

Instructions for Divorce – With Children

Only Pro-Se forms from our website will be accepted

CONTENTS: Instructions (4 pages); Civil Information Sheet (1 page); Petition (4 pages); Kansas Payment Center Sheet (1 page); Temporary Order (8 pages); Temporary Parenting Plan (7 pages); Domestic Relations Affidavit (7 Pages); Child Support Worksheet (2 pages); Order to Attend Solid Growth Parenting Workshop (1 page); Notice of Intent to Appear (2 pages); Entry of Appearance & Waiver of Service (1 page); Summons (1 page); Permanent Parenting Plan of Parties (7 pages); Decree of Divorce (8 pages); and Certificate of Divorce or Annulment (1 page)

Read Directions Completely – Please Type or Print Neatly COURT STAFF CANNOT PROVIDE ASSISTANCE OR ADVICE IN COMPLETING FORMS

Caution: Use of forms without the assistance of a lawyer could harm your legal rights. You may want to have a lawyer review your completed forms before you file them with the court. These are basic forms and may not cover every situation.

1. Petitioner: Complete the Civil Information Sheet (Person Filing Petition will always be designated the Petitioner; Respondent is person who has been filed against and will always be designated the Respondent)

Items 2 through 5: No line can be blank. If it states Husband/Wife you must circle whatever is applicable.

2. Petitioner: Complete the Petition except for the case and court numbers. (Paragraph 7 may be omitted). **Sign the Petition in front of a Notary.**

3. Petitioner: Complete the Temporary Order and the Kansas Payment Center Sheet.

4. Petitioner: Complete the Temporary Parenting Plan.

5. Petitioner: Complete Rule 401 Affidavit for Ex Parte Temporary Order. **Sign in front of a Notary.**

6. Petitioner: Complete the Domestic Relations Affidavit—this can be filled out by both parties together for filing or separately. **Sign in front of a Notary.**

7. Petitioner: Complete Child Support Worksheet.

8. Petitioner: Prepare the Order for Solid Growth Parenting Workshop. **Enrollment fee of \$60.00 must be paid at time of filing case (Cash or Money Order only).** This workshop must be attended by the Petitioner prior to the final decree being approved. No post-judgment motion filed by the Respondent shall be heard until the Respondent has completed the workshop.

9. Petitioner: Prepare the Notice of Intent to Appear with your case caption at the top.
10. Petitioner: Prepare the Entry of Appearance and Waiver of Summons with your case caption at the top.

**PETITIONS/TEMPORARY ORDERS/DOMESTIC RELATIONS AFFIDAVITS
TEMPORARY PARENTING PLANS/CHILD SUPPORT WORKSHEETS SOLID
GROWTH PARENTING WORKSHOP ORDERS CAN BE BROUGHT FOR
APPROVAL TO THE 4th FLOOR ON WEDNESDAY AND THURSDAY
AFTERNOONS BETWEEN 1:30 P.M. AND 3:30 P.M.**

11. File the original and 2 copies of Items 2 through 9 with the Clerk of the District Court (7th floor of the Sedgwick County Courthouse). The filing fee is \$197.00. It can be paid by money order, cashier's check, cash or personal check. **NOTE: If you obtain SRS benefits, you must prepare a third copy to file. It will be your responsibility to provide the third file stamped copy to your social worker.**

12. Obtain case and court numbers from the Clerk of the District Court when you file.

13. Notify Respondent (spouse) by providing copy of Petition, Temporary Order, Temporary Parenting Plan, Domestic Relations Affidavit, Child Support Worksheet, Order for Solid Growth Parenting Workshop, Notice of Intent to Appear and Entry of Appearance & Waiver of Service and Proposed Journal Entry & Decree of Divorce by: waiver, sheriff's service, special process server, certified mail-return receipt or by publication.

a) **By Waiver:** Respondent completes the Entry of Appearance and Waiver of Service and **signs it in front of a Notary or Deputy Clerk.** If the Respondent is given a copy of the Petition before it is filed he/she may complete and sign (**notarized**) the Entry of Appearance and Waiver of Service and it may be filed at the same time as the Petition.

b) **By Sheriff's Service:** Complete a Summons provided with this packet. File it along with a \$15.00 money order, cashier's check or cash payable to ___(*Name of County where service will take place*)_ County Sheriff's Office. The Clerk will issue the paperwork to the Sheriff's Office.

c) **By Special Process Server:** Petitioner should look in the yellow pages of the phone book under "Process Servers."

d) **By Mail:** Complete a Summons provided with this packet and mail it along with a copy of Items 2 through 9 to Respondent. Mail the paperwork by certified mail—return receipt requested. The form: Return of Service for Certified Mail, **must be**

filed with the Clerk of the District Court after service by certified mail (green card) is returned to you. **Respondent must sign for documents.**

e) **By Publication:** If the Respondent cannot otherwise be located, service on the Respondent can be obtained by publication. To obtain service by publication, Petitioner can pick up the appropriate forms from the Clerk.

SECOND PHASE—NO SOONER THAN 60 DAYS AFTER THE FILING OF THE INITIAL PETITION

14. **NO SOONER** than sixty (60) days after the filing of the Petition, the Decree of Divorce **must be filled out completely** and signed by the parties. NOTE: The parties do not have to sign the Decree in front of a Notary, and they may sign the Decree individually or together, and they may sign it either before or after Petitioner has brought the Decree to the courthouse.
15. A Permanent Parenting Plan must be filled out and signed by the parties. NOTE: The parties do not have to sign the Permanent Parenting Plan in front of a Notary, and they may sign the Plan individually or together, and they may sign it either before or after Petitioner has brought the Plan to the courthouse.
16. Solid Growth Parenting Workshop Certificate needs to already be on file, or you may bring it with you to court to provide proof of attendance.
17. Petitioner: Complete a Certificate of Divorce as it must be filed with the Clerk of the District Court at the time you file your Decree.
18. Petitioner: Complete the Affidavit of Petitioner and **sign it in front of a notary.** This Affidavit must be presented with the completed Decree of Divorce.
19. Decree of Divorce can be brought to the 4th Floor for approval on Wednesday and Thursday afternoons between 1:30 pm and 3:30 pm.
20. After getting approval, you will proceed to the 7th Floor, Family Law Clerks Office to file your paperwork.
21. File the original Decree, Affidavit, Permanent Parenting Plan, Solid Growth Parenting Workshop Certificate (if not already filed) and the Certificate of Divorce with the Clerk of the District Court.

After the Judge has signed your Decree, make two copies of the Decree and the Permanent Parenting Plan--one copy for yourself and you must mail one copy to the Respondent. If there is Title to Real Estate Involved, you must file two extra copies of the Decree with the Clerk of the District Court.

NOTE: If you are obtaining SRS assistance, you must prepare one extra copy to file, have it file stamped and provide this copy to your SRS social worker. If you choose to have the Court Trustee collect your support payments, you must prepare one extra copy to file, have it file stamped and provide this copy to the Court Trustee when you make your appointment with them.

Additional District Court Clerk Fees That May Apply:

.25 Copies per page

1.00 Certified Copy of Paperwork

12.50 Garnishments

62.00 Motion Filing Fee

ATTENTION: If Divorce is not completed within 120 days, your case may be dismissed after proper notice from the Courts at the address provided by Petitioner at the time of filing.

EXHIBIT A

For Office Use Only

CIVIL COVER SHEET

The civil information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case will not be accepted without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

NATURE OF SUIT (Click or mark in one circle only - If the case involves more than one of the following categories, indicate the category having the highest dollar value)

CIVIL If a CH 61: \$ (Judgment Demand Amount)
TORT
Asbestos Product Liability
Automobile Tort
Intentional Tort
Legal Malpractice
Medical Malpractice
Other Professional Malpractice
Premises Liability
Slander/Libel/Defamation
Tobacco Product Liability
Toxic/Other Product Liability
Other Tort
CONTRACT
Buyer Plaintiff
Employment Dispute - Discrimination
Employment Dispute - Other
Fraud
Landlord/Tenant - Unlawful Detainer
Landlord/Tenant Dispute - Other
Seller Plaintiff (debt collection)
Other Contract
CIVIL APPEALS
Administrative Agency
Other Civil Appeal
REAL PROPERTY
Eminent Domain
Mortgage Foreclosure
Other Real Property
STATE TAX WARRANT
MISCELLANEOUS
60-1507
Habeas Corpus
Other Writs
OTHER CIVIL
SMALL CLAIMS
DOMESTIC
MARRIAGE DISSOLUTION/DIVORCE
OTHER DOMESTIC RELATIONS
PROTECTION FROM ABUSE
NON-DIVORCE SUPPORT, CUSTODY OR VISITATION
PROTECTION FROM STALKING
PATERNITY
UJFSA
PROBATE/ESTATE
GUARDIAN /CONSERVATOR
Conservatorship/Trusteeship
Guardianship - Adult
Guardianship - Minor
Guardian/Conservator - Adult
Guardian/ConServatOr - Minor
DETERMINATION OF DESCENT
ELDER ABUSE
ADOPTION
SEXUALLY VIOLENT PREDATOR
DECEDENT ESTATE
OTHER PROBATE / ESTATE
CARE AND TREATMENT

JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

SUMMONS ATTACHED: YES NO

SERVICE BY: PROCESS SERVER/ATTORNEY SHERIFF IN STATE County SHERIFF OUT OF STATE State

SHERIFF'S PROCESS FEE ATTACHED YES NO

PLAINTIFF / SUBJECT INFORMATION (ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: ADDRESS: PHONE: SEX: SSN: DOB DL OR STATE ID NO: State and Number

ALIAS NAMES USED:

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

Attorney information lines

DEFENDANT / OTHER PARTY INFORMATION (ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: ADDRESS: PHONE: SEX: SSN: DOB DL OR STATE ID NO: State and Number

ALIAS NAMES USED:

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

Attorney information lines

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD: (Name) (Date of Birth) (Social Security Number)

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the Social Security number is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
SEDGWICK COUNTY, KANSAS FAMILY LAW
DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ ,

and

_____ .

)
)
)
)
)
)
)
)
)
)
)

Case No. _____

**PETITION FOR DIVORCE
(With minor child(ren) of this marriage)**

The Petitioner states:

1. Petitioner is now and has been a resident in the State of Kansas for more than sixty (60) days before this Petition is filed and is currently a resident of Sedgwick County, Kansas.

2. Respondent is now living at:

Street address: _____

City, state, zip: _____

Telephone: _____

3. Petitioner and Respondent were married on the following date: _____, _____ (marriage date and year) in the following city and state: _____, and have been married since that date.

4. Petitioner and Respondent should be divorced because they are incompatible, and they are no longer able to live together.

5. That venue in Sedgwick County, Kansas, is proper, and this Court has jurisdiction over both parties hereto and the subject matter herein.

6. Petitioner requests that Wife be restored to the following last name:

_____.



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7. There were _____ child(ren) born during this marriage. The names and dates of birth of the living child(ren) now under eighteen years of age are:

a. _____ (child's name), date of birth _____ and is _____ years old.

b. _____ (child's name), date of birth _____ and is _____ years old.

c. _____ (child's name), date of birth _____ and is _____ years old.

d. _____ (child's name), date of birth _____ and is _____ years old.

SEE ATTACHED LIST FOR ADDITIONAL CHILDREN IF NEEDED: ___Yes ___No

8. In the absence of an agreement between Husband and Wife, the Court should determine the appropriate legal custody for the parties' child(ren) and an appropriate schedule of parenting time with each parent.

9. Petitioner states the following information regarding the parties' minor child(ren) as required by the Uniform Child Custody Jurisdiction and Enforcement Act:

a. The present address at which the child(ren) live is: _____
_____ (address, city, state).

b. During the past five years before this Petition was filed, the child(ren) lived at the following addresses with the adults listed:

<u>From Date</u>	<u>Until Date</u>	<u>City & State</u>	<u>Name, Address & Relationship of Custodian Then Living With Child(ren)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. The Petitioner has not been involved in, and there is no other litigation now pending in this or any other state, regarding the custody of the minor child(ren). _____ Yes _____ No - If yes, list the following matters:

City & State

Court Case Number

10. The Court should determine what amount of child support is due as required by law. This Court has jurisdiction to make an order for the support and education of the living minor child(ren), and jurisdiction to make a child custody decree under the provisions of the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA).

11. That Petitioner and Respondent have obtained property and debt during their marriage which should be distributed between the Petitioner and Respondent as they may agree, or if they are not able to agree, in such a manner as the Court may decide.

WHEREFORE, Petitioner prays that upon final hearing Petitioner be granted a divorce; that the property and debt of the parties be distributed between them; that jurisdiction over spousal maintenance be reserved; that orders relating to custody, parenting time and child support be made; and, that the Court issue such other orders as are appropriate.

Petitioner Pro Se (signature)

Street Address:_____

City, State, Zip:_____

Telephone:_____

VERIFICATION

STATE OF Kansas
(COUNTY OF SEDGWICK) ss.

I swear or affirm, under penalty of perjury, that I am the Petitioner in this case, and that the statements made in this Petition are true.

Executed this _____ day of _____, 2____.

_____ Petitioner, Pro Se

SUBSCRIBED AND SWORN to before me, a Notary Public, this _____ day of _____, 2____.

Notary Public
My appointment expires:_____

KANSAS PAYMENT CENTER CHILD SUPPORT ORDER INFORMATION SHEET

Purpose: Federal law requires Kansas to process child support through a single location in the state. To insure that processing of child support payments is not delayed, the KPC must have all information listed on the form below.

Who submits the completed form: The payee's attorney shall file the completed form along with the Journal Entry with the Clerk of the District Court per Kansas Supreme Court Administrative Order No. 154.

Case Number: You must give the full, accurate court order number, or payments may be delayed. The case number may be copied from the child support order. The case number format is as follows:

	County	Year	Case Type	Case Number
Example: SG 00D 000123	(SG)	(00)	(D)	(000123)

Please call your local Clerk of the District Court if you need additional information to complete this form.

THIS FORM MUST BE ATTACHED TO THE ORDER AND FILED WITH THE CLERK OF THE DISTRICT COURT.

PLEASE print or type all information.																								
Case No.: SG _____ Interstate Circle One Y N	Check if applicable: <input type="checkbox"/> Court Trustee Case	Check one: <input type="checkbox"/> New case/order <input type="checkbox"/> Modified order Filestamp Date of Order (above): _____																						
Obligation Information <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">Support Amount</th> <th style="width: 15%; text-align: center;">Frequency Code</th> <th style="width: 10%; text-align: center;">Start Date</th> </tr> </thead> <tbody> <tr> <td>Current Child support due:</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Current Maintenance (Alimony) due:</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other support due:</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>				Support Amount	Frequency Code	Start Date	Current Child support due:	\$ _____	_____	_____	Current Maintenance (Alimony) due:	\$ _____	_____	_____	Other support due:	\$ _____	_____	_____		\$ _____	_____	_____	Payment Frequency Codes (W) Weekly (B) Biweekly (M) Monthly (SM) Semi-monthly (Q) Quarterly (A) Annually (SA) Semi-Annually (L) Lump Sum	
	Support Amount	Frequency Code	Start Date																					
Current Child support due:	\$ _____	_____	_____																					
Current Maintenance (Alimony) due:	\$ _____	_____	_____																					
Other support due:	\$ _____	_____	_____																					
	\$ _____	_____	_____																					
Information about the PAYING parent																								
NAME: (First, Middle Initial, Last): _____																								
Social Security Number:	Date of Birth:	Phone:																						
Address:	City:	State:	Zip:																					
Name of Employer:		Employer's Phone:																						
Employer Address:	City:	State:	Zip																					
Information about the parent or person RECEIVING support																								
NAME: (First, Middle Initial, Last): _____																								
Social Security Number:	Date of Birth:	Phone:																						
Address:	City:	State:	Zip:																					
Name of Employer:		Employer's Phone:																						
Employer Address:	City:	State:	Zip																					
Information about the Third Party Payee																								
NAME: (First, Middle Initial, Last): _____																								
Social Security Number:	Date of Birth:	Phone:																						
Address:	City:	State:	Zip:																					
Information about the CHILD(REN) covered by this support order:																								
NAME (First and Last)	Social Security Number:	Date of Birth:																						
1.																								
2.																								
3.																								
4.																								

Form Completed By: _____ Date: _____

NOTE: NOTIFY THE COURT TRUSTEE'S OFFICE IF THE ABOVE INFORMATION CHANGES.

_____ a stay at home parent
_____ unemployed

_____ a stay at home parent
_____ unemployed

6. _____ That sole legal custody of the minor child(ren) is not requested
7. _____ That I currently have residential custody of the minor child(ren)
_____ That the Respondent currently has residential custody of the minor child(ren)
_____ The Respondent and I currently have residential custody of the minor child(ren)
8. _____ That I have left the marital residence with the minor child(ren)
_____ That I have left the marital residence without the minor child(ren)
_____ That Respondent has left the marital residence with the minor child(ren)
_____ That Respondent has left the marital residence without the minor child(ren)
_____ That neither party has left the marital residence
9. _____ That the child(ren) has/have special needs, which I have been providing
_____ That the child(ren) does/do not have special needs

Petitioner

STATE OF KANSAS

ss.

SEDGWICK COUNTY

BE IT REMEMBERED that on this _____ day of _____, 20____, before me a Notary Public, in and for said County and State, personally appeared, who is personally known to me to be the same person who executed the foregoing instrument, and duly acknowledged the execution of the same

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year last above written.

NOTARY PUBLIC
My appointment expires: _____

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
SEDGWICK COUNTY, KANSAS FAMILY LAW
DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF)

_____)

and)

_____)

Case No. _____)

Petition Pursuant to K.S.A. Chapter 60

**TEMPORARY ORDER
(With minor child(ren) of this marriage)**

NOW on this _____ day of _____, 2_____, comes the Petitioner, _____, (who is hereinafter designated as "**Husband/Wife**" or "Petitioner") and hereby requests that the Court issue proper orders so that Petitioner and Respondent, _____, (who is hereinafter designated as "**Husband/Wife**" or "Respondent"), may temporarily live separate and apart from each other and make orderly provisions for the period of time until dismissal of this action, further order of this Court, or trial of this case. After reviewing the Court file and hearing statements of counsel, the Court **ORDERS, ADJUDGES and DECREES:**

I. RESIDENCY/SUPPORT OF CHILDREN

The parties are granted the **(joint) (sole)** legal custody of the minor child(ren) with **Husband/Wife** to have primary residency and **Husband/Wife** shall have reasonable parenting time with them as set forth in the Temporary Parenting Plan filed herewith, which is incorporated into this Order as though set forth in full.



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(CHECK ALL THAT APPLY)

A. _____ Child Support Rights have been assigned to SRS.

B. _____ Husband/Wife is ordered to pay _____ per month commencing _____ as and for support for the minor child(ren) of the parties. Said support shall be paid through the Kansas Payment Center at the address, which is set out below in Article III.

The parties shall share all medical and dental expenses of the minor child(ren) which are not reimbursed or otherwise paid by health or dental insurance policies covering said child(ren) based on the relative percentage of the parties as stated on line D 2 of the Child Support Worksheet. This percentage payment is in addition to the child support obligation of both parties and the Court shall have jurisdiction to enter appropriate orders on this matter but payments made for these obligations need not be made through the Kansas Payment Center. However, the responsibility of proper record keeping of expenses and payments shall be upon the party making claims of either expense or payment.

Removal of the child(ren) from this State without permission of the Court is prohibited unless otherwise agreed in writing between the parties.

II. SPOUSAL MAINTENANCE

A. _____ Not Applicable

B. _____ Husband/Wife is ordered to pay _____ per month as and for spousal maintenance of **Husband/Wife** beginning _____. Said obligation shall terminate upon the death of either Husband or Wife. Said support shall be paid through the Kansas Payment Center at the address listed in Article III.

(CHECK ALL THAT APPLY)

III. ADDRESS FOR PAYMENTS AND ROLE OF COURT TRUSTEE

A. _____ Not Applicable as to Spousal Support

B. _____ Spousal Support Payments

C. _____ Child Support Payments

D. _____ Child Support Rights have been assigned to SRS

The address for support payments is as follows:

Kansas Payment Center

Box 758599

Topeka, KS 66675 8599

The case number shown on the first page of this order shall be placed on all checks or money orders and said checks or money orders shall be made payable to the Kansas Payment Center and include the county designation (SG).

The Kansas Payment Center shall forward said payments to **Husband/Wife** at _____(city, state, zip) and it shall be the responsibility of **Husband/Wife** to inform the Clerk of any change in address.

No commission shall be credited to the Court Trustee for payments under this order.

IV. COLLECTION OF UNPAID SUPPORT

Should the payor fail to be current with the support obligations as set out herein so that there is an arrearage in an amount equal to or greater than the amount of support payable for one month or two months if only spousal support is ordered, an income withholding order shall be issued by the Court upon proper application. The income withholding order shall require any payor of income to the party in arrears to withhold income from each pay period in the necessary and lawful amounts to pay the current support obligation and to reduce the accrued arrearage.

The above orders for support may be enforced by garnishment unless the **Husband/Wife** requests a hearing to contest the issuance of an Order of Garnishment within seven (7) days after the service of the within order of support upon **Husband/Wife**.

IV. RESIDENCE

A. _____ **Not Applicable**

B. _____ **Husband/Wife** shall have the temporary possession of the residence located at _____ (city, state, zip) and the **Husband/Wife** shall have vacated the said residence within twenty four (24) hours after the service of this Order.

The **Husband/Wife**, _____ (name of person leaving dwelling), is granted the right to remove from the dwelling personal effects necessary for personal hygiene and personal clothing for the **Husband/Wife** and for any child(ren), listed below, in the **Husband's/Wife's** primary residency.

<u>Name of Child</u>	<u>Current Age</u>	<u>Year of Birth</u>

SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: ___ Yes ___ No

Husband/Wife is hereby given notice that their return to said residence without the permission or upon the invitation of **Husband/Wife** could be considered a Criminal Trespass under K.S.A. 21 3721 and appropriate municipal ordinance, for which he or she could be prosecuted.

If **Husband/Wife** has not voluntarily vacated this dwelling after twenty four (24) hours of being served with the Temporary Orders, then any duly authorized law enforcement officer of the State of Kansas is requested to use reasonable and necessary means to evict **Husband/Wife** from this dwelling.

V. PERSONAL PROPERTY

A. _____ **Not Applicable**

B. _____ **Husband** shall remain in temporary possession of the following items of property:

A. _____ **Not Applicable**

B. _____ Wife shall remain in temporary possession of the following items of property:

Any duly authorized law enforcement officer of the State of Kansas is requested to use reasonable and necessary means to prevent **Husband/Wife** from interfering with the **Wife's/Husband's** removal of his/her personal clothing and such personal effects as set forth herein.

VI. DEBTS

A. _____ **Not Applicable**

B. _____ Husband shall be temporarily responsible for the periodic payment of the following debts:

(Description of Debts to be paid by Husband)

(Amount Owed)

A. _____ **Not Applicable**

B. _____ Wife shall be temporarily responsible for the periodic payment of the following debts:

(Description of Debts to be paid by Wife)

(Amount Owed)

Each party shall be responsible for individual debts and obligations incurred after the date the Petition herein is filed.

VII. RESTRAINT

The parties are jointly restrained and enjoined from molesting or interfering with the privacy or rights of each other in any manner. Furthermore, they are restrained from disposing, encumbering or changing the nature of any property of the parties or of each of them without prior Court approval other than for reasonable living expenses or attorney fees.

In addition, the parties are restrained and enjoined from canceling any utility services and/or deposits or canceling or modifying (including changing beneficiaries) of any existing pension benefits, medical, health, automobile, homeowner's or renter's, life, or disability insurance coverage's involving any family members or their property.

VIII. RECONCILIATION

In event of a reconciliation of the parties before trial, the filing party shall promptly notify his or her attorney, or if petitioner does not have an attorney, shall promptly prepare and present to this Court a Journal Entry of Dismissal.

IX. ENFORCEMENT

Nothing in this Temporary Order shall be construed as a final decision concerning the property or rights of either party. The ultimate decision relating to all such matters will be made at the time of trial. This Temporary Order shall remain in effect until the trial of this case unless modified by the Court upon the motion of either party. DISOBEDIENCE OF THIS ORDER OF THE COURT IS PUNISHABLE AS INDIRECT CONTEMPT OF COURT AND MAY BE PUNISHED BY CONFINEMENT IN JAIL. Any duly authorized law enforcement officer of the State of Kansas is directed to use reasonable and necessary means to enforce the provisions of this Temporary Order.

X. HEARING

Husband/Wife may appear before this Court at 1:30 pm on any Monday, or at 9:30am or 1:30pm on Tuesday, on the 4th floor of the Sedgwick County Courthouse, 525 North Main, Wichita, Kansas, for the purpose of modifying any of the orders contained herein.

If **Husband/Wife** intends to appear, **Husband's/Wife's** counsel, or if not represented the other party, must be notified by **Husband/Wife** completing and filing one of the attached form(s) with the Clerk of the Court and by serving the other copy of the form to **Husband's/Wife's** counsel, or if not represented the other party, not later than seven (7) business days before the time specified for the court hearing.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

APPROVED:

Petitioner, Pro Se

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
SEDGWICK COUNTY, KANSAS FAMILY LAW
DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF)

_____)

and)

_____)

Petition Pursuant to K.S.A. Chapter 60

Case No. _____

TEMPORARY PARENTING PLAN

COMES NOW, the **(Mother) (Father) (Both Parties)**, and submits the following **(proposed plan) (agreed plan of the parties)** pursuant to K.S.A. 60-1610 et seq:

1. This parenting plan applies to the following child(ren):

Full Name of Child

Gender

Birth Date and Age

SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: ___ Yes ___ No

2. A. ___ Joint Legal Custody—Both parents are fit and proper persons to have joint legal custody of the minor child(ren). It is in the best interest of the child(ren) that the parties jointly share in the care of the child(ren). The term “joint legal custody” means that both parents have equal rights and responsibilities regarding their child(ren) and that neither parent’s rights are superior to the other parent’s.

B. ___ Sole Legal Custody—Joint legal custody is not in the best interests of the child(ren). The parent granted sole legal custody has the primary right to decide



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matters regarding matters of health, education and welfare in the child(ren)'s best interests. The parent not granted sole legal custody may make emergency decisions affecting the health or safety of the child(ren) when the child(ren) is in that parent's physical care and control. The grant of sole legal custody to one parent does not deprive the other parent access to information regarding the child(ren) unless the Court shall so order, stating the reasons for that determination.

Sole legal custody is granted to ___Mother ___Father for the following reasons:

___Agreement of the parents

___The other parent is unable or should not be allowed to exercise any decision-making

___There is such a high level of disagreement between the parents that one

___There is a danger to the child(ren)

___The ___Mother ___Father cannot be located

C. ___ Restriction of Information Regarding the Child(ren) to Non Legal Custodian

_____ The ___Mother ___Father is restrained from access to information regarding the child(ren) for the following specific reasons (such as agreement of the parties or serious danger to the child(ren) stating the specific reasons for a determination that the non-custodial parent should be restricted from access to information regarding the child(ren): _____

_____ Not necessary at this time

3. Parenting Time for ___ Mother ___ Father: (non-custodial parent)

_____ **Weekdays:** From _____ at __.m. to _____ at
___.m. starting on the _____ day of _____, 2_____.

_____ **Weekends:** From _____ at __.m. to _____ at
___.m. starting on the _____ day of _____, 2_____.

Primary custodial parent shall have all weekdays and weekends not specifically set forth above.

4. HOLIDAYS

___ Husband/Wife is granted even numbered years

___ Husband/Wife is granted odd numbered years

Mother's Day – Wife shall have child(ren)

Father's Day – Husband shall have child(ren)

Valentine's Day, Easter, Memorial Day, Thanksgiving Holiday is alternated yearly. The parent with the even numbered year starts beginning in the year 2____.

Spring Break, July 4th, Labor Day, Halloween is alternated yearly. The parent with the odd numbered year will start this rotation in the same year that even numbered parent begins the above rotation.

Christmas Eve from 6:00 p.m. to 10:30 a.m. Christmas morning is awarded to the party that has even numbered years beginning in the year 2____. This parent is awarded the second half of winter/Christmas break.

Christmas Day from 10:30 a.m. through first half of winter/Christmas break is awarded to the parent with odd numbered years. This rotation will start in the same year that even numbered parent begins above Christmas Eve rotation.

Mother shall have child(ren) for mother's birthday.

Father shall have child(ren) for father's birthday.

Parent's will alternate child(ren)'s birthday. Parent with even numbered years begins rotation first. If there is more than one child of the parties, the parties will alternate the birthdays of the child(ren).

Holidays and special days specified above will have precedence over weekday and weekend visitation.

Holidays have priority over other special occasions.

Chapter 21 (Crimes and Punishments) of the Kansas Statutes Annotated in which the child(ren) is the victim of such crime.

7. Transportation and transportation costs: Responsibility for transportation and transportation costs, as it relates to parenting time, shall be as follows:

Transportation arrangements and costs shall be the responsibility of:

- Parent Exercising Visitation
- Shared Equally
- Not necessary at this time

Exchange Point: The exchange point for the child(ren) shall be:

- The home of the Mother Father
- Other: (Please specify) _____

- Not necessary at this time

Notice of Intent to Exercise or Not to Exercise Parenting Time:

The **Mother/Father** parent shall notify the other parent _____ days in advance of the intent to **not** exercise scheduled parenting time. If notification is not given, the subject parenting time will be considered waived.

Except for extreme and exceptional circumstances, a parent is not required to wait for the other parent more than _____ minutes before the parenting time is considered waived.

Other:

_____.

Not necessary at this time.

Telephone and Mail Contact Between Parent and Child(ren).

Telephone Contact: Each parent is allowed reasonable telephone access to their child(ren) at reasonable hours without interference from the other parent.

Telephone contact with a child(ren) should not be used as an opportunity by either parent to discuss issues not related to the child(ren) with the other parent. When telephone contact is attempted to be made with the child(ren), the child(ren) should either have direct access to the telephone or the telephone should be given directly to the child(ren) with a minimum of conversation between the parents unless necessary for discussion of matters related to that contact. Any parent shall not refuse to answer the phone, turn off the phone or put call block on the line in order to deny the other parent telephone contact with the child(ren). Each parent shall supply the other parent with current telephone numbers, where the child(ren) may be found or is/are staying.

___ Not necessary at this time.

___ **Mail and E-mail Contact:** Each parent with whom the child(ren) is not then living should have unlimited ability to contact each other by use of either regular United States mail or electronic mail, if such an account is available. The parent seeking mail contact must provide self-addressed stamped envelopes for the child(ren) to use. If available, current e-mail addresses where the child(ren) may be contacted shall be supplied to both parents by each parent. Where possible, reasonable computer access shall be allowed.

___ Not necessary at this time.

8. Other Considerations and Agreements:

9. That this parenting plan is in the best interest of the minor child(ren)

10. That, when mutual decision making is designated but cannot be achieved, the parties shall make a good faith effort to resolve the issue through the dispute resolution

process. If a parent fails to comply with a provision of this plan, the other parent's obligations under the plan are not affected unless specifically ordered by the Court.

11. This arrangement shall remain in effect until further Order of the Court.

IT IS SO ORDERED.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

Approved by:

Petitioner, Pro Se

Respondent, Pro Se

Address

Address

City, State, ZIP

City, State, ZIP

Telephone Number

Telephone Number

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
 SEDGWICK COUNTY, KANSAS FAMILY LAW
 DEPARTMENT**

DOMESTIC RELATIONS AFFIDAVIT

IN THE MATTER OF _____)
 _____)
 _____)
 _____)
 _____)
 _____)
 _____)
 _____)
 _____)

and

Case No. _____

DOMESTIC RELATIONS AFFIDAVIT OF _____
 (name)

1. Mother's Residence _____

Mother's _____
 Birth Month/Year XXX-XX-_____
 Social Security Number Telephone

2. Father's Residence _____

Father's _____
 Birth Month/Year XXX-XX-_____
 Social Security Number Telephone

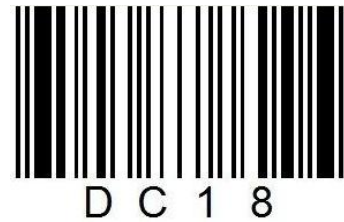
3. Date of Marriage: _____

4. Number of Marriages: Mother _____ Father _____

5. Number of children of the relationship: _____

6. Names, Social Security Numbers, the month and year of each child's birth and ages of minor children of the relationship:

Name	Social Security Number XXX-XX-____	Birth Month /Year	Age	Custodian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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	Social Security No. XXX-XX-____	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:

	Item	Amount	Joint or Individual (Specify)
A.	Checking Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
B.	Savings Accounts (Do not list account numbers):		
	_____	\$ _____	_____
	_____	\$ _____	_____
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/services:		
	Trash Service	\$ _____	\$ _____
	Newspaper	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	Mobile Phone	\$ _____	\$ _____
	Cable	\$ _____	\$ _____
	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 monetary amount in each column; 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 Parenting Time Costs	\$ _____	\$ _____
Parenting Time Adjustments	\$ _____	\$ _____
Income Tax Considerations	\$ _____	\$ _____
Special Needs/Extraordinary Exp.	\$ _____	\$ _____
Support Beyond Age of Majority	\$ _____	\$ _____
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.

	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>		
	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

5. Monthly income:

- A. Wage Earner, Gross Income \$ _____
- B. Self-Employed, Gross Income \$ _____
- C. Reasonable Business Expense \$ _____
- D. Self-Employment Tax \$ _____

6. Work Related Child Care Expenses:

- A. Weekly Cost During Summer \$ _____ Name and Address of Provider

- B. Weekly Cost During School Year \$ _____ Name and Address of Provider

7. Father Mother provides Health Insurance for child(ren).

- A. Name and Address of Health Insurance Plan: _____

- B. Person(s) insured on plan: _____
Monthly cost of health insurance: \$ _____
Monthly cost of dental insurance: \$ _____
Monthly cost of vision insurance: \$ _____
Monthly cost of drug prescription insurance: \$ _____
Increase cost of adding child(ren) to the plan: \$ _____

8. Father Mother claims child(ren) for income tax purposes.

You file taxes: Single Head of Household Joint Other

9. Child Support Adjustments requested (documentation to support requested adjustments must be attached):

- Long Distance Parenting Time Adjustment
- Parenting Time Adjustment
- Agreement Past Minority
- Special Needs
- Income Tax Adjustment
- Overall Financial Condition

10. The following documents must be attached. **Social Security numbers and dates of birth must be removed from the documents prior to filing with the court.**

- Current Pay Stub
- W-2
- Written Proof of Insurance Costs
- Last Year's Tax Return including schedules
- Written Proof of Day Care Cost

I declare under penalty of perjury under the laws of the state of Kansas that the forgoing is true, correct and complete.

Executed on the _____ day of _____, 20____.

Name (Print): _____

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
 SEDGWICK COUNTY, KANSAS FAMILY LAW
 DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF _____)

_____)

and _____)

_____)

Petition Pursuant to K.S.A. Chapter 60

Case No. _____

CHILD SUPPORT WORKSHEET

Age Category	0-5	6-11	12-18
1. Number in each Age Category	_____	_____	_____
	Mother	Father	Combined
2. Child Support Income	\$ _____ +	\$ _____ =	\$ _____
3. Proportionate shares of combined income	_____ %	_____ %	

4. Gross child support obligation (using combined child support income from line 2 & tables)

Age Category	0-5	6-11	12-18	Total
Total child support in each Category	\$ _____ +	\$ _____ +	\$ _____ =	\$ _____
	Mother	Father	Combined	
5. Health & Dental insurance premium	\$ _____ +	\$ _____ =	\$ _____	
6. Actual work-related child care costs	\$ _____ +	\$ _____		
7. After-tax child care costs	\$ _____ +	\$ _____ =	\$ _____	
8. Initial child support obligation (lines 4+5+7)			\$ _____	
9. Child support obligation (line 3 * line 8)	\$ _____	\$ _____		
10. Subtract for payments made (lines 5+7) (-)\$	\$ _____	\$ _____		
11. Net child support obligation (line 9- line 10)	\$ _____	\$ _____		

Date approved: _____

Approved by Judge: _____



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**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
SEDGWICK COUNTY, KANSAS FAMILY LAW
DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF

_____ ,

and

_____ .

)
)
)
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Case No. _____

Petition Pursuant to K.S.A. Chapter 60

WORKSHOP ORDER PURSUANT TO K.S.A. CHAPTER 23

Pursuant to K.S.A. 23-3214, the parties to this action are ordered to attend the following parent education class:

**Solid Growth Parenting Workshop
Sedgwick County Courthouse First Floor, Jury Room
525 North Main, Wichita, Kansas 67203 (parking in garage north of
Courthouse)
Enrollment: In person, 7th floor Family Law Clerk's Office or by mail.
Enrollment fee of \$60.00 must be paid at time of filing case.
Payment method: cash or money order. No personal checks or credit cards.**

**For questions or rescheduling a class call 316-660-5727
Classes are Thursdays 5:30 to 7:30 p.m. (schedules may vary for holidays
and availability)**

The Petitioner and Respondent shall attend the workshop. The Petitioner shall complete the workshop before the final order is approved. No post-judgment motion filed by the Respondent shall be heard until the Respondent has completed the workshop.

Enrollment in the workshop shall occur within ten (10) days after either filing this action or receiving notice of this action unless explicitly ordered otherwise by the Court.

NOTICE: If you are the Petitioner, your divorce will NOT BE FINALIZED until you have completed the above workshop.

Dated this _____ day of _____, 20____.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
SEDGWICK COUNTY, KANSAS FAMILY LAW
DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF _____)

_____)

and _____)

_____)

_____)
Petition Pursuant to K.S.A. Chapter 60

Case No. _____

NOTICE OF INTENT TO APPEAR

This is to notify you that I intend to appear to seek modification of the Temporary Order at: (check one):

1:30 pm Monday 1:30 pm Tuesday

9:30 am Tuesday 9:30 am Monday (Both Parties Self-Represented Only)

on the ___ day of _____, 20___, at the fourth floor of the Sedgwick County Courthouse, 525 North Main, Wichita, Kansas, for the following reason(s): (Check all that apply, much check at least one) pursuant to K.S.A. 10-207(b).

PARENTING TIME CUSTODY RESIDENCY
 CHILD SUPPORT SPOUSAL SUPPORT
 PROPERTY DIVISION OTHER, PLEASE LIST _____

Husband/Wife (Respondent)

Address

Telephone Number

FILE ORIGINAL AND PAY PARENTING WORKSHOP FEE WITH CLERK OF THE DISTRICT COURT, 7TH FLOOR, SEDGWICK COUNTY COURTHOUSE, AND MAIL A COPY TO:

(NAME OF ATTORNEY FOR PETITIONER OR PETITIONER PRO SE)

(ADDRESS)

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, I mailed a copy of the above Notice of Intent to Appear to the Attorney or Petitioner Pro Se named above at the address given above by Certified Mail—Return Receipt Requested.

Husband/Wife (Signature)

NOTE: If temporary support and/or custody, residency or parenting time have been ordered in the temporary order, the Clerk shall not accept a request for modification of same without the accompanying documents required by Rules 406 & 407.

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
SEDGWICK COUNTY, KANSAS FAMILY LAW
DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF)

_____)

and)

_____)

Petition Pursuant to K.S.A. Chapter 60

Case No. _____

ENTRY OF APPEARANCE AND WAIVER OF SERVICE

COMES NOW the Respondent and voluntarily enters an appearance in this action. Respondent states that service of summons is waived and that Respondent acknowledges receipt of the Petition filed in this case, together with a copy of the proposed Decree of Divorce. Respondent agrees that this divorce action may be heard by the Court without any further notification to Respondent.

Respondent's signature
(Must be signed in presence of notary)

(Please print): Street Address: _____
City, State, ZIP: _____
Telephone number: _____

ACKNOWLEDGEMENT

STATE OF KANSAS)
COUNTY OF SEDGWICK) ss.

BE IT REMEMBERED that on this _____ day of _____, 20____, before me, a Notary Public, in and for said county and state, personally appeared the Respondent in this action, known by me to be the identical person who executed the foregoing instrument and acknowledged to me that he/she executed same as a voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have set my hand and affixed my seal, the day and year last written.

Notary Public My appointment expires: _____

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

Plaintiff (s)

VS.

Defendant (s)

_____ CASE NO.

SUMMONS

To the above-named Defendant:

You are hereby summoned and required to serve upon _____, plaintiff's attorney, whose address is _____, a pleading to the petition which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the petition. Your pleading must also be filed with the court. As provided in subsection (a) of K.S.A. 60-213, and amendments thereto, your answer must state as a counterclaim any related claim which you may have against the plaintiff, or you will thereafter be barred from making such claim in any other action.

REASONABLE ACCOMMODATIONS WILL BE PROVIDED IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT

Clerk of the District Court of Sedgwick County, Kansas



Dated _____

By _____, Deputy

RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served the within summons:

[1] **Personal Service.** By delivering on the _____ day of _____, _____, a copy of the summons and a copy of the petition to each of the within-named defendants _____

[2] **Residence Service.** By leaving on the _____ day of _____, _____, for each of the within-named defendants _____

a copy of the summons and a copy of the petition at the respective dwelling place or usual place of abode of such defendants with some person of suitable age and discretion residing therein.

[3] **Agent Service.** By delivering on the _____ day of _____, _____, a copy of the summons and a copy of the petition to each of the following agents authorized by appointment or by law to receive service of process _____

[4] **Residence Service and Mailing.** By leaving a copy of the summons and a copy of the petition at the dwelling house or usual place of abode and mailing by first-class mail to each of the following defendants a notice that such copy has been so left _____

[5] **Certified Mail Service.** I hereby certify that I have served the within summons: (1) By mailing on the _____ day of _____, _____, a copy of the summons and a copy of the petition in the above action as certified mail return receipt requested to each of the within-named defendants; (2) the name and address on the envelope containing the process mailed as certified mail return receipt requested were as follows:

By _____

[6] **Certified Mail Service Refused.** I hereby certify that on the _____ day of _____, _____, I mailed a copy of the summons and petition in the above action by first-class mail, postage prepaid, addressed to _____ at _____

By _____

[7] **No Service.** The following defendants were not found in this county:

Dated: _____, 20 _____.

Sheriff

By: _____ Deputy

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
 SEDGWICK COUNTY, KANSAS FAMILY LAW
 DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF)
 _____)
 and _____)
 _____)
 _____)

Case No. _____

Petition Pursuant to K.S.A. Chapter 60

PERMANENT PARENTING PLAN OF THE PARTIES

COMES NOW, the **(Mother)(Father)(Both Parties)**, and submits the following **(permanent plan)(agreed permanent plan of the parties)** pursuant to K.S.A. 60-1610 et seq:

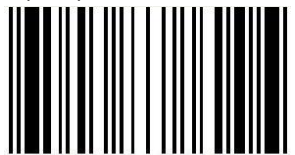
1. This parenting plan applies to the following child(ren):

<u>Full Name of Child</u>	<u>Gender</u>	<u>Birth Date and Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: ___ YES ___ NO

2. **A. ___ Joint Legal Custody**—Both parents are fit and proper persons to have joint legal custody of the minor child(ren). It is in the best interest of the child(ren) that the parties jointly share in the care of the child(ren). The term “joint legal custody” means that both parents have equal rights and responsibilities regarding their child(ren) and that neither parent’s rights are superior to the other parent’s.

B. ___ Sole Legal Custody—Joint legal custody is not in the best interests of the child(ren). The parent granted sole legal custody has the primary right to decide matters regarding matters of health, education and welfare in the child(ren)’s best interests. The parent not granted sole legal custody may make emergency decisions affecting the health or safety of the child(ren) when the child(ren) is in that



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parent's physical care and control. The grant of sole legal custody to one parent does not deprive the other parent access to information regarding the child(ren) unless the Court shall so order, stating the reasons for that determination.

Sole legal custody is granted to ___Mother ___Father for the following reasons:

___Agreement of the parents

___The other parent is unable or should not be allowed to exercise any decision-making

___There is such a high level of disagreement between the parents that one parent needs to be designated as the primary decision marker for the best interests of the child(ren) to be served.

___ There is a danger to the child(ren).

___The ___Mother ___Father cannot be located.

C. ___ Restriction of Information Regarding the Child(ren) to Non Legal Custodian.

The ___Mother ___Father is restrained from access to information regarding the child(ren) for the following specific reasons (such as agreement of the parties or serious danger to the child(ren) stating the specific reasons for a determination that the non-custodial parent should be restricted from access to information regarding the child(ren):

___Not necessary at this time

3. Parenting Time for ___ Mother ___ Father: (non-custodial parent)

___**Weekdays:** From _____ at ____m. to _____
_____ at ____m. starting on the ____ day of _____, 2__.

___**Weekends:** From _____ at ____m. to _____
_____ at ____m. starting on the ____ day of _____, 2__.

Primary custodial parent shall have all weekdays and weekends not specifically set forth above.

4. HOLIDAYS

___ Husband/Wife is granted even numbered years

___ Husband/Wife is granted odd numbered years

Mother's Day – Wife shall have child(ren)

Father's Day – Husband shall have child(ren)

Valentine's Day, Easter, Memorial Day, Thanksgiving Holiday is alternated yearly. The parent with the even numbered year starts beginning in the year 2____.

Spring Break, July 4th, Labor Day, Halloween is alternated yearly. The parent with the odd numbered year will start this rotation in the same year that even numbered parent begins the above rotation.

Christmas Eve from 6:00 p.m. to 10:30 a.m. Christmas morning is awarded to the party that has even numbered years beginning in the year 2____. This parent is awarded the second half of winter/Christmas break.

Christmas Day from 10:30 a.m. through first half of winter/Christmas break is awarded to the parent with odd numbered years. This rotation will start in the same year that even numbered parent begins above Christmas Eve rotation.

Mother shall have child(ren) for mother's birthday.

Father shall have child(ren) for father's birthday.

Parent's will alternate child(ren)'s birthday. Parent with even numbered years begins rotation first. If there is more than one child of the parties, the parties will alternate the birthdays of the child(ren).

Holidays and special days specified above will have precedence over weekday and weekend visitation.

Holidays have priority over other special occasions.

children) of Chapter 21 (Crimes and Punishments) of the Kansas Statutes Annotated in which the child(ren) is the victim of such crime.

7. Transportation and transportation costs: Responsibility for transportation and transportation costs, as it relates to parenting time, shall be as follows:

Transportation arrangements and costs shall be the responsibility of:

- Parent Exercising Visitation
- Shared Equally
- Not necessary at this time

Exchange Point: The exchange point for the child(ren) shall be:

- The home of the Mother Father
- Other: (Please specify) _____

- Not necessary at this time

Notice of Intent to Exercise or Not to Exercise Parenting Time:

The **Mother/Father** parent shall notify the other parent _____ days in advance of the intent to **not** exercise scheduled parenting time. If notification is not given, the subject parenting time will be considered waived.

Except for extreme and exceptional circumstances, a parent is not required to wait for the other parent more than _____ minutes before the parenting time is considered waived.

Other:

_____.

Not necessary at this time.

Telephone and Mail Contact Between Parent and Child(ren).

Telephone Contact: Each parent is allowed reasonable telephone access to their child(ren) at reasonable hours without interference from the other parent.

Telephone contact with a child(ren) should not be used as an opportunity by either parent to discuss issues not related to the child(ren) with the other parent. When telephone contact is attempted to be made with the child(ren), the child(ren) should either have direct access to the telephone or the telephone should be given directly to the child(ren) with a minimum of conversation between the parents unless necessary for discussion of matters related to that contact. Any parent shall not refuse to answer the phone, turn off the phone or put call block on the line in order to deny the other parent telephone contact with the child(ren). Each parent shall supply the other parent with current telephone numbers, where the child(ren) may be found or is/are staying.

___ Not necessary at this time.

___ **Mail and E-mail Contact:** Each parent with whom the child(ren) is not then living should have unlimited ability to contact each other by use of either regular United States mail or electronic mail, if such an account is available. The parent seeking mail contact must provide self-addressed stamped envelopes for the child(ren) to use. If available, current e-mail addresses where the child(ren) may be contacted shall be supplied to both parents by each parent. Where possible, reasonable computer access shall be allowed.

___ Not necessary at this time.

8. Other Considerations and Agreements:

9. That this parenting plan is in the best interest of the minor child(ren)

10. That, when mutual decision making is designated but cannot be achieved, the parties shall make a good faith effort to resolve the issue through the dispute resolution

process. If a parent fails to comply with a provision of this plan, the other parent's obligations under the plan are not affected unless specifically ordered by the Court.

11. This arrangement shall remain in effect until further Order of the Court.

IT IS SO ORDERED.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

Approved by:

Petitioner, Pro Se

Respondent, Pro Se

Address

Address

City, State, ZIP

City, State, ZIP

Telephone Number

Telephone Number

7. Further that I herein waive my right to a record.

FURTHER AFFIANT SAITH NAUGHT.

Petitioner

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public
My appointment expires: _____

**IN THE 18TH JUDICIAL DISTRICT, DISTRICT COURT
SEDGWICK COUNTY, KANSAS FAMILY LAW
DEPARTMENT**

IN THE MATTER OF THE MARRIAGE OF)
)
 _____,)
)
and)
)
 _____)
 _____)

Case No. _____

**TITLE TO REAL ESTATE
INVOLVED: __ YES __ NO**

Petition Pursuant to K.S.A. Chapter 60

**JOURNAL ENTRY OF JUDGMENT
AND DECREE OF DIVORCE
(With minor child(ren) of this marriage)**

NOW, on this ____ day of _____, 2____, the above matter comes before the Court for final hearing. Petitioner appears in person, pro se. Respondent **(does not appear) (appears in person) (appears through counsel)**, and does not contest these proceedings. Both parties consent to the waiving of a record. There are no other appearances.

WHEREUPON, after reviewing matters of record, and considering all of the pleadings, and otherwise being duly advised, the Court finds, orders and decrees:

1. The Petition in this case was filed on the following date:
_____.
2. More than sixty (60) days have passed since the filing of the Petition in this case.
3. Petitioner has been a bona fide resident of the State of Kansas for more than sixty (60) days preceding the filing of the Petition in this case.
4. That the Respondent has received a copy of the Petition in this case by:
(CHECK ONLY ONE)
___a) waived service of summons; ___b) was served with summons by the Sedgwick County Sheriff; ___c) was served by special process server; ___d) was served with summons by certified-mail return receipt requested; or ___e) was served by publication.



5. Service of process upon Respondent has been duly accomplished, and is valid, binding and legal in all respects, and is hereby approved by the Court.

6. This Court has jurisdiction over the parties to and the subject matter of this divorce matter. More specifically, this Court has jurisdiction over the minor child(ren) of the parties, and said child(ren) are not a subject of litigation in any other jurisdiction.

7. Venue in Sedgwick County, Kansas is proper.

8. Petitioner and Respondent were married on _____, and have been married since that date.

9. Petitioner and Respondent are incompatible, and they are hereby divorced on that ground.

10. There were _____ child(ren) born during this marriage. The names and dates of birth of the living child(ren) now under eighteen years of age are:

<u>Name</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____

SEE ATTACHED LIST FOR ADDITIONAL CHILD(REN) IF NEEDED: ___ Yes ___ No

11. RESIDENCY OF CHILDREN: The (parties are hereby awarded **joint legal custody**) (**Mother/Father is awarded sole legal custody**) of the minor child(ren) with the **Husband/Wife** to be designated as the primary residential custodial parent. The non-custodial parent (**Husband/Wife**) shall have reasonable parenting time with child(ren) as set out in the permanent parenting plan of the parties. This Court hereby adopts the Permanent Parenting Plan of the parties which is filed separately herein.

(CHECK ALL THAT APPLY)

12. A. ___ Child Support Rights have been assigned to SRS

B. ___ Husband/Wife is ordered to pay _____ per month commencing _____ (month/day/year) as and for support for the minor child(ren) of the parties. Said support shall be paid through the Kansas Payment Center at the address which is set out below in Section 15.

The parties shall share all medical and dental expenses of the minor child(ren) which are not reimbursed or otherwise paid by health or dental insurance policies covering said child(ren) based on the relative percentage of the parties as stated on line D 2 of the Child Support Worksheet. This percentage payment is in addition to the child support obligation of both parties and the Court shall have jurisdiction to enter appropriate orders on this matter but payments made for these obligations need not be made through the Kansas Payment Center. However, the responsibility of proper record keeping of expenses and payments shall be upon the party making claims of either expense or payment.

(CHECK ONLY ONE)

13. A._____ The primary residential custodial parent is hereby awarded the personal tax exemptions for the children commencing in the current tax year and every year thereafter.

B._____ The parties will alternate personal tax exemptions provided payor of child support obligation is current as of December 31st of year that payor is to claim personal tax exemptions with the primary residential custodial parent taking the even numbered years and the non-custodial parent taking odd numbered years.

C._____ If parties have two minor children, parties will split personal tax exemptions until first child reaches age 18; thereafter, they will alternate years with the primary residential custodial parent taking the first year. In order to utilize split personal tax exemptions, payor of child support obligation must be current in that obligation as of December 31st of any year.

14. SPOUSAL MAINTENANCE

A._____ **Not Applicable; however, the Court reserves jurisdiction over this issue for one year after the filing of this Decree.**

B._____ **Husband/Wife** is ordered to pay _____ per month as and for spousal maintenance of **Husband/Wife** beginning _____ (date) for the period of _____ years and concluding on _____ (date). Said obligation shall terminate upon the death of either Husband or Wife. Said support shall be paid through the Kansas Payment Center at the address set out below in Section 15.

(CHECK ALL THAT APPLY)

15. ADDRESS FOR PAYMENTS AND ROLE OF COURT TRUSTEE

- A. _____ **Not Applicable to Spousal Support**
- B. _____ **Spousal Support Payments**
- C. _____ **Child Support Payments**
- D. _____ **Child Support Rights have been assigned to SRS**

The address for support obligation payments is as follows:

Kansas Payment Center
Box 758599
Topeka, KS 66675-8599

The case number shown on the first page of this order shall be placed on all checks or money orders and said checks or money orders shall be made payable to the Kansas Payment Center and include the county designation (SG).

The Kansas Payment Center shall forward said payments to **Husband/Wife** at _____ (city, state, zip) and it shall be the responsibility of **Husband/Wife** to inform the Clerk of any change in address.

IT IS FURTHER ORDERED that an income withholding order shall be issued immediately as required by K.S.A. 23-4,105 et seq. The Office of the District Court Trustee shall immediately prepare the income withholding order, notice and answer forms for filing and service to the obligor's payer of income. Each party shall inform the Clerk of the District Court, in writing, of any change of name, residence and employer (with business address) within seven (7) days of a change.

IT IS FURTHER ORDERED that, until the commencement of withholding by a payer/employer, the obligor shall pay all child support payments required by the support order. Payments shall be remitted by the obligor to the Kansas Payment Center on or before the due date specified in the order.

IT IS FURTHER ORDERED that all support payments shall be paid to the Kansas Payment Center, P.O. Box 758599, Topeka, KS 66675-8599, and a fee shall be deducted therefrom by the Kansas Payment Center to defray the expense of the

operation of the Office of the District Court Trustee. All support payments shall be payable to the order of the Kansas Payment Center.

The above orders for support may be enforced by garnishment unless the **Husband/Wife** requests a hearing to contest the issuance of an Order of Garnishment within seven (7) days after the service of the within order of spousal maintenance upon **Husband/Wife**.

16. RESIDENCE

A. _____ **Not Applicable**

B. _____ **Husband/Wife** shall have permanent possession of the residence located at _____ (city, state, zip) with the value of the property being \$_____. **Husband/Wife** shall be responsible for payment of the mortgage loan and will hold the other party harmless.

17. PERSONAL PROPERTY

A. _____ **Not Applicable**

B. _____ Husband shall have permanent possession of his personal papers, clothing and any other property in his possession and the following items of property **now in possession of the Wife:** (Description & Estimated Value)

A. _____ **Not Applicable**

B. _____ Wife shall have permanent possession of her personal papers, clothing and any other property in her possession and the following items of property **now in possession of the Husband:** (Description & Estimated Value)

Both parties shall be awarded their own retirement benefits from any current or past employer, free and clear of any claim of the other.

18. DEBTS—Each party is responsible for the debts held in his or her own name, and shall hold the other party harmless for said debt, except the following:

A. _____ Not Applicable

B. _____ Husband is Ordered to be responsible for the periodic payment of the following debts:

(Description of Debts to be paid by Husband)	(Amount Owed)
_____	_____
_____	_____
_____	_____
_____	_____

A. _____ Not Applicable

B. _____ Wife is Ordered to be responsible for the periodic payment of the following debts:

(Description of Debts to be paid by Wife)	(Amount Owed)
_____	_____
_____	_____
_____	_____
_____	_____

Each party shall hold the other harmless from any and all debts incurred on any property assigned to that party. The division of assets and liabilities, as described herein is fair, just and equitable.

Both parties mutually agree that they shall execute such releases, bills of sale, deed or other instruments of transfer as may be necessary to comply with this Journal Entry of Judgment and Decree of Divorce. In the event of failure to do so within ten (10) days from the filing of this decree, then this decree shall operate as such a transfer.

19. The wife's last name is restored to: _____.

20. The parties are prohibited from contracting marriage, within or outside the State of Kansas, with any third person until thirty (30) days from the date of the filing of this Journal Entry of Judgment and Decree of Divorce with the Clerk of the District Court, unless an appeal is taken, and then until receipt of the Mandate from the Appellate Courts of the State of Kansas in accordance with K.S.A. 60-2106(c). Any marriage contracted before the expiration of that period shall be voidable unless both parties waive appeal.

IT IS SO ORDERED.

**JUDGE OF THE DISTRICT COURT
FAMILY LAW DEPARTMENT**

Approved by:

Petitioner Pro Se

Respondent Pro Se

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Telephone Number

Telephone Number

STATE OF KANSAS
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Vital Statistics

CERTIFICATE OF DIVORCE OR ANNULMENT

CASE NUMBER

State File Number

1. HUSBAND'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)		
3. RESIDENCE-STATE			4. COUNTY		
5. WIFE'S NAME (First, Middle, Last)			6. WIFE'S LAST NAME PRIOR TO FIRST MARRIAGE		
7. DATE OF BIRTH (Month, Day, Year)		8. RESIDENCE-STATE		9. COUNTY	
10. PLACE OF THIS MARRIAGE - STATE OR FOREIGN COUNTRY		11. COUNTY	12. DATE OF THIS MARRIAGE (Month, Day, Year)		13. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF DATE IN ITEM 17
14. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify) _____				15. NAME OF PETITIONER'S ATTORNEY (Type)	
16. ATTORNEY'S ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code)					
17. DATE DECREE FILED (Month, Day, Year)		18. TYPE OF DECREE-(Specify) <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		19. COUNTY OF DECREE	20. DATE FILED BY STATE REGISTRAR (Month, Day, Year)

THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

K.S.A. 65-24228, REQUIRES THE DIVORCE REPORT TO INCLUDE THE SOCIAL SECURITY NUMBER OF BOTH PARTIES TO MAKE SUCH INFORMATION AVAILABLE TO THE SECRETARY OF SOCIAL AND REHABILITATION SERVICES FOR THE PURPOSE OF ESTABLISHING, MODIFYING, OR ENFORCING A SUPPORT OBLIGATION.

21. HUSBAND'S SOCIAL SECURITY NUMBER		22. WIFE'S SOCIAL SECURITY NUMBER:	
23. NUMBER OF THIS MARRIAGE (First, Second, etc. <i>(Specify below)</i>)		24. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED	
		By Death, Divorce, or Annulment <i>(Specify below)</i>	Date <i>(Month, Day, Year)</i>
23a. HUSBAND	24a. HUSBAND	24b. HUSBAND	
23b. WIFE	24c. WIFE	24d. WIFE	
25. HISPANIC ORIGIN (Check the box or boxes that best describes whether you are Spanish, Hispanic, or Latino. Check the "no" box if you are not Spanish, Hispanic or Latino.)		26. RACE (Check one or more boxes to indicate what race(s) you consider yourself to be.)	
25a. HUSBAND	25b. WIFE	26a. HUSBAND	26b. WIFE
<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino <i>(Specify)</i> _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino <i>(Specify)</i> _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribes) _____ _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other <i>(Specify)</i> _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <i>(Specify)</i> _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <i>(Specify)</i> _____ <input type="checkbox"/> Unknown
27. EDUCATION (Check the box that best describes the highest degree or level of school completed.)			
27a. HUSBAND'S EDUCATION		27b. WIFE'S EDUCATION	
<input type="checkbox"/> Unknown <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	<input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)