

**IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS  
CIVIL COURT DEPARTMENT**

In the Matter of the Marriage of:	)	
	)	Case No. _____
_____ and	)	Court No. _____
_____	)	K.S.A. Chapter 60
	)	
<b>Please hold service. A voluntary entry</b>	)	
<b>is expected.</b>	)	

**DOMESTIC RELATIONS AFFIDAVIT OF \_\_\_\_\_**

1. Petitioner's Residence:
  
2. Respondent's Residence:
  
3. Date of Marriage:
  
4. Number of Marriages:            Petitioner:            Respondent:
  
5. Number of Children of this Marriage:
  
6. Name(s), year(s) birth and age(s) of minor child(ren) of this marriage:

<u>Name</u>	<u>Year of Birth</u>	<u>Age</u>	<u>Residing With</u>
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7. Name(s), and age(s) of minor child(ren) of previous marriage; facts as to custody; support payments paid or received, if any:

<u>Name</u>	<u>Age</u>	<u>Custodian</u>	<u>Support Payment</u>	<u>Paid or Received</u>
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8. Petitioner's Employment:  
Address:

Respondent's Employment:  
Address:

How often are you paid?    \_\_\_ weekly    \_\_\_ bi-weekly  
   \_\_\_ semi-monthly    \_\_\_ monthly

My *monthly* income is as follows:

A.	<u>Wage Earner</u>	<u>Petitioner</u>	<u>Respondent</u>
	Gross Income	\$	\$
	Other Income	\$	\$
	Subtotal Gross Income	\$	\$
	Federal Withholding	\$	\$
	State Withholding	\$	\$
	Social Security	\$	\$
	Medicare	\$	\$
	Other deductions	\$	\$
	_____	\$	\$
	_____	\$	\$
	_____	\$	\$
	Subtotal Deductions	\$	\$
	Net Income	\$	\$

9. Liquid Assets of the Parties:

A.     Checking Accounts:                             Balance             Name(s) on Account  
          Bank Name

B.     Savings Accounts:                             Balance             Name(s) on Account  
          Bank Name

C.     Cash:             Petitioner: \$ \_\_\_\_\_             Respondent: \$ \_\_\_\_\_

D.     Other:



B. Monthly payments to banks, loan companies or on credit accounts, for example, mortgages, second mortgages, lines of credit, automobile loans, credit cards and student loans: (indicate actual or estimated, use asterisk for secured.) Do not list any payments included in part 10.A.

<u>Name of Creditor</u>	<u>When Incurred</u>	<u>Amount of Payment/ Date of Last Payment</u>	<u>Balance</u>	<u>Responsibility</u>	
				<u>Petitioner</u>	<u>Respondent</u>

C. Total Living Expenses (Actual or Estimated) Petitioner Respondent

1)	Total Funds Available to Petitioner and Respondent	\$	\$
2)	Total Needed (From 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.

<u>Source</u>	<u>Petitioner</u>	<u>Respondent</u>
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11. How much does the party who provides health insurance pay (out of pocket) for family coverage? (Include vision and dental insurance costs)  
\$ \_\_\_\_\_ per month paid by \_\_\_\_\_.  
Is this policy provided through an employer? \_\_\_\_\_ Name of employer: \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_  
Type of Plan and Plan #: \_\_\_\_\_

How much does it cost the provider to furnish health insurance only on themselves?  
\$ \_\_\_\_\_ per month. [If the employer pays the entire cost, put \$0]

Do you know if the employer offers, pursuant to ERISA Sections 601-608, 29 U.S.C. 1161-1168 (1986) the ability to continue coverage (post-divorce) for the spouse who is not a member of the covered employee group? [Called COBRA coverage]  
\_\_\_\_\_ yes \_\_\_\_\_ no

FURNISH THE FOLLOWING IF APPLICABLE:

12.	Income and financial resources of children:	<u>Amount</u>	<u>Petitioner</u>	<u>Respondent</u>
	<u>Income/Resource</u>			

13.	Child Support Adjustments Requested:	<u>Petitioner</u>	<u>Respondent</u>
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- Long distance visitation costs
- Visitation adjustment
- Income Tax considerations
- Special needs
- Agreement past minority
- Overall financial condition

14. All other personal property including ownership interests in business entities, retirement benefits (such as Profit-Sharing, Pension, IRA, 401(k), or other savings type employee benefits, stock options, ESOPs, nonqualified plans and deferred income plans). Also include investment accounts, stocks, bonds, mutual funds, etc. Also include all vehicles, policies of life insurance (list face value and cash value), art, jewelry, coins, antiques, tools and any other valuable collections. Identify each item as to nature of, description, ownership, account, policy or VIN number, actual or estimated value, and whether the asset is joint or individual.

<u>Description of Asset</u>	<u>Amount</u>	<u>Joint/ Individual</u>
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THE FOLLOWING NEED NOT BE FURNISHED IN POST-JUDGMENT (modification) PROCEEDINGS

15. List real property identified as to Description, Ownership (Joint or Individual) and Actual or Estimated value. Include all interests in real estate such as homes, land, condominiums, investment properties and time-shares or resort/travel club memberships. Use an asterisk if you have an appraisal for the property.

<u>Property Description</u>	<u>Ownership</u>	<u>Actual/Estimated Value</u>
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16. Identify the Property, if any, owned or acquired by each of the parties prior to marriage or acquired during the marriage by a will or inheritance.

<u>Property Description</u>	<u>Ownership</u>	<u>Source</u>	<u>Actual/Estimated Value</u>
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17. List any Debt Obligations, including maintenance, not listed above. Include debts owed to family members. Identified as to name of obligor(s) and obligee(s), balance due and rate at which payable, and if secured, identify the encumbered property.

<u>Debt Obligation</u>	<u>Obligor</u>	<u>Obligee</u>	<u>Balance</u>	<u>Payment</u>	<u>Encumbered</u>
			<u>Due</u>	<u>Rate</u>	<u>Property</u>

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Submitted by:

BOYSEN McEACHEN, P.A.

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Attorney for Petitioner

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the above and foregoing document was placed in the United States mail, postage prepaid, on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, addressed to:

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Attorney for Petitioner



**VERIFICATION UNDER OATH**

State of                    )  
                                  ) ss  
County of                 )

I swear or affirm under penalty of perjury that the information presented in this Affidavit is true and complete.

\_\_\_\_\_ )  
Affiant –

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_ )  
Notary Public

My commission expires: