Name:	
Address:	
Telephone:	

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

Petitioner)	Case N	lo	
VS.)))	Docum	ent No.	
Respondent)			
	ORT FORM DOMESTIC			
To be used ONLY with pos	st-judgment Motions to I	Establish or Mod	ify Child Support.	
1. Your Name:First	t N	Middle	Last	
Residence:Add Year of Birth: La	ress Cit	y XXX-XX	ST Zi	0
2. Name(s), last four digits marriage/relationship:	s of SSN(s), year of birth	h, and age(s) of I	minor children of th	ne
Name		1/1/// 1/1/	Year of Bir XX-XX	
		XXX-XX XXX-XX	XX-XX- <u></u> XX-XX- <u></u>	
3. Name(s), last four digits marriage/relationship(s) ar	s of SSN(s), and year of	f birth of minor ch	nildren of previous	
Name	Name of Custodian	SSN	YOB	Support Pd/Rec
		VVV VV	XX-XX	\$
		XXX-XX	_ XX-XX	\$
		XXX-XX XXX-XX	XX-XX XX-XX XX-XX	\$ \$ \$ \$



5.	Monthly income:				
	A.	Wage Earner, Gross Income	\$		
	B.	Self-Employed, Gross Income	\$		
	C. D.	Reasonable Business Expense Self-Employment Tax	\$ \$		
	D.	Sell-Employment Tax	Ψ		
6.	Work Relat A.	ted Child Care Expenses: Weekly Cost During Summer \$	Name and Address of Provider		
	B.	Weekly Cost During School Year \$	Name and Address of Provider		
7	□ Father □	□ Mother provides Health Insurance f	or child(ren)		
٠.	A.	•	ance Plan:		
	B.	Person(s) insured on plan:			
	D.	Monthly cost of health insurance:			
		Monthly cost of dental insurance:	\$		
		Monthly cost of vision insurance:	\$		
		Monthly cost of drug prescription in			
		Increase cost of adding child(ren) to	o the plan: \$		
8.		□ Mother claims child(ren) for income le taxes: □ Single □ Head of House			
	Child Suppattached):	port Adjustments requested (docume	ntation to support requested adjustments mus		
DC	,	ng Distance Parenting Time Adjustme	ent		
		enting Time Adjustment	□ Income Tax Adjustment		
		eement Past Minority	 Overall Financial Condition 		
		wing documents must be attached. Soved from the documents prior to	Social Security numbers and dates of birth		
,,,,			st Year's Tax Return including schedules		
	□ W-2		itten Proof of Day Care Cost		
		ten Proof of Insurance Costs			
	eclare underrect and co		f the state of Kansas that the forgoing is true,		
	Execu	ited on the day of	, 20		
		Name	e (Print):		