

NAME _____

ADDRESS _____

TELEPHONE _____

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

IN THE MATTER OF THE

_____,)
_____,)
and)
_____.)
_____)

Case No.

PURSUANT TO CHAPTER 60 OF
KANSAS STATUTES ANNOTATED

MOTION

Petitioner/Respondent hereby request the following relief:

_____ MODIFICATION OF CHILD SUPPORT. (Current child support worksheet and Domestic Relations Affidavit must be filed, too.)

_____ Termination of child support.(list specific reasons below)

_____ MODIFICATION OF VISITATION/PARENTING TIME. (Motion for this relief must be verified. Specific factual grounds to support it must be stated in the attached affidavit.)

_____ CHANGE OF CUSTODY. (Motion for this relief must be verified. Specific factual grounds to support it must be stated in the attached affidavit.)

_____ Other: (use second sheet if necessary) _____

By _____
Signature

VERIFICATION

I declare, under the penalties of perjury of the laws of Kansas, the foregoing is true and correct.

By _____
Signature of Person Filing Motion

NOTICE OF HEARING

The above Motion will be heard on the _____ day of _____, 20 ____ .
At _____ o'clock ____ .m., in the Family Law Court, Fourth floor, Sedgwick County Courthouse, 525 N. Main, Wichita, Kansas

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, 20 ____ , I caused to be mailed a true and correct copy of the above and foregoing MOTION, by depositing the same in the United States Mail, postage prepaid, addressed to the following:

TO: Name _____ Address _____ City, ST, Zip _____	TO: Name _____ Address _____ City, ST, Zip _____
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By _____
Signature of Person Filing Motion

