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

IN THE MATTER OF THE MARRIAGE OF , Petitioner, AND , Respondent.	)))))))CASE NO.))))

PURSUANT TO CHAPTER 60 OF
KANSAS STATUTES ANNOTATED

DOMESTIC RELATIONS AFFIDAVIT OF

_____

1. Petitioner's Residence: _____
Wichita, KS 67_____

Petitioner's _____ _____ _____
D.O.B. Social Security #Home Telephone

Drivers License No._____

Birthplace _____

Level of Education _____

Race or Ethnicity _____
(Optional, reported to Vital Statistics)

2.___Respondent's Residence: _____
_____ Wichita, Kansas 672_____

Respondent's _____ _____ _____
D.O.B. Social Security #Home Telephone

Drivers License No._____

Birthplace _____

Level of Education _____

Race or Ethnicity _____
(Optional, reported to Vital Statistics)

3. Date of Marriage: _____ Place:_____

Date couple last resided in same household_____

Which party will remain in the marital residence on a temporary basis? _____

4. Number of Marriages: _____ _____
Petitioner Respondent

Maiden Surname _____

5. Number of children of relationship: _____

6. Names, Social Security numbers, birth dates and ages of children of the relationship:

Name	Soc. Sec. #	D.O.B.	Age	Custodian

7. Names, Social Security numbers, and ages of minor children of previous marriage and facts as to custody and support payments paid or received, if any:

Name	Soc. Sec. #	Date of Birth	Age

Have any of these children resided outside of Sedgwick County within the past 5 years? _____ If so, provide dates, addresses, and names of persons with whom they resided. _____

Have there ever been any custody proceedings or child support proceedings with regard to these children? _____
If so, provide date, location, and case number._____

8. Petitioner is employed by: _____
_____Name and address of employer: _____

_____ _____ Wichita, Kansas

Phone _____

Respondent is employed by: _____

Name and address of employer: _____

_____ _____

Phone _____

with monthly income as follows:

A. Wage Earner	Petitioner	Respondent
1. Gross Income		
2. Other Income		
3. Subtotal Gross Income		
4. Withholding		
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 Bus. Expenses		
5. Self-Employment Tax		
6. Estimated Tax Payments		
7. Federal Income Tax		
8. Kansas Withholding		
9. Subtotal Deductions		
10. Net Income		

Pay Period: Petitioner:_____ Respondent:_____

9. The liquid assets of the parties are:

Item	Amount	Joint or Individual (Specify)
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.)

I.

Items	**Petitioner**	**Respondent**
House Payment or Rent		
Food		
Trash Service		
Newspaper		
Telephone		
Water		
Gas		
Electricity		
Cable		
Cell Phone		
Internet Access		
Life Insurance		
Health Insurance		

Car Insurance		
House Insurance		
Other		
Uninsured Health		
Child Care		
Clothing		
School Expenses (Including lunches)		
Hair Cuts and Beauty		
Car Repair and Maintenance		
Gas and Oil		
Personal Property Tax		
Attorney Fees		
Entertainment		
Miscellaneous (Specify)		
Total		

II. Monthly payments to banks, loan companies or credit accounts: (Indicate actual or estimate, use asterisk for secured.)

Creditor	When Incurred	Payment Amount	Balance	Party: Pet. or Resp.

Totals:
Petitioner_____
Respondent_____

III. Total Living Expenses	Petitioner (Actual or Estimated)	Respondent (Actual or Estimated)
A. Total Funds available to Petitioner and Respondent (From No. 8)		
B. Total Needed (From No. 10 I. and II.)		
C. Deficit		
D. Amount of spousal support and/or child support requested.		

IV. Payments of contributions received, or paid, for support of others. Specify source and amount.

Source	Petitioner	Respondent

FURNISH THE FOLLOWING INFORMATION IF APPLICABLE.

11. Income and financial resources of children.

Income/Resources	Amount

12. Child support adjustments requested.

	Petitioner	Respondent
Long distance visitation costs	$_____	$_____
Time spent with non-custodial parent	$_____	$_____
Income tax exemption	$_____	$_____
Special needs	$_____	$_____

Your proposal regarding access between the child(ren) and the non-custodial parent; weekday, weekend, holiday, and summer:

_____

_____

_____

_____

13. Income tax consequence adjustment request, if any:

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
	$	
	$	

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.

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

17. List debt obligations, including maintenance, not listed in Section II 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.

18. List health insurance coverage and the right, pursuant to ERISA 601-608. 29 a.s.c. 1161-1168 (1986) to continued coverage by the spouse who is not a member of the covered employee group.

19. List any and all automobiles.

Year	Make	Model	Value	Possession

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

_____
, Petitioner

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2003.

_____
NOTARY PUBLIC

My Appointment Expires: