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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 K.S.A. CHAPTER 23

DOMESTIC RELATIONS AFFIDAVIT OF PETITIONER/RESPONDENT

<p>1. Petitioner Residence Date of Birth SS# Home Phone</p>	<p>2. Respondent Residence Date of Birth SS# Home Phone</p>										
<p>3. Date of marriage</p>	<p>4. # of Marriages</p>										
<p>5. Number of children of this marriage:</p>											
<p>6. Names, SS#'s, birthdates, and ages of minor children of the marriage:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">SS#</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 10%;">Age</th> <th style="width: 30%;">Custodian</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	SS#	Date of Birth	Age	Custodian					
Name	SS#	Date of Birth	Age	Custodian							

7. Names, SS#'s, and ages of minor children of previous marriage, and facts as to custody, and support payments paid or received, if any:

Name	SS#	Age	Custodian	Support Payment	Paid or Rec'd
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8	Petitioner is employed by:	Address:	
	Respondent is employed by:	Address:	

with monthly income as follows:

A. Wage Earner		Petitioner	Respondent
1	Gross Income		
2	Other Income - Disability/Part time DJ		
3	Subtotal Gross Inc.		
4	Federal Withholding: (Claiming __ exemptions)		
5	OASDHI		
6	Kansas Withholding		
7	Subtotal of Deductions		
8	Net Income	\$	\$

Pay periods:

B. Self-Employed		Petitioner	Respondent
1	Gross Income from Self-Employment		
2	Other Income		
3	Subtotal Gross Income		
4	Reasonable Business Expenses (Attach Itemized List)		
5	Self-Employment Tax		
6	Est. Tax Payments (Claiming __ exemptions)		
7	Federal Income Tax		

8	Kansas Withholding		
9	Subtotal Deductions		
10	Net Income	\$	\$

9. The liquid assets of the parties are:

Type	Location/Item	Amount	Joint/Individual (Specify)
Checking			
Checking			
Savings			
Savings			
Cash			
Other			

10.A. Monthly expenses of each party are: (Please indicate with an asterisk all figures which are estimates rather than actual figures taken from records.)

MONTHLY EXPENSE		PETITIONER	RESPONDENT
1	Rent (if applicable) *		
	House maintenance		
2	Food		
3	Utilities:		
	Trash		
	Newspaper		
	Telephone/Internet/TV		
	Water		
	Electric/Gas		
	Other (Cell phones for children)		
4	Insurance:		
	Life		
	Health		
	Car		
	House/Rental		
	Other		

MONTHLY EXPENSE		PETITIONER	RESPONDENT
5	Medical and dental		
6	Prescription drugs		
7	Child care (work-related)		
8	Child care (non-work related)		
9	Clothing		
10	School expenses		
11	Hair cuts & beauty		
12	Car repair		
13	Gas & oil		
14	Personal property tax		
15	Miscellaneous:		
	Restaurants/Entertainment		
	Pets		
	Travel		
	Children's Allowances		
	Children's extracurricular activities		
	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 estimate, use asterisk for secured.) Do Not List Any Payments Included in Part 10.A. Above.

Creditor	When Incurred	Payment Amount/ Date of Last Payment	Balance	Responsibility	
				Petitioner	Respondent
Totals					

C. TOTAL LIVING EXPENSES		PETITIONER	RESPONDENT
1	Total funds available to Petitioner and Respondent from No. 8.		
2	Total needed (from 10 A. & B.)		
3	Net balance		
4	Projected child support		
D.	Payments or contributions received (+), or paid (-), for support of others		
	Source :		
	Amount:		
11	How much does the party who provides health care pay for family coverage?		\$ ___ per Month
	How much does it cost the provider to furnish health insurance only on the provider?		\$ ___ per Month

FURNISH THE FOLLOWING IF APPLICABLE

12	Income and financial resources of children		
	Income/Resource	Amount	Respondent
13	Child support adjustments requested		
		Petitioner	Respondent
	Long Distance Visitation Costs		
	Visitation Adjustment		
	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 or insurance, identified as to nature or description, ownership (joint or individual) and actual or estimated value.

Description of Asset	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.

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(s) and obligee(s), balance due and rate at which payable; and, if secured, identify the encumbered property.

Debt Obligation	Obligor	Obligee	Balance Due	Payment Rate	Encumbered Property
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18. List health insurance coverage and the right, pursuant to ERISA sections 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.

Health Insurance

_____ Cobra Election
 __ Yes __ No
 __ Unknown

Petitioner has family coverage through employment
 Respondent has family coverage through employment

VERIFICATION

STATE OF KANSAS)
) SS:
 SEDGWICK COUNTY)

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

 Petitioner/Respondent

Subscribed and Sworn to before me this ____ day of _____, 2015.

 NOTARY PUBLIC

My Appointment Expires:

APPROVED BY:

By _____
 Suzanne R. Dwyer, #15478
 Attorney for Petitioner/Respondent