

MIAMI COUNTY DISTRICT COURT
SIXTH JUDICIAL DISTRICT
PO BOX 187
PAOLA, KS 66071
913-294-4374
FAX: 913-294-2535

Pro Se
Motion for Modification of Child Support

1. Make a copy of the blank Domestic Relations Affidavit.
2. ***Fill out completely using typewriter or printed in ink:***
 - a) Motion
 - b) Notice of hearing
(date will be given at the time of filing)
 - c) Certificate of mailing
 - d) Domestic Relations Affidavit
 - e) Copies of your most recent paycheck stub which includes year-to-date totals
and a copy of last year's income tax return
 - f) Child support worksheet

Note: Further explanations may be found on the next page.

3. File the original and 3 copies of the Motion with the notice of hearing and certificate of mailing sections completed, b) completed domestic relations affidavit, c) proof of income attachments, and d) child support worksheet to the Clerk of the District Court. Write "Chamber Copy" on the top of one of your copies.

Pursuant to K.S.A. 60-1621, a \$52.00 filing fee must be paid when filing your motion.

4. The Clerk of the District Court will "file stamp" all copies, keep the originals and the Chamber Copy, and give you back the additional copies.

For Certified Mail Service: You must now serve a "file-stamped" copy of the motion, notice of hearing, domestic relations affidavit, proof of income attachments, child support worksheet **AND a BLANK Domestic Relations Affidavit** on the petitioner/respondent and his/her attorney of record by Certified Mail (Return Receipt Requested).

After Service of Certified Mail (after the green card is returned to you): You must now fill out the form entitled, "Return of Service for Certified Mail." Fill out the form and file it with the Clerk of the District Court.

5. ***IT IS UP TO YOU*** to get the correct papers filed and proper service completed in order for your case to go forward on its assigned hearing date and time.

Child Support Modification Procedure

The following information is provided to assist you in obtaining a modification of your child support. The office of the Court Trustee does not represent any party to this case. The Court Trustee operates independently to ensure that the child support orders are enforced and to see that the Child Support Guidelines are followed. The Kansas Child Support Guidelines are the rules which must be followed in setting the amount of child support to be paid. There are specific rules which must be followed under these guidelines. The following information is designed to assist you in following these guidelines.

If you can afford to hire an attorney to represent you in modifying your support obligation, you should seriously consider retaining an attorney to represent you.

The following documents must be filed with the court when seeking a child support modification:

1. Motion to Modify Support. For your convenience, a standard motion is included with the information which you may complete. Please note that you must mail a copy of your motion to the parties involved in your case -- specifically, the District Court Trustee or SRS if you have an open case with either agency, the person to whom you pay support, and his/her attorney if she/he has an attorney. The original motion must be filed in District Court. A hearing cannot be held until your motion has been filed in District Court. Promptness is very important, as your child support cannot be modified until a formal motion has been filed. The Court cannot reduce/increase child support which has already become due prior to the filing of your motion.

2. Domestic Relations Affidavit. The Kansas Child Support Guidelines require this form be completed and filed with your motion. Failure to include this form with your motion could result in your motion being dismissed. **The Domestic Relations Affidavit must be signed in the presence of a notary public.** You must complete all information in the affidavit as it pertains to you. In other words, if you are the Respondent in this case, you must complete all information in the affidavit in the sections for Respondent. A Domestic Relations Affidavit is attached. This affidavit complies with the Kansas Child Support Guidelines.

3. Child Support Worksheet. Another document which must be included with your motion is the worksheet. This form shows the amount to which your child support should be modified. A worksheet which complies with the Kansas Child Support Guidelines is attached. In order to complete the worksheet, your present earnings information and the earnings of the other party must be provided. Proof of earnings may include copies of your pay stubs, unemployment, retirement, social security, and worker's compensation benefits, and income tax returns. You may review a copy of the Kansas Child Support Guidelines to assist you in preparing your child support worksheet at the office of the Court Trustee. The Court Trustee, however, cannot help you complete your worksheet.

If you provide health insurance for the child(ren) in this matter, you should also provide proof of the insurance costs.

Failure to complete the forms and present them to the Court may prevent you from obtaining a hearing before the District Judge Pro Tem. All documents must be completed and filed with the Court before a hearing can be scheduled.

IN THE DISTRICT COURT OF MIAMI COUNTY, KANSAS

In the Matter of)	
)	
_____ ,)	
Petitioner,)	Case No. _____
vs.)	
)	
_____ ,)	
Respondent.)	

MOTION FOR MODIFICATION OF CHILD SUPPORT

COMES NOW the (Petitioner/Respondent) and moves the Court to modify the current Order of Support for the following reasons:

I have attached a completed copy of my Domestic Relations Affidavit, along with a copy of the most recent paycheck stub with year-to-date totals, a copy of last year's income tax return, and a completed Child Support Worksheet.

WHEREFORE, the (Petitioner/Respondent) moves the Court for a modification of the current Support Order of the Court.

NOTICE OF HEARING

Please take notice that the above Motion for Modification of Child Support has been set for hearing in the Miami Co District Court, (913) 294-4374, 120 S Pearl, Paola, Kansas, on :

NOTE: Both parties are required by Kansas law to fill out and file a Domestic Relations Affidavit with attached copy of the most recent paycheck stub with year-to-date totals and a copy of last year's income tax return with the Clerk of the District Court no later than five (5) days prior to the hearing.

Your signature *Pro se*
Address _____

Phone _____

CERTIFICATE OF MAILING

A copy of this Motion for Modification of Support has been sent by Certified Mail/Return Receipt Requested to (Petitioner/Respondent) and their attorney of record at the following addresses:

Date _____
(Your signature again here)

IN THE DISTRICT COURT OF MIAMI COUNTY, KANSAS

IN THE MATTER OF)

_____,)
Petitioner,)

and)

_____,)
Respondent.)

Case No. _____

RETURN OF SERVICE FOR CERTIFIED MAIL

State of Kansas)

County of Miami)

ss.

The undersigned, being duly sworn, states: I have served a Motion for _____ on the Petitioner/Respondent, and the following Return for Receipt of Service was served on the litigant by certified mail on _____, 20____, at the time and place as listed on the enclosed card.

(When you receive the signed green card back from the other party, tape it here.)

_____ Check here if service by certified mail was refused. (If refused, I certify that I sent a true copy of the motion by first-class mail after the certified letter was refused.)

Your signature Pro se

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public

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	Age	Custodian	Support Payment	Paid or Rec'd
_____	____	_____	\$ _____	_____
_____	____	_____	\$ _____	_____
_____	____	_____	\$ _____	_____
_____	____	_____	\$ _____	_____

8. Mother is employed by _____

Father is employed by _____

(Name and address of employer)

with monthly income as follows:

A. Wage Earner	Mother	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	Mother	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: _____

Mother

Father

9. The liquid assets of the parties are (do not list more than the last four digits of any account number shown):

	Item	Amount	Joint or Individual (Specify)
A.	Checking Accounts:		
	_____	\$ _____	_____
	_____	\$ _____	_____
B.	Savings Accounts:		
	_____	\$ _____	_____
	_____	\$ _____	_____
C.	Cash		
	Mother	\$ _____	_____
	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	Mother (Actual or Estimated)	Father (Actual or Estimated)
1.	Rent (if applicable)*	\$ _____	\$ _____
2.	Food	\$ _____	\$ _____
3.	Utilities:		
	Trash Service	\$ _____	\$ _____
	Newspaper	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	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	Mother (Actual or Estimated)	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, 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	
					Mother	Father
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
				Subtotal of Payments	\$ _____	\$ _____
				Total	\$ _____	\$ _____

C. Total Living Expenses

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

	Mother	Father
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. Do not list more than the last four (4) digits of any account number shown.

	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:

IN THE _____ JUDICIAL DISTRICT
_____ COUNTY, KANSAS

IN THE MATTER OF:

and

CASE NO. _____

CHILD SUPPORT WORKSHEET OF _____

(name)

		<u>MOTHER</u>	<u>FATHER</u>
A.	<u>INCOME COMPUTATION – WAGE EARNER</u>		
1.	Domestic Gross Income (Insert on Line C.1. below)*	\$ _____	\$ _____
B.	<u>INCOME COMPUTATION – SELF-EMPLOYED</u>		
1.	Self-Employment Gross Income*	_____	_____
2.	Reasonable Business Expenses	(-) _____	_____
3.	Domestic Gross Income (Insert on Line C.1. below)	_____	_____
C.	<u>ADJUSTMENTS TO DOMESTIC GROSS INCOME</u>		
1.	Domestic Gross Income	_____	_____
2.	Court-Ordered Child Support Paid	(-) _____	_____
3.	Court-Ordered Maintenance Paid	(-) _____	_____
4.	Court-Ordered Maintenance Received	(+) _____	_____
5.	Child Support Income (Insert on Line D.1. below)	_____	_____
D.	<u>COMPUTATION OF CHILD SUPPORT</u>		
1.	Child Support Income	_____	+ _____
			= _____
2.	Proportionate Shares of Combined Income (Each parent's income divided by combined income)	_____ %	_____ %
3.	Gross Child Support Obligation** (Using the combined income from Line D.1.,		

find the amount for each child and enter total for all children)

Age of Children	0-6		7-15		16-18		Total
Number Per Age Category	_____		_____		_____		
Total Amount	_____	+	_____	+	_____	=	_____

* Interstate Pay Differential Adjustment? _____ Yes _____ No

**Multiple Family Application? _____ Yes _____ No

		<u>MOTHER</u>	<u>FATHER</u>
4.	Health and Dental Insurance Premium	\$ _____	+ \$ _____
			= _____
5.	Work-Related Child Care Costs Formula: Amt. - ((Amt. X %) + (.25 x (Amt. x %))) for each child care credit Example: 200 - ((200 x .30%) + (.25 x (200 x .30%)))	_____	_____
			= _____
6.	Parents' Total Child Support Obligation (Line D.3. plus Lines D.4. & D.5.)		_____
7.	Parental Child Support Obligation (Line D.2. times Line D.6. for each parent)	_____	_____
8.	Adjustment for Insurance and Child Care (Subtract for actual payment made for items D.4. and D.5.)	(-) _____	_____
9.	Basic Parental Child Support Obligation (Line D.7. minus Line D.8.; Insert on Line F.1. below)	_____	_____

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	AMOUNT ALLOWED	
			MOTHER	FATHER
1. <input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. <input type="checkbox"/>	<input type="checkbox"/>	Parenting Time Adjustment	(+/-) _____	(+/-) _____
3. <input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
4. <input type="checkbox"/>	<input type="checkbox"/>	Special Needs	(+/-) _____	(+/-) _____
5. <input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Majority	(+/-) _____	(+/-) _____
6. <input type="checkbox"/>	<input type="checkbox"/>	Overall Financial Condition	(+/-) _____	(+/-) _____
7.		TOTAL (Insert on Line F.2. below)	_____	_____

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

		AMOUNT ALLOWED	
		MOTHER	FATHER
1.	Basic Parental Child Support Obligation (Line D.9. from above)	_____	_____
2.	Total Child Support Adjustments (Line E.7. from above)	(+/-) _____	_____
3.	Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____

4.	Enforcement Fee Allowance** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	Percentage _____ % Flat Fee \$ _____	
		(+)	_____ (+) _____
5.	Net Parental Child Support Obligation (Line F.3. + Line F.4.)		_____

**Parent with nonprimary residency

Judge/Hearing Officer Signature

Date Signed

Prepared By

Date Approved