

# GENERAL INFORMATION FOR INDIVIDUALS WHO REPRESENT THEMSELVES IN FAMILY LAW COURT

This is intended to give you an understanding of a few basic points you need to know. It is not complete and should not take the place of competent legal counsel.

If you are going to represent yourself in Family Law Court, please **READ THIS.**

**STANDARDS:** Pursuant to case law, you will be held to the same standards as an attorney licensed to practice law. Accordingly, you are required to follow all local and state rules and laws.

For example, you must fill out the following forms before your case can be heard in Family Law Court.

- Domestic Relations Affidavit (if child support is an issue)
- Child Support Worksheet (if child support is an issue)
- Motion with Notice of Hearing and Certificate of Service

## **RESOURCES AVAILABLE TO YOU:**

- Access to Justice Advice Line — (316) 265-0033
- The Yellow Pages (Telephone Book)
- Wichita Public Library, 233 North Main, Wichita, Kansas 67202  
telephone: (316) 262-0611

**FILE ALL DOCUMENTS** with the Clerk of the Family Law Court, 7th Floor, Sedgwick County Courthouse, 525 North Main, Wichita, Kansas 67203.

## **FAMILY LAW MOTION DOCKET:**

Issues regarding Child Support, Visitation and Paternity are heard on:

Monday 9:00 a.m. & 1:00 p.m. and Tuesday 9:00 a.m.

Issues regarding the Modification of Temporary Orders and any other issues are heard on:

Monday 1:30 p.m. and Tuesday 9:30 a.m. & 1:30 p.m.

Issues regarding Child Support that are handled by the Court Trustee are heard on:

Wednesday 9:00 a.m. & 2:00 p.m.  
Thursday 9:00 a.m. & 2:00 p.m.  
(depending on which Court Trustee attorney is handling the case)

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

**GENERAL INFORMATION ABOUT FAMILY LAW COURT:**

Judges and court employees cannot give legal advice. Judges will only talk to you about your case if the other party is present or represented.

Please dress appropriately and with respect for the Court on the day of your hearing. Hats are not allowed in the courtroom.

At the beginning of all Motion Dockets the Judge will call your case. At that time either announce that your case is for "CONFERENCE" (you would like to have time to try to work out a settlement with the other party; if you cannot reach an agreement you can still request a hearing on that day) or announce your case for "HEARING" (you have tried to settle your differences but were unsuccessful and you want the Judge to determine your case).

At your hearing be brief and concise with the facts of your case. On hearings regarding child support bring proof of your earnings in the form of a recent pay check stub or W-2 form.

There is a \$33.00 fee assessed on post judgment divorce motions concerning change of custody, modification of child support and modification of visitation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

IN THE MATTER OF \_\_\_\_\_ )  
\_\_\_\_\_, )  
and \_\_\_\_\_, )  
\_\_\_\_\_, )  
\_\_\_\_\_ )

CASE NO. \_\_\_\_\_

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

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

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

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

4. Number of Marriages: \_\_\_\_\_  
Mother Father

5. Number of children of the relationship: \_\_\_\_\_

6. Names, ages of minor children of relationship:

Name

Age

Custodian

Name	Age	Custodian

7. Names, 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 Received

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)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

\*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 Payment	Date of Last Payment	Balance	Responsibility	
					Mother	Father
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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, I.R.A., 401(k), or other savings-type employee benefits, non-qualified 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 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:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

IN THE MATTER OF \_\_\_\_\_ )  
\_\_\_\_\_) )  
\_\_\_\_\_, ) )  
and \_\_\_\_\_ ) )  
\_\_\_\_\_, ) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_ )

CASE NO. \_\_\_\_\_

CHILD SUPPORT WORKSHEET of \_\_\_\_\_  
(name)

**A. INCOME COMPUTATION - WAGE EARNER**

**MOTHER                      FATHER**

1. Domestic Gross Income (Insert on \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Insert on Line C.1. below)\*

**B. INCOME COMPUTATION - SELF EMPLOYED**

1. Self-Employment Gross Income\*                      \$ \_\_\_\_\_ \$ \_\_\_\_\_  
2. Reasonable Business Expenses                      (-) \$ \_\_\_\_\_ \$ \_\_\_\_\_  
3. Domestic Gross Income                      \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Insert on Line C.1. below)

**C. ADJUSTMENTS TO DOMESTIC GROSS INCOME**

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. COMPUTATION OF CHILD SUPPORT

	<u>MOTHER</u>	<u>FATHER</u>
1. Child Support Income	_____	+ _____ = _____
2. Proportional 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	<b>Total</b>
Number Per Age Category	_____	_____
Total Amount	_____ + _____ + _____	= \$ _____

\*Interstate Pay Differential Adjustment? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*Multiple Family Application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Case 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

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

\*\*Parent with nonprimary residency

\_\_\_\_\_  
Judge/Hearing Officer Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Prepared By