a Summons provided with this packet and mail it along with a copy of Items 2 through 9 to Respondent. Mail the paperwork by certified mail– return receipt requested. The form: Return of Service for Certified Mail, **must** be filed with the Clerk of the District Court after service by certified mail (green card) is returned to you. **Respondent must sign for documents.**

e) **By Publication:** If the Respondent cannot otherwise be located, service on the Respondent can be obtained by publication. To obtain service by publication, Petitioner can pick up the appropriate forms from the Clerk.

SECOND PHASE—NO SOONER THAN 60 DAYS AFTER THE FILING OF THE INITIAL PETITION

14. **NO SOONER** than sixty (60) days **after** the filing of the Petition, the Decree of Divorce **must be filled out completely** and signed by the parties. NOTE: The parties do not have to sign the Decree in front of a Notary, and they may sign the Decree individually or together, and they may sign it either before or after Petitioner has brought the Decree to the courthouse.

15. A Permanent Parenting Plan must be filled out and signed by the parties. NOTE: The parties do not have to sign the Permanent Parenting Plan in front of a Notary, and they may sign the Plan individually or together, and they may sign it either before or after Petitioner has brought the Plan to the courthouse.

16. Solid Growth Parenting Workshop Certificate needs to already be on file, or you may bring it with you to court to provide proof of attendance.

17. Petitioner: Complete a Certificate of Divorce as it must be filed with the Clerk of the District Court at the time you file your Decree.

18. Petitioner: Complete the Affidavit of Petitioner and **sign it in front of a notary.** This Affidavit must be presented with the completed Decree of Divorce.

19. Decree of Divorce can be brought to the 4th Floor for approval on Wednesday and Thursday afternoons between 1:30 pm and 3:30 pm.

20. After getting approval, you will proceed to the 7th Floor, Family Law Clerks Office to file your paperwork.

21. File the original Decree, Affidavit, Permanent Parenting Plan, Solid Growth Parenting Workshop Certificate (if not already filed) and the Certificate of Divorce with the Clerk of the District Court.

After the Judge has signed your Decree, make two copies of the Decree and the Permanent Parenting Plan--one copy for yourself and you must mail one copy to the Respondent. If there is Title to Real Estate Involved, you must file two extra copies of the Decree with the Clerk of the District Court.

NOTE: If you are obtaining SRS assistance, you must prepare one extra copy to file, have it file stamped and provide this copy to your SRS social worker. If you choose to have the Court Trustee collect your support payments, you must prepare one extra copy to file, have it file stamped and provide this copy to the Court Trustee when you make your appointment with them.

Additional District Court Clerk Fees That May Apply:

.25 Copies per page

1.00 Certified Copy of Paperwork

12.50 Garnishments

62.00 Motion Filing Fee

ATTENTION: If Divorce is not completed within 120 days, your case may be dismissed after proper notice from the Courts at the address provided by Petitioner at the time of filing.

EXHIBIT A

For Office Use Only

CIVIL COVER SHEET

The civil information 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 (Click or mark in one circle only - 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
REAL PROPERTY
Eminent Domain
Mortgage Foreclosure
Other Real Property
STATE TAX WARRANT
MISCELLANEOUS
60-1507
Habeas Corpus
Other Writs
OTHER CIVIL
SMALL CLAIMS
DOMESTIC
MARRIAGE DISSOLUTION/DIVORCE
OTHER DOMESTIC RELATIONS
PROTECTION FROM ABUSE
NON-DIVORCE SUPPORT, CUSTODY OR VISITATION
PROTECTION FROM STALKING
PATERNITY
UIFSA
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
ADOPTION
OTHER PROBATE / ESTATE
CARE AND TREATMENT

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/ATORNEY 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:
SSN: DOB
DL OR STATE ID NO: State and Number
ALIAS NAMES USED:

DEFENDANT /OTHER PARTY INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)
NAME:
ADDRESS:
PHONE: SEX:
SSN DOB
DL OR STATE ID NO: State and Number
ALIAS NAMES USED:

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

ATTORNEYS (if known)
(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 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

**PETITION FOR DIVORCE
(With minor child(ren) of this marriage)**

1. Petitioner is now and has been a resident in the State of Kansas for more than sixty (60) days before this Petition is filed and is currently a resident of Sedgwick County, Kansas.

2. Respondent is now living at:

Street address: _____

City, state, zip: _____

Telephone: _____

3. Petitioner and Respondent were married on the following date: _____, _____ (marriage date and year) in the following city and state: _____, and have been married since that date.

4. Petitioner and Respondent should be divorced because they are incompatible, and they are no longer able to live together.

5. That venue in Sedgwick County, Kansas, is proper, and this Court has jurisdiction over both parties hereto and the subject matter herein.

6. There were _____ child(ren) born during this marriage. The names and dates of birth of the living child(ren) now under eighteen years of age are:

Full Name of Child

Sex

Birth Date and Age

<u>Full Name of Child</u>	<u>Sex</u>	<u>Birth Date and Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEE ATTACHED LIST FOR ADDITIONAL CHILDREN IF NEEDED: Yes No

7. In the absence of an agreement between Husband and Wife, the Court should determine the appropriate legal custody for the parties' child(ren) and an appropriate schedule of parenting time with each parent.

8. Petitioner states the following information regarding the parties' minor child(ren) as required by the Uniform Child Custody Jurisdiction and Enforcement Act:

a. The present address at which the child(ren) live is: _____
_____ (address, city, state).

b. During the past five years before this Petition was filed, the child(ren) lived at the following addresses with the adults listed:

<u>From</u> <u>Date</u>	<u>Until</u> <u>Date</u>	<u>City &</u> <u>State</u>	<u>Name, Address & Relationship of</u> <u>Custodian Then Living With Child(ren)</u>
----------------------------	-----------------------------	-----------------------------------	--

c . Have there ever been any other court cases, past or current, in this state or any other, regarding the custody of the minor child(ren)?

Yes No

If other case(s) exist, please list below:

City & State Court Case Number

9. The Court should determine what amount of child support is due as required by law. This Court has jurisdiction to make an order for the support and education of the living minor child(ren), and jurisdiction to make a child custody decree under the provisions of the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA).

10. That Petitioner and Respondent have obtained property and debt during their marriage which should be distributed between the Petitioner and Respondent as they may agree, or if they are not able to agree, in such a manner as the Court may decide.

WHEREFORE, Petitioner prays that upon final hearing Petitioner be granted a divorce; that the property and debt of the parties be distributed between them; that jurisdiction over spousal maintenance be reserved; that orders relating to custody, parenting time and child support be made; and, that the Court issue such other orders as are appropriate.

Petitioner Pro Se (signature)
Street Address: _____
City, State, Zip: _____
Telephone: _____

VERIFICATION

STATE OF KANSAS
(COUNTY OF SEDGWICK) ss.

I swear or affirm, under penalty of perjury, that I am the Petitioner in this case, and that the statements made in this Petition are true.

Executed this _____ day of _____, 2____.

_____ Petitioner, Pro Se

SUBSCRIBED AND SWORN to before me, a Notary Public, this _____ day of _____, 2____.

Notary Public
My appointment expires: _____

KANSAS PAYMENT CENTER CHILD SUPPORT ORDER INFORMATION SHEET

Purpose: Federal law requires Kansas to process child support through a single location in the state. To insure that processing of child support payments is not delayed, the KPC must have all information listed on the form below.

Who submits the completed form: The payee's attorney shall file the completed form along with the Journal Entry with the Clerk of the District Court per Kansas Supreme Court Administrative Order No. 154.

Case Number: You must give the full, accurate court order number, or payments may be delayed. The case number may be copied from the child support order. The case number format is as follows:

	County	Year	Case Type	Case Number
Example: SG 00D 000123	(SG)	(00)	(D)	(000123)

Please call your local Clerk of the District Court if you need additional information to complete this form.

THIS FORM MUST BE ATTACHED TO THE ORDER AND FILED WITH THE CLERK OF THE DISTRICT COURT.

PLEASE print or type all information.																																							
Case No.: SG _____ Interstate Circle One <input type="radio"/> Y <input type="radio"/> N	Check if applicable: <input type="checkbox"/> Court Trustee Case	Check one: <input type="checkbox"/> New case/order <input type="checkbox"/> Modified order Filestamp Date of Order (above):																																					
Obligation Information <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: right;">Support</td> <td style="width: 10%; text-align: right;">Amount</td> <td style="width: 10%; text-align: right;">Frequency</td> <td style="width: 10%; text-align: right;">Code</td> <td style="width: 10%; text-align: right;">Start</td> <td style="width: 10%; text-align: right;">Date</td> </tr> <tr> <td>Current Child support due:</td> <td style="text-align: right;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Current Maintenance (Alimony) due:</td> <td style="text-align: right;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other support due:</td> <td style="text-align: right;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				Support	Amount	Frequency	Code	Start	Date	Current Child support due:	\$	_____	_____	_____	_____	_____	Current Maintenance (Alimony) due:	\$	_____	_____	_____	_____	_____	Other support due:	\$	_____	_____	_____	_____	_____		\$	_____	_____	_____	_____	_____	Payment Frequency Codes (W) Weekly (B) Biweekly (M) Monthly (SM) Semi-monthly (Q) Quarterly (A) Annually (SA) Semi-Annually (L) Lump Sum	
	Support	Amount	Frequency	Code	Start	Date																																	
Current Child support due:	\$	_____	_____	_____	_____	_____																																	
Current Maintenance (Alimony) due:	\$	_____	_____	_____	_____	_____																																	
Other support due:	\$	_____	_____	_____	_____	_____																																	
	\$	_____	_____	_____	_____	_____																																	
Information about the PAYING parent																																							
NAME: (First, Middle Initial, Last):																																							
Social Security Number:	Date of Birth:	Phone:																																					
Address:	City:	State:	Zip:																																				
Name of Employer:		Employer's Phone:																																					
Employer Address:	City:	State:	Zip:																																				
Information about the parent or person RECEIVING support																																							
NAME: (First, Middle Initial, Last):																																							
Social Security Number:	Date of Birth:	Phone:																																					
Address:	City:	State:	Zip:																																				
Name of Employer:		Employer's Phone:																																					
Employer Address:	City:	State:	Zip:																																				
Information about the Third Party Payee																																							
NAME: (First, Middle Initial, Last):																																							
Social Security Number:	Date of Birth:	Phone:																																					
Address:	City:	State:	Zip:																																				
Information about the CHILD(REN) covered by this support order:																																							
NAME (First and Last)	Social Security Number:	Date of Birth:																																					
1.																																							
2.																																							
3.																																							
4.																																							

Form Completed By: _____ Date: _____

NOTE: NOTIFY THE COURT TRUSTEE'S OFFICE IF THE ABOVE INFORMATION CHANGES.

**IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

**RULE 401 AFFIDAVIT FOR EX PARTE TEMPORARY ORDER
(with children)**

_____, of lawful age, states under oath:

1. _____ That I have moved out of the marital residence
_____ That the Respondent has moved out of the marital residence
_____ That neither party has moved out of the marital residence
2. _____ That I have alternative housing available
_____ That the Respondent has alternative housing available
_____ That neither party has alternative housing available
_____ That both parties have alternative housing available
3. _____ That I do not have financial resources to obtain alternative housing
_____ That the Respondent does not have financial resources to obtain alternative housing.
_____ That both parties have financial resources to obtain alternative housing
4. _____ That I have the following health conditions: _____
_____ That the Respondent has the following health conditions: _____
_____ That neither party has health conditions
5. That I am:
_____ employed full time
_____ employed part-time
_____ a stay at home parent
_____ unemployed
- That my spouse is:
_____ employed full time
_____ employed part-time
_____ a stay at home parent
_____ unemployed

6. _____ That sole legal custody of the minor child(ren) is not requested
7. _____ That I currently have residential custody of the minor child(ren)
 _____ That the Respondent currently has residential custody of the minor child(ren)
 _____ The Respondent and I currently have residential custody of the minor child(ren)
8. _____ That I have left the marital residence with the minor child(ren)
 _____ That I have left the marital residence without the minor child(ren)
 _____ That Respondent has left the marital residence with the minor child(ren)
 _____ That Respondent has left the marital residence without the minor child(ren)
 _____ That neither party has left the marital residence
9. _____ That the child(ren) has/have special needs, which I have been providing
 _____ That the child(ren) does/do not have special needs

 Petitioner

STATE OF KANSAS

ss.

SEDGWICK COUNTY

BE IT REMEMBERED that on this _____ day of _____, 20___, before me a Notary Public, in and for said County and State, personally appeared, who is personally known to me to be the same person who executed the foregoing instrument, and duly acknowledged the execution of the same

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year last above written.

 NOTARY PUBLIC
 My appointment expires: _____

IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

TEMPORARY ORDER
(With minor child(ren) of this marriage)

NOW on this _____ day of _____, 20____, comes the Petitioner, _____, (who is hereinafter designated as "**Husband/Wife**" or "Petitioner") and hereby requests that the Court issue proper orders so that Petitioner and Respondent, _____, (who is hereinafter designated as "**Husband/Wife**" or "Respondent"), may temporarily live separate and apart from each other and make orderly provisions for the period of time until dismissal of this action, further order of this Court, or trial of this case. After reviewing the Court file and hearing statements of counsel, the Court ORDERS, ADJUDGES and DECREES:

I. RESIDENCY

1. This Temporary Order applies to the following child(ren):

Full Name of Child

Sex

Birth Date and Age

<u>Full Name of Child</u>	<u>Sex</u>	<u>Birth Date and Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: Yes No

A. LEGAL CUSTODY

1_____ The parties are granted joint legal custody of the minor child(ren) and shall consult with each other concerning decisions about the minor child(ren).

2_____ The Mother is granted sole legal custody of the minor child(ren) for the following reasons: _____

3_____ The Father is granted sole legal custody of the minor child(ren) for the following reasons: _____

B. RESIDENCY

1_____ The mother shall have primary residency.

The father shall have parenting time as set forth in the Temporary Parenting Plan filed herewith which is incorporated into this order as thought set forth in full.

2_____ The father shall have primary residency.

The mother shall have parenting time as set forth in the Temporary Parenting Plan filed herewith which is incorporated into this order as thought set forth in full.

3_____ The parties shall have shared residency, with each parent having equal or nearly equal blocks of parenting time as set forth in the Temporary Parenting Plan filed herewith which is incorporated into this order as though set forth in full.

C. Removal of the child(ren) from this State without permission of the Court is prohibited unless otherwise agreed in writing between the parties.

D. HOLIDAY SCHEDULE

The parties shall share the holidays as set forth in the Temporary Parenting Plan filed herewith which is incorporated into this order as thought set forth in full.

II. CHILD SUPPORT

A. _____. **Husband** _____ **Wife** is ordered to pay _____ per month commencing _____ as and for support for the minor child(ren) of the parties. Said support shall be paid through the Kansas Payment Center at the address, which is set out below in Article IV.

The parties shall share all medical and dental expenses of the minor child(ren) which are not reimbursed or otherwise paid by health or dental insurance policies covering said child(ren) based on the relative percentage of the parties as stated on line D 2 of the Child Support Worksheet. This percentage payment is in addition to the child support obligation of both parties and the Court shall have jurisdiction to enter appropriate orders on this matter but payments made for these obligations need not be made through the Kansas Payment Center. However, the responsibility of proper record keeping of expenses and payments shall be upon the party making claims of either expense or payment.

B. _____. **Child Support Rights have been assigned to DCF**

III. SPOUSAL MAINTENANCE

A. _____. **Not Applicable**

B. _____. **Husband** _____ **Wife** is ordered to pay _____ per month as and for spousal maintenance of **Husband/Wife** beginning _____. Said obligation shall terminate upon the death of either Husband or Wife. Said support shall be paid through the Kansas Payment Center at the address listed in Article IV.

IV. ADDRESS FOR PAYMENTS AND ROLE OF COURT TRUSTEE (CHECK ALL THAT APPLY)

A. _____. Not Applicable as to Spousal Support

B. _____. Spousal Support Payments

C. _____. Child Support Payments

D. _____. Child Support Rights have been assigned to DCF

The address for support payments is as follows:

Kansas Payment Center

Box 758599

Topeka, KS 66675 8599

The case number shown on the first page of this order shall be placed on all checks or money orders and said checks or money orders shall be made payable to the Kansas Payment Center and include the county designation (SG).

The Kansas Payment Center shall forward said payments to **Husband/Wife** at _____(city, state, zip) and it shall be the responsibility of **Husband/Wife** to inform the Clerk of any change in address.

No Court Trustee commission shall be credited for payments under the temporary order.

COLLECTION OF UNPAID SUPPORT

Should the payor fail to be current with the support obligations as set out herein so that there is an arrearage in an amount equal to or greater than the amount of support payable for one month or two months if only spousal support is ordered, an income withholding order shall be issued by the Court upon proper application. The income withholding order shall require any payor of income to the party in arrears to withhold income from each pay period in the necessary and lawful amounts to pay the current support obligation and to reduce the accrued arrearage.

The above orders for support may be enforced by garnishment unless the **Husband/Wife** requests a hearing to contest the issuance of an Order of Garnishment within seven (7) days after the service of the within order of support upon **Husband/Wife**.

V. RESIDENCE

A. _____ Not Applicable because parties are already separated.

B. _____ **Husband** _____ **Wife** shall have the temporary possession of the residence located at _____

_____ (city, state, zip) and the other parent shall have vacated the said residence within twenty four (24) hours after the service of this Order.

The **Husband/Wife**, _____ (name of person leaving dwelling), is granted the right to remove from the dwelling personal effects necessary for personal hygiene and personal clothing for the **Husband/Wife** and for any child(ren), as listed above in Article I, in the **Husband's/Wife's** primary residency.

Husband/Wife is hereby given notice that their return to said residence without the permission or upon the invitation of **Husband/Wife** could be considered a Criminal Trespass under K.S.A. 21 3721 and appropriate municipal ordinance, for which he or she could be prosecuted.

If **Husband/Wife** has not voluntarily vacated this dwelling after twenty four (24) hours of being served with the Temporary Orders, then any duly authorized law enforcement officer of the State of Kansas is requested to use reasonable and necessary means to evict **Husband/Wife** from this dwelling.

VI. PERSONAL PROPERTY

A. Husband shall remain in temporary possession of the following items of property:

All Personal Property now in his possession

Vehicle (describe):

The following items of personal property in the residence:

B. Wife shall remain in temporary possession of the following items of property:

All Personal Property now in his possession

Vehicle (describe):

The following items of personal property in the residence:

C. All duly authorized law enforcement officers of the State of Kansas are requested to use reasonable and necessary means to prevent **Husband/Wife** from interfering with the **Wife's/Husband's** removal of his/her personal clothing and such personal effects as set forth herein.

VII. DEBTS

A. _____ The parties have no joint debts.

B. Husband shall be temporarily responsible for the periodic payment of the following joint debts:

(Description of loan)	(Bank/Lender)	(Approx. Amount)
Vehicle loan:		

C. Wife shall be temporarily responsible for the periodic payment of the following joint debts:

(Description of loan)	(Bank/Lender)	(Approx. Amount)
Vehicle loan:		

D. Each party shall be responsible for their individual debts and obligations incurred after the date the Petition herein is filed.

VIII. RESTRAINT

The parties are jointly restrained and enjoined from molesting or interfering with the privacy or rights of each other in any manner. Furthermore, they are restrained from disposing, encumbering or changing the nature of any property of the parties or of each of them without prior Court approval other than for reasonable living expenses or attorney fees.

In addition, the parties are restrained and enjoined from canceling any utility services and/or deposits or canceling or modifying (including changing beneficiaries) of any existing pension benefits, medical, health, automobile, homeowner's or renter's, life, or disability insurance coverage's involving any family members or their property.

IX. RECONCILIATION

In event of a reconciliation of the parties before trial, the filing party shall promptly notify his or her attorney, or if petitioner does not have an attorney, shall promptly prepare and present to this Court a Journal Entry of Dismissal.

X. ENFORCEMENT

Nothing in this Temporary Order shall be construed as a final decision concerning the property or rights of either party. The ultimate decision relating to all such matters will be made at the time of trial. This Temporary Order shall remain in effect until the trial of this case unless modified by the Court upon the motion of either party.

DISOBEDIENCE OF THIS ORDER OF THE COURT IS PUNISHABLE AS INDIRECT CONTEMPT OF COURT AND MAY BE PUNISHED BY CONFINEMENT IN JAIL.

Any duly authorized law enforcement officer of the State of Kansas is directed to use reasonable and necessary means to enforce the provisions of this Temporary Order.

XI. HEARING

Respondent may appear before this Court at 1:30 pm on any Monday, or at 9:30am or 1:30pm on Tuesday, on the 4th floor of the Sedgwick County Courthouse, 525 North Main, Wichita, Kansas, for the purpose of modifying any of the orders contained herein.

If **Respondent** intends to appear, the other parties' attorney, or if not represented, the other party, must be notified by **Respondent** by completing and filing a **Notice of Intent to Appear** and a verified **Domestic Relations Affidavit** and **Child Support Worksheet** with the Clerk of the Court and by serving a copy of those forms to the other parties' attorney, or if not represented, to the other party, not later than seven (7) business days before the time specified for the court hearing.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

APPROVED:

Petitioner, Pro Se

IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

_____ TEMPORARY PARENTING PLAN
_____ PERMANENT PARENTING PLAN

COMES NOW, the **(Mother)** **(Father)** **(Both Parties)**, and submits the following (proposed plan) (agreed plan of the parties) pursuant to K.S.A. 23-3211, et seq:

1. This parenting plan applies to the following child(ren):

Full Name of Child

Sex

Birth Date and Age

<u>Full Name of Child</u>	<u>Sex</u>	<u>Birth Date and Age</u>

SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: Yes No

2. **A. ___ Joint Legal Custody**—Both parents are fit and proper persons to have joint legal custody of the minor child(ren). It is in the best interest of the child(ren) that the parties jointly share in the care of the child(ren). The term “joint legal custody” means that both parents have equal rights and responsibilities regarding their child(ren) and that neither parent’s rights are superior to the other parent’s.

B. ___ Sole Legal Custody—Joint legal custody is not in the best interests of the child(ren). The parent granted sole legal custody has the primary right to decide matters regarding matters of health, education and welfare in the child(ren)’s best

interests. The parent not granted sole legal custody may make emergency decisions affecting the health or safety of the child(ren) when the child(ren) is in that parent's physical care and control. The grant of sole legal custody to one parent does not deprive the other parent access to information regarding the child(ren) unless the Court shall so order, stating the reasons for that determination.

Sole legal custody is granted to _____Mother____Father for the following reasons:

_____ Agreement of the parents

_____ The other parent is unable or should not be allowed to exercise any decision-making

_____ There is such a high level of disagreement between the parents that one parent needs to be designated as the primary decision marker for the best interests of the child(ren) to be served.

_____ There is a danger to the child(ren)

_____ The ____Mother____Father cannot be located

C. Restriction of Information Regarding the Child(ren) to Non Legal Custodian

_____ Not necessary at this time

_____ The _____Mother_____Father is restrained from access to information regarding the child(ren) for the following specific reasons (such as agreement of the parties or serious danger to the child(ren) stating the specific reasons for a determination that the non- custodial parent should be restricted from access to information regarding the child(ren): _____

3. RESIDENCY

The parties adopt the following residency plan:

_____ **PRIMARY RESIDENTIAL** parent is _____Mother____Father, and shall have all weekdays and weekends not specifically set forth below.

OR

_____ **SHARED RESIDENCY**, with each parent having equal or nearly equal time and blocks of parenting time.

The parenting plan is as follows (COMPLETE ONLY 1 BOX)

If a PRIMARY RESIDENTIAL parent is designated, the Parenting Time for non-primary parent shall be:

A. ____ on a reasonable basis.

B. ____ the specific parenting time as follows:

Weekdays: From _____ at ____ .m. to _____ at ____ .m. starting on the _____ day of _____, _____.

Weekends: From _____ at ____ .m. to _____ at ____ .m. starting on the _____ day of _____, _____.

If SHARED RESIDENCY is used, the parenting schedule will be:

____ Week to week, with exchanges taking place on _____ (day of week) at _____ (time), at _____ (location).

OR

____ The parents will have the children on the following days:

Mom: From _____ at ____ .m. to _____ at ____ .m. on these days: _____

Dad: From _____ at ____ .m. to _____ at ____ .m. on these days: _____

The parties will alternate weekends, from _____ until _____

OR

____ The parties adopt the following shared residency plan:

4. HOLIDAYS

- A. ___ The parties shall share holidays on a reasonable basis
- B. ___ The schedule below will govern holidays. Insert "Mom" or "Dad" in all holidays the parties want to schedule.

HOLIDAY	EVEN	ODD
Mother's Day	Mom	Mom
Father's Day	Dad	Dad
Fall Break		
Thanksgiving (Monday or on last day of school at 6:00 p.m. until Sunday at 6:00 p.m.)		
Christmas eve, from Dec. 24 th at 6:00 p.m. to Dec. 25 th at 10:30 a.m.		
Christmas Day, from Dec. 25 th at 10:30 a.m. to Dec. 25 th at 8:00 p.m.		
Spring Break (Fri after school 6:00 p.m. until Sun before school 6:00 p.m.)		
Easter		
Memorial Day		
July 4 th		
Labor Day		
Halloween		
Children's birthdays		

Holidays and special days specified above will have precedence over weekday and weekend visitation.

Holidays have priority over other special occasions.

There shall be no adjustment for "missed" weekends or weekdays due to interruption by specified holidays or special days. The parties are encouraged to compensate for missed weekends so that a parent will not go more than two weekends without having weekend parenting time.

5. Disputes between the parties, other than child support dispute, shall be submitted to:

mediation by: _____ or
 domestic limited case management by: _____

The costs of this process shall be allocated between the parties as follows:

Equally
or
 Based on each party's proportional share of income from line 6 of the Child Support Worksheets
or
 As determined in the dispute resolution process.

6. Changing of the Child(ren)'s Residence:

Removal from State or Change of Residence: Each party shall give the other written notice by restricted mail, return receipt requested, at his or her last known address not less than 30 (thirty) days prior to changing residence, or if the child(ren) is to be removed from the state of Kansas for in excess of ninety (90) days.

Notice of Removal or Change not Required: A parent is not required to give notice of removal from the state or change of residence to the other parent if the other parent has been convicted of a crime specified in Article 54 (crimes against persons), Article 55 (sex offenses), or Article 56 (crimes affecting family relationships and children) of Chapter 21 of the Kansas Statutes Annotated in which the child(ren) is the victim of such crime.

7. Transportation and transportation costs:

Responsibility for transportation and transportation costs, as it relates to parenting time, shall be as follows:

Transportation arrangements and costs shall be the responsibility of:

Parent Exercising Visitation
 Shared Equally

Exchange Point: The exchange point for the child(ren) shall be:

The home of the Mother Father
 Other: (Please specify) _____

8. Notice of Intent to Exercise or Not to Exercise Parenting Time:

___ The **Mother/Father (non-custodial parent)** shall notify the other parent _____ days in advance of the intent to **not** exercise scheduled parenting time. If notification is not given, the subject parenting time will be considered waived.

___ Except for extreme and exceptional circumstances, a parent is not required to wait for the other parent more than 30 minutes before the parenting time is considered waived.

___ Other:

9. Telephone and Mail Contact Between Parent and Child(ren).

___ **Telephone Contact:** Each parent is allowed reasonable telephone access to their child(ren) at reasonable hours without interference from the other parent.

Telephone contact with a child(ren) should not be used as an opportunity by either parent to discuss issues not related to the child(ren) with the other parent. When telephone contact is attempted to be made with the child(ren), the child(ren) should either have direct access to the telephone or the telephone should be given directly to the child(ren) with a minimum of conversation between the parents unless necessary for discussion of matters related to that contact. Any parent shall not refuse to answer the phone, turn off the phone or put call block on the line in order to deny the other parent telephone contact with the child(ren). Each parent shall supply the other parent with current telephone numbers, where the child(ren) may be found or is/are staying.

___ **Mail and E-mail Contact:** Each parent with whom the child(ren) is not then living should have unlimited ability to contact each other by use of either regular United States mail or electronic mail, if such an account is available. The parent seeking mail contact must provide self-addressed stamped envelopes for the child(ren) to use. If available, current e-mail addresses where the child(ren) may be contacted shall be supplied to both parents by each parent. Where possible, reasonable computer access shall be allowed.

10. Other Considerations and Agreements:

11. That this parenting plan is in the best interest of the minor child(ren)

12. That, when mutual decision making is designated but cannot be achieved, the parties shall make a good faith effort to resolve the issue through the dispute resolution process. If a parent fails to comply with a provision of this plan, the other parent's obligations under the plan are not affected unless specifically ordered by the Court.

13. This arrangement shall remain in effect until further Order of the Court.

IT IS SO ORDERED.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

Approved by:

Petitioner, Pro Se

Respondent, Pro Se

Address

Address

City, State, ZIP

City, State, ZIP

Telephone Number

Telephone Number

**IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

DOMESTIC RELATIONS AFFIDAVIT OF _____ (name)

1. Mother's Residence _____
 Mother's _____ XXX-XX-__ __ __
 Birth Month/Year Social Security Number Telephone
2. Father's Residence _____
 Father's _____ XXX-XX-__ __ __
 Birth Month/Year Social Security Number Telephone
3. Date of Marriage: _____
4. Number of Marriages: _____
 Mother _____ Father _____
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:

Child's name	Last 4 SSN	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.

Child's name	Last 4 SSN	Age	Custodian	Support Pmt	Paid or Rec'd

8. Mother is employed by _____

Father is employed by _____

(Name and address of employer)

with monthly income as follows:

A. Wage Earner	Mother	Father
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	Mother	Father
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. Estimated Tax Payments (Claim _____ exemptions)	\$ _____	\$ _____
7. Federal Income Tax	\$ _____	\$ _____
8. Kansas Withholding	\$ _____	\$ _____
9. Subtotal Deductions	\$ _____	\$ _____
10. Net Income (Line B.3. minus Line B.9.)	\$ _____	\$ _____

Pay period: _____

Mother

Father

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		
	Mother	\$ _____	_____
	Father	\$ _____	_____
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.)

A.	Mother	Father (Actual or Estimated)	(Actual or Estimated)
	Item		
1.	Rent (if applicable)*	\$ _____	\$ _____
2.	Food	\$ _____	\$ _____
3.	Utilities/services:		
	Trash Service	\$ _____	\$ _____
	Newspaper	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	Mobile 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	Mother (Actual or Estimated)	Father (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	
					Mother	Father
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
				Subtotal of Payments	\$ _____	\$ _____
				Total	\$ _____	\$ _____

C. Total Living Expenses

	Mother (Actual or Estimated)	Father (Actual or Estimated)
1. Total funds available to Mother and Father (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	Mother	Father
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____

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.

	Mother	Father
Long Distance Parenting Time Costs	\$ _____	\$ _____
Parenting Time Adjustments	\$ _____	\$ _____
Income Tax Considerations	\$ _____	\$ _____
Special Needs/Extraordinary Exp.	\$ _____	\$ _____
Support Beyond Age of Majority	\$ _____	\$ _____
Overall Financial Condition	\$ _____	\$ _____

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.

	Amount	Joint or Individual (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 obligor or obligors and obligees, balance due and rate at which payable; and, if secured, identify the encumbered property.

Debt Obligation	Obligor	Obligee	Balance Due	Payment Rate	Encumbered Property

18. 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>		
	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIANT

/s/ _____

VERIFICATION

State of _____, County of _____,

I swear or affirm under penalty of perjury that this affidavit and attached schedules are true and complete.

/s/ _____

Subscribed and sworn this _____ day of _____, 20____.

/s/ _____

Notary Public
My Appointment Expires:

**IN THE EIGHTEENTH JUDICIAL DISTRICT
DISTRICT COURT, SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

v.

Case No. _____

Pursuant to K.S.A. Chapter 23

CHILD SUPPORT WORK SHEET

A. INCOME COMPUTATION - WAGE EARNER	MOTHER	FATHER
1. Domestic Gross Income		
B. INCOME COMPUTATION - SELF EMPLOYED		
1. Self-employment Gross Income		
2. Reasonable Business Expenses	(-)	
3. Domestic Gross Income		
C. ADJUSTMENTS TO DOMESTIC GROSS INCOME		
1. Domestic Gross Income		
2. Court-Ordered Child Support Paid		
3. Court-Ordered Maintenance Paid		
4. Court-Ordered Maintenance Received		
5. CHILD SUPPORT INCOME		
D. COMPUTATION OF CHILD SUPPORT		
1. Child Support Income		
2. Proportion Shares of Combined Income (Each parent's income divided by combined income)		
3. Gross Child Support Obligation ** (Using combined income from Line D.1., find amount for each child and enter total for all children.)		
Age of Children	0-5	6-11
	12-18	
Number Per Age Category	_____	
Total Amount		



D C 1 8

*Cost of Living Differential Adjustment?	Yes	No		
*Multiple Family Adjustment?	Yes	No		
4. Health and Dental Insurance Premium				
5. Work-Related Child Care Costs (x + .25 x [x %] =				
6. Parents' Total Child Support Obligation (Line D.3 plus Lines D.4 and D.5)				
7. Parental Child Support Obligation (Line D.2 times Line D.6 for each parent)				
8. Adjustment for Insurance and Child Care (Subtract for actual payment made for items D.4 and D.5) (-)				
9. Basic Parental Child Support Obligation (Line D.7. Minus Line D.8.; insert on Line F.1 below)				
E. CHILD SUPPORT ADJUSTMENTS				
	N/A	APPLIC- ABLE	CATEGORY	AMOUNT ALLOWED
				MOTHER
				FATHER
1.			Long Distance Visitation Costs (+/-)	
2.			Parenting Time Adjustment (+/-)	
3.			Income Tax Considerations (+/-)	
4.			Special Needs (+/-)	
5.			Agreement Past Minority (+/-)	
6.			Overall Financial Condition (+/-)	
7.	TOTAL (Insert on Line F.2 Below)			
F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT				
1.	Basic Parental Child Support Obligation (Line D.9. from above)			
2.	Total Child Support Adjustments (Line E.7. From above) (+/-)			
3.	Adjusted subtotal (Line F.1 +/- Line F.2.)			
4.	Enforcement fee allowance (Applied only to Noncustodial parent) (Line F.3. x collection fee%) or (Monthly flat fee x .5)			
5.	NET PARENTAL CHILD SUPPORT OBLIGATION (F.3.+F.4.)			

Date Signed

Judge/Hearing Officer Signature

USE FORMULA BELOW FOR SHARED CUSTODY ONLY

Father's Obligation _____ ÷ 2 = \$ +\$0 expenses = \$0+\$0 Ct. Trustee
 Mother's Obligation _____ = \$0 Father pays Mother

		Multiplier	Share Clothing
Gross Obligation (line D3)	\$0 - \$4,690	13%	10%
Multiplier %	\$4,691 - \$8,125	15%	12%
Expense Adjustment	\$8,126 and up	18%	15%

**IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

WORKSHOP ORDER PURSUANT TO K.S.A. CHAPTER 23

Pursuant to K.S.A. 23-3214, the parties to this action are ordered to attend the following parent education class:

**Solid Growth Parenting Workshop
Sedgwick County Courthouse First Floor, Jury Room
525 North Main, Wichita, Kansas 67203 (parking in garage north of
Courthouse)
Enrollment: In person, 7th floor Family Law Clerk's Office or by mail.
Enrollment fee of \$60.00 must be paid at time of filing case.
Payment method: cash or money order. No personal checks or credit cards.**

**For questions or rescheduling a class call 316-660-5727
Classes are Thursdays 5:30 to 7:30 p.m. (schedules may vary for holidays
and availability)**

The Petitioner and Respondent shall attend the workshop. The Petitioner shall complete the workshop before the final order is approved. No post-judgment motion filed by the Respondent shall be heard until the Respondent has completed the workshop.

Enrollment in the workshop shall occur within ten (10) days after either filing this action or receiving notice of this action unless explicitly ordered otherwise by the Court.

NOTICE: If you are the Petitioner, your divorce will NOT BE FINALIZED until you have completed the above workshop.

Dated this _____ day of _____, 20____.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

**IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

NOTICE OF INTENT TO APPEAR

This is to notify you that I intend to appear to seek modification of the Temporary Order at: (check one):

1:30 pm Monday 1:30 pm Tuesday
 9:30 am Tuesday 9:30 am Monday (Both Parties Self-Represented Only)

on the ___ day of _____, 20___, at the fourth floor of the Sedgwick County Courthouse, 525 North Main, Wichita, Kansas, for the following reason(s): (Check all that apply, much check at least one) pursuant to K.S.A. 10-207(b).

PARENTING TIME CUSTODY RESIDENCY
 CHILD SUPPORT SPOUSAL SUPPORT
 PROPERTY DIVISION OTHER, PLEASE LIST _____

Husband/Wife (Respondent)

Address

Telephone Number

FILE ORIGINAL AND PAY PARENTING WORKSHOP FEE WITH CLERK OF THE DISTRICT COURT, 7TH FLOOR, SEDGWICK COUNTY COURTHOUSE, AND MAIL A COPY TO:

(NAME OF ATTORNEY FOR PETITIONER OR PETITIONER PRO SE)

(ADDRESS)

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, I mailed a copy of the above Notice of Intent to Appear to the Attorney or Petitioner Pro Se named above at the address given above by Certified Mail—Return Receipt Requested.

Husband/Wife (Signature)

NOTE: If temporary support and/or custody, residency or parenting time have been ordered in the temporary order, the Clerk shall not accept a request for modification of same without the accompanying documents required by Rules 406 & 407.

**IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

ENTRY OF APPEARANCE AND WAIVER OF SERVICE

COMES NOW the Respondent and voluntarily enters an appearance in this action. Respondent states that service of summons is waived and that Respondent acknowledges receipt of the Petition filed in this case, together with a copy of the proposed Decree of Divorce. Respondent agrees that this divorce action may be heard by the Court without any further notification to Respondent.

Respondent's signature
(Must be signed in presence of notary)

(Please print): Street Address: _____
City, State, ZIP: _____
Telephone number: _____

ACKNOWLEDGEMENT

STATE OF KANSAS)
COUNTY OF SEDGWICK) ss.

BE IT REMEMBERED that on this _____ day of _____, 20____, before me, a Notary Public, in and for said county and state, personally appeared the Respondent in this action, known by me to be the identical person who executed the foregoing instrument and acknowledged to me that he/she executed same as a voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have set my hand and affixed my seal, the day and year last written.

Notary Public My appointment expires: _____

IN THE EIGHTEENTH JUDICIAL DISTRICT
DISTRICT COURT, SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT

Plaintiff (s)

VS.

Defendant (s)

_____ **CASE NO.**

SUMMONS

To the above-named Defendant:

You are hereby summoned and required to serve upon _____, plaintiff's attorney, whose address is _____, a pleading to the petition which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the petition. Your pleading must also be filed with the court. As provided in subsection (a) of K.S.A. 60-213, and amendments thereto, your answer must state as a counterclaim any related claim which you may have against the plaintiff, or you will thereafter be barred from making such claim in any other action.

REASONABLE ACCOMMODATIONS WILL BE PROVIDED IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT.

Clerk of the District Court of Sedgwick County, Kansas



Dated _____

By _____, Deputy

RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served the within summons:

[1] **Personal Service.** By delivering on the ___ day of _____, a copy of the summons and a copy of the petition to each of the within-named defendants _____

[2] **Residence Service.** By leaving on the ___ day of _____, for each of the within-named defendants _____ a copy of the summons and a copy of the petition at the respective dwelling place or usual place of abode of such defendants with some person of suitable age and discretion residing therein.

[3] **Agent Service.** By delivering on the ___ day of _____, a copy of the summons and a copy of the petition to each of the following agents authorized by appointment or by law to receive service of process _____

[4] **Residence Service and Mailing.** By leaving a copy of the summons and a copy of the petition at the dwelling house or usual place of abode and mailing by first-class mail to each of the following defendants a notice that such copy has been so left _____

[5] **Certified Mail Service.** I hereby certify that I have served the within summons: (1) By mailing on the ___ day of _____, a copy of the summons and a copy of the petition in the above action as certified mail return receipt requested to each of the within-named defendants; (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:

By _____

[6] **Certified Mail Service Refused.** I hereby certify that on the ___ day of _____, I mailed a copy of the summons and petition in the above action by first-class mail, postage prepaid, addressed to _____ at _____

By _____

[7] **No Service.** The following defendants were not found in this county:

Dated: _____, 20____.

Sheriff

By: _____ Deputy

**IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

AFFIDAVIT OF PETITIONER
(With minor children of this marriage)

STATE OF KANSAS)
) ss:
SEDGWICK COUNTY)

I, _____, of lawful age, being first duly sworn on oath state:

1. That I am the Petitioner in the foregoing matter;
2. That I have read the Petition and it is true and correct to the best of my belief and knowledge;
3. That the division of property and debt is fair just and equitable, and that in arriving at this decision I have taken into consideration the value of all assets, length of marriage, and source of property and debt;
4. That I am hereby requesting the Court approve the Property division provided therein;
5. That the Permanent Parenting Plan is in the best interests of my minor child(ren);
6. That I hereby request the Court accept my testimony through this affidavit;
7. Further that I herein waive my right to a record.

FURTHER AFFIANT SAITH NAUGHT.

Petitioner

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public

My appointment expires: _____

IN THE 18TH JUDICIAL DISTRICT,
DISTRICT COURT SEDGWICK COUNTY, KANSAS
FAMILY LAW DEPARTMENT

IN THE MATTER OF THE MARRIAGE OF

_____ and _____

Case No. _____

Pursuant to K.S.A. Chapter 23

TITLE TO REAL ESTATE
Involved ___ Yes ___ No

**JOURNAL ENTRY OF JUDGMENT
AND DECREE OF DIVORCE
(With minor child(ren) of this marriage)**

NOW, on this _____ day of _____, 20__, the above matter comes before the Court for final hearing. Petitioner appears in person, pro se. Respondent **(does not appear) (appears in person) (appears through counsel)**, and does not contest these proceedings. Both parties consent to the waiving of a record. There are no other appearances.

WHEREUPON, after reviewing matters of record, and considering all of the pleadings, and otherwise being duly advised, the Court finds, orders and decrees:

1. The Petition in this case was filed on _____ (date).
2. More than sixty (60) days have passed since the filing of the Petition in this case.
3. Petitioner has been a bona fide resident of the State of Kansas for more than sixty (60) days preceding the filing of the Petition in this case
4. That the Respondent has received a copy of the Petition in this case by:

(CHECK ONLY ONE)

- ___ a) Written entry of appearance and waiver of summons;_
- ___ b) was served with summons by the Sedgwick County Sheriff;_
- ___ c) was served by special process server;_
- ___ d) was served with summons by certified-mail return receipt requested; or
- ___ e) was served by publication.

5. Service of process upon Respondent has been duly accomplished, and is valid, binding and legal in all respects, and is hereby approved by the Court.

6. This Court has jurisdiction over the parties to and the subject matter of this divorce matter. More specifically, this Court has jurisdiction over the minor child(ren) of the parties, and said child(ren) are not a subject of litigation in any other jurisdiction.

7. Venue in Sedgwick County, Kansas is proper.

8. Petitioner and Respondent were married on (date) _____, and have been married since that date.

9. Petitioner and Respondent are incompatible, and they are hereby divorced on that ground.

10. There were child(ren) born during this marriage. The names and dates of birth of the living child(ren) now under eighteen years of age are:

<u>Name</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____

SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: Yes No

11. LEGAL CUSTODY OF THE CHILD(REN):

- A. The parties are hereby awarded joint legal custody
- B. Mother is awarded sole legal custody of the minor child(ren)
- C. Father is awarded sole legal custody of the minor child(ren).

12. RESIDENCY OF THE CHILD(REN)

This Court hereby adopts the Permanent Parenting Plan of the parties which is filed separately herein, which designates **(choose one)**

- A. Mother is awarded primary residency of the child(ren) with the Husband to have reasonable parenting.as set out in the permanent parenting plan of the parties.
- B. Father is awarded primary residency of the child(ren) with the Mother to have reasonable parenting.as set out in the permanent parenting plan of the parties.
- C. The parties have shared residency, with each parent having equal or nearly equal time and blocks of parenting time..

13. CHILD SUPPORT (CHECK ALL THAT APPLY)

A. **Husband** **Wife** is ordered to pay per month commencing (month/day/year) as and for support for the minor child(ren) of the parties. Said support shall be paid through the Kansas Payment Center at the address which is set out below in Section 15.

B. Child Support Rights have been assigned to DCF

C. The parties shall share all medical and dental expenses of the minor child(ren) which are not reimbursed or otherwise paid by health or dental insurance policies covering said child(ren) based on the relative percentage of the parties as stated on line D 2 of the Child Support Worksheet. This percentage payment is in addition to the child support obligation of both parties and the Court shall have jurisdiction to enter appropriate orders on this matter but payments made for these obligations need not be made through the Kansas Payment Center. However, the responsibility of proper record keeping of expenses and payments shall be upon the party making claims of either expense or payment.

14. CLAIMING CHILDREN FOR INCOME TAX PURPOSES

The parties agree to the following arrangement regarding claiming the children for income tax purposes (CHECK ONLY ONE):

A. The primary residential custodial parent is hereby allowed to claim the children for income tax purposes commencing in the current tax year and every year thereafter.

B. The parties shall alternate claiming the child(ren) provided payor of child support obligation is current as of December 31st of year that payor is to claim the children with the primary residential custodial parent taking the even numbered years and the non-custodial parent taking odd numbered years. Parties shall complete IRS form 8332.

C. (If parties have two minor children) Parties shall split claiming the children until first child reaches age 18; thereafter, they will alternate years with the primary residential custodial parent taking the first year. In order to utilize split claiming, payor of child support obligation must be current in that obligation as of December 31st of any year. Parties shall complete IRS form 8332.

D. The Court makes no order for claiming children for income tax purposes.

15. SPOUSAL MAINTENANCE

A. **Husband** **Wife** is ordered to pay _____ per month as and for spousal maintenance of **Husband/Wife** beginning _____ (date) for the period of ___ years and concluding on _____ (date). Said obligation shall terminate upon the death of either Husband or Wife or remarriage of the receiving party. Said support shall be paid through the Kansas Payment Center at the address set out below in Section 16.

B. **Not Applicable**

16. ADDRESS FOR PAYMENTS AND ROLE OF COURT TRUSTEE

(CHECK ALL THAT APPLY)

A. **Not Applicable to Spousal Support**

B. **Spousal Support Payments**

C. **Child Support Payments**

D. **Child Support Rights have been assigned to DCF**

The address for support obligation payments is as follows:

Kansas Payment Center

Box 758599

Topeka, KS 66675-8599

IT IS FURTHER ORDERED that all child support payments shall be paid to the Kansas Payment Center, and a fee shall be deducted therefrom by the Kansas Payment Center to defray the expense of the operation of the Office of the District Court Trustee. All support payments shall be payable to the order of the Kansas Payment Center. The case number shown on the first page of this order shall be placed on all checks or money orders and said checks or money orders shall be made payable to the Kansas Payment Center and include the county designation (SG). The Kansas Payment Center shall forward said payments to **Husband** **Wife** at _____ (city, state, zip) and it shall be the responsibility of **Husband/Wife** to inform the Clerk of any change in address.

IT IS FURTHER ORDERED that an income withholding order shall be issued immediately as required by K.S.A. 23-4,105 *et seq.* for the child support herein. The Office of the District Court Trustee shall immediately prepare the income withholding order, notice and answer forms for filing and service to the obligor's payer of income. Each party shall inform the Clerk of the District Court, in writing, of any change of name, residence and employer (with business address) within seven (7) days of a change.

IT IS FURTHER ORDERED that, until the commencement of withholding by a payer/employer, the obligor shall pay all child support payments required by the support order. Payments shall be remitted by the obligor to the Kansas Payment Center on or before the due date specified in the order.

17. RESIDENCE

A. **Husband** **Wife** shall have permanent possession of the residence located at _____
(city, state, zip), with a legal description of _____
_____ with the value of the residence being \$ _____

18. PERSONAL PROPERTY

A. Husband shall remain in temporary possession of the following items of property:

All Personal Property now in his possession

Vehicle (describe):

The following items of personal property in the residence:

B. Wife shall remain in temporary possession of the following items of property:

All Personal Property now in his possession

Vehicle (describe):

The following items of personal property in the residence:

C. All duly authorized law enforcement officers of the State of Kansas are requested to use reasonable and necessary means to prevent **Husband/Wife** from interfering with the **Wife's/Husband's** removal of his/her personal clothing and such personal effects as set forth herein.

19. DEBTS

- The parties have no joint debts.
- The parties shall be responsible for the respective debts listed below.

Husband shall be temporarily responsible for the periodic payment of the following joint debts:

(Description of loan)	(Bank/Lender)	(Approx. Amount)
Vehicle loan:		

Wife shall be temporarily responsible for the periodic payment of the following joint debts:

(Description of loan)	(Bank/Lender)	(Approx. Amount)
Vehicle loan:		

Each party shall hold the other harmless from any and all debts incurred on any property assigned to that party.

Both parties mutually agree that they shall execute such releases, bills of sale, deed or other instruments of transfer as may be necessary to comply with this Journal Entry of Judgment and Decree of Divorce. In the event of failure to do so within ten (10) days from the filing of this decree, then this decree shall operate as such a transfer.

The division of assets and liabilities, as described herein is fair, just and equitable.

20. (Optional) The wife's last name is restored to: _____.

21. The parties are prohibited from contracting marriage, within or outside the State of Kansas, with any third person until thirty (30) days from the date of the filing of this Journal Entry of Judgment and Decree of Divorce with the Clerk of the District Court, unless an appeal is taken, and then until receipt of the Mandate from the Appellate Courts of the State of Kansas in accordance with K.S.A. 60-2106(c). Any marriage contracted before the expiration of that period shall be voidable unless both parties waive appeal.

IT IS SO ORDERED.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

Approved by:

Petitioner Pro Se

Respondent Pro Se

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Telephone Number

Telephone Number

CERTIFICATE OF DIVORCE OR ANNULMENT

CASE NUMBER

State File Number

1. HUSBAND'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)		
3. RESIDENCE-STATE			4. COUNTY		
5. WIFE'S NAME (First, Middle, Last)			6. WIFE'S LAST NAME PRIOR TO FIRST MARRIAGE		
7. DATE OF BIRTH (Month, Day, Year)		8. RESIDENCE-STATE		9. COUNTY	
10. PLACE OF THIS MARRIAGE - STATE OR FOREIGN COUNTRY		11. COUNTY	12. DATE OF THIS MARRIAGE (Month, Day, Year)		13. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 17
14. PETITIONER Husband Wife Both Other (Specify) _____				15. NAME OF PETITIONER'S ATTORNEY (Type)	
16. ATTORNEY'S ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code)					
17. DATE DECREE FILED (Month, Day, Year)		18. TYPE OF DECREE-(Specify) Divorce Annulment		19. COUNTY OF DECREE	20. DATE FILED BY STATE REGISTRAR (Month, Day, Year)

THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

K.S.A. 65-2422B, REQUIRES THE DIVORCE REPORT TO INCLUDE THE SOCIAL SECURITY NUMBER OF BOTH PARTIES TO MAKE SUCH INFORMATION AVAILABLE TO THE SECRETARY OF SOCIAL AND REHABILITATION SERVICES FOR THE PURPOSE OF ESTABLISHING, MODIFYING, OR ENFORCING A SUPPORT OBLIGATION.

21. HUSBAND'S SOCIAL SECURITY NUMBER			22. WIFE'S SOCIAL SECURITY NUMBER:		
23. NUMBER OF THIS MARRIAGE (First, Second, etc. (Specify below))		24. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED			
		By Death, Divorce, or Annulment (Specify below)		Date (Month, Day, Year)	
23a. HUSBAND		24a. HUSBAND		24b. HUSBAND	
23b. WIFE		24c. WIFE		24d. WIFE	
25. HISPANIC ORIGIN (Check the box or boxes that best describes whether you are Spanish, Hispanic, or Latino. Check the "no" box if you are not Spanish, Hispanic or Latino.)		26. RACE (Check one or more boxes to indicate what race(s) you consider yourself to be.)			
25a. HUSBAND		26a. HUSBAND		26b. WIFE	
No, not Spanish/Hispanic/Latino Yes, Mexican/Mexican American/Chicano Yes, Puerto Rican Yes, Cuban Yes, Central American Yes, South American Yes, other Spanish/Hispanic/Latino (Specify) _____ Unknown		White Black or African American American Indian or Alaska Native (Name of the enrolled or principal tribes) _____ Asian Indian Chinese Filipino Japanese Other (Specify) _____ _____ Unknown		Korean Vietnamese Other Asian (Specify) _____ Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (Specify) _____ Unknown	
25b. WIFE					
No, not Spanish/Hispanic/Latino Yes, Mexican/Mexican American/Chicano Yes, Puerto Rican Yes, Cuban Yes, Central American Yes, South American Yes, other Spanish/Hispanic/Latino (Specify) _____ Unknown					
27. EDUCATION (Check the box that best describes the highest degree or level of school completed.)					
27a. HUSBAND'S EDUCATION		8th grade or less		9th - 12th grade; no diploma	
Unknown		Some College credit, but no degree		High school graduate or GED	
		Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)		Associate degree (e.g., AA, AS)	
				Bachelor's degree (e.g., BA, AB, BS)	
				Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	
27b. WIFE'S EDUCATION		8th grade or less		9th - 12th grade; no diploma	
Unknown		Some College credit, but no degree		High school graduate or GED	
		Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)		Associate degree (e.g., AA, AS)	
				Bachelor's degree (e.g., BA, AB, BS)	
				Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	