

## Domestic Relations Affidavit

IN THE \_\_\_\_\_ JUDICIAL DISTRICT  
\_\_\_\_\_ COUNTY, KANSAS

IN THE MATTER OF

\_\_\_\_\_  
\_\_\_\_\_  
and  
\_\_\_\_\_

)  
)  
)  
)  
)  
)  
)  
)  
)  
)

Case No. \_\_\_\_\_

DOMESTIC RELATIONS AFFIDAVIT OF

\_\_\_\_\_  
(name)

1. Wife's / Mother's Residence \_\_\_\_\_

Wife's / Mother's	_____ Birth Month/Year	XXX-XX-_____ Social Security Number	_____ Telephone
-------------------	---------------------------	--	--------------------

2. Husband's / Father's Residence \_\_\_\_\_

Husband's / Father's	_____ Birth Month/Year	XXX-XX-_____ Social Security Number	_____ Telephone
----------------------	---------------------------	--	--------------------

3. Date of Marriage: \_\_\_\_\_

4. Number of Marriages: \_\_\_\_\_  
                                    Wife / Mother                      Husband / 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:

Name	Social Security Number XXX-XX-_____	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.

Name	Social Security No. XXX-XX-_____	Age	Custodian	Support Payment	Paid or Rec'd
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____

8. Wife / Mother is employed by \_\_\_\_\_  
 \_\_\_\_\_

Husband / Father is employed by \_\_\_\_\_  
 \_\_\_\_\_

(Name and address of employer)

with monthly income as follows:

A.	Wage Earner	Wife / Mother	Husband / 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	Wife / Mother	Husband / 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:	_____	_____
	Wife / Mother	Husband / 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		
	Wife / Mother	\$ _____	_____
	Husband / 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.

Item	Wife / Mother (Actual or Estimated)	Husband / Father (Actual or Estimated)
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	Wife / Mother (Actual or Estimated)	Husband / 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	
					Wife / Mother (Amount)	Husband / Father (Amount)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
			Subtotal of Payments		\$	\$
			Total		\$	\$

### C. Total Living Expenses

	Wife / Mother (Actual or Estimated)	Husband / Father (Actual or Estimated)
1. Total funds available to Wife / Mother and Husband / 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	Wife / Mother	Husband / 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.

	Wife / Mother	Husband / Father
Long Distance Parenting Time Costs	\$ _____ \$ _____	\$ _____ \$ _____

Parenting Time Adjustments	\$ _____	\$ _____
Income Tax Considerations	\$ _____	\$ _____
Special Needs	\$ _____	\$ _____
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>		
	Yes	No	Unknown
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_