

IN THE DISTRICT COURT OF COUNTY, KANSAS

In the Matter of the Marriage of:)
)
and) Case No.
)

DOMESTIC RELATIONS AFFIDAVIT OF

1. Petitioner's Address:

Petitioner's Date of Birth SSN Home Telephone

2. Respondent's Address:

Respondent's Date of Birth SSN Home Telephone

3. Date of Marriage:

4. Number of Marriages: Petitioner Respondent

5. Number of children of the relationship:

6. Names, Social Security Numbers, birthdates, and ages of minor children of the relationship:

Table with 5 columns: Name, SSN, DOB, 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.

Table with 6 columns: Name, Social Security No., Age, Custodian, Support Payment, Paid or Rec'd

8. Petitioner is employed by _____ .

Respondent is employed by _____ .

with monthly income as follows:

A. Wage Earner Petitioner Respondent

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 Petitioner Respondent

1.	Gross Income	\$	\$
2.	Other Income	\$	\$
3.	Subtotal Gross Income	\$	\$
4.	Reasonable Business Expense (see attached schedule)	\$	\$
5.	Self Employment Tax	\$	\$
6.	Estimated Tax Payments (Claiming _____ exemptions)	\$	\$
7.	Federal Income Tax	\$	\$
8.	Kansas Withholding	\$	\$
9.	Subtotal Deductions	\$	\$
10.	Net Income (Line B.3 – B.9)	\$	\$

Pay period:

Petitioner

Respondent

9. The liquid assets of the parties are:

Item	Amount	Joint or Individual
A. Checking Accounts:		
	\$	
	\$	
	\$	
B. Savings Accounts:		
	\$	
	\$	
	\$	
C. Cash		
Petitioner	\$	
Respondent	\$	
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.	Item	Petitioner (Actual or Est.)	Respondent (Actual or Est.)
1.	Rent	\$	\$
2.	Food	\$	\$
3.	Utilities		
	Trash	\$	\$
	Newspaper	\$	\$
	Telephone	\$	\$
	Gas	\$	\$
	Water	\$	\$
	Lights	\$	\$
	Cable	\$	\$
	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.	Haircuts/Beauty	\$	\$
12.	Car repairs	\$	\$
13.	Gas and oil	\$	\$
14.	Personal property tax	\$	\$
15.	Miscellaneous	\$	\$
		\$	\$
		\$	\$
16.	Debt Payments	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	TOTALS	\$	\$

*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, 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	Pet.	Resp.	Joint
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
		\$		\$			
Totals		\$		\$	\$	\$	\$

C. Total Living Expenses

	Petitioner (Actual or Est.)	Respondent (Actual or Est.)
1. Total funds available to Pet. And Resp. (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	Pet.	Resp.
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____
_____ (+/-)	\$ _____	\$ _____

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.

	Pet.	Resp.
Long Distance Visitation Costs	\$ _____	\$ _____
Visitation Adjustments	\$ _____	\$ _____
Income Tax Considerations	\$ _____	\$ _____
Special Needs	\$ _____	\$ _____
Agreement Past Minority	\$ _____	\$ _____
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.

Item	Amount	Ownership

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

Description	Value	Ownership

16. Identify the property, if any, acquired by each of the parties prior to marriage or acquired during marriage by a will or inheritance

Description	Ownership	Source	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	Obligor	Obligee	Balance	Payment	Secured

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>		
	Yes	No	Unknown

The foregoing information, while true and correct to the best of my knowledge and belief, is based upon less than complete access to financial records and includes estimates of value. I reserve the right to amend this affidavit based upon additional or other information gained hereafter.

I have read the above affidavit and to the best of my knowledge believe that the information is accurate and complete.

SUBSCRIBED AND SWORN to before me this _____ day _____, 200_.

Notary Public

My appointment expires:

Mark Doty #14526
GLEASON & DOTY, CHARTERED
427 S. Main
P.O. Box 490
Ottawa, KS 66067-0490
(785) 242-3775 Fax (785) 242-3855
Affiant's Attorney

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Vital Statistics
WORKSHEET FOR DIVORCE OR ANNULMENT REGISTRATION

This worksheet is to be completed by the prevailing party or the legal representative of the prevailing party and returned to the district court before the divorce or annulment can be filed. This information will be used by the clerk of the court to complete the official divorce or annulment certificate (report).

This worksheet is not to be forwarded to the Office of Vital Statistics.

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 <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> 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) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	19. COUNTY OF DECREE	20. CASE NUMBER

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	25b. WIFE	26a. HUSBAND	26b. WIFE
<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) <input type="checkbox"/> Unknown	<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican/Mexican American/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribes) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Unknown
27. EDUCATION (Check the box that best describes the highest degree or level of school completed.)			
27a. HUSBAND'S EDUCATION	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Unknown	<input type="checkbox"/> 9 th - 12 th grade; no diploma <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Unknown
27b. WIFE'S EDUCATION	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Unknown	<input type="checkbox"/> 9 th - 12 th grade; no diploma <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Unknown