

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

IN THE MATTER OF

Petitioner

and

Respondent

Case No.

Division No.

Chapter 60

EMPLOYER VERIFICATION FORM  
(BOTH PARTIES MUST HAVE THEIR EMPLOYER COMPLETE THIS FORM)

Employee Name \_\_\_\_\_ Last 4 of social \_\_\_\_\_

Current home address \_\_\_\_\_

Employer name \_\_\_\_\_ Employer phone \_\_\_\_\_

Work address \_\_\_\_\_

Number of dependents claimed: \_\_\_\_\_

Normal payment period:  weekly  biweekly  monthly  semi-monthly

Gross income \_\_\_\_\_

Federal tax \_\_\_\_\_

State & Local tax \_\_\_\_\_

Medicare tax \_\_\_\_\_

SS tax \_\_\_\_\_

Other \_\_\_\_\_

Net income \_\_\_\_\_

Health Insurance: Does the employee have health insurance through your company which covers dependent children not living with the employee?  Yes  No

Is health insurance available which would provide such coverage? Yes  No

What is the cost to provide such coverage for the children only? \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

\_\_\_\_\_  
Signed By

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

Title of person completing form:

Phone #:

Instructions: Please complete this fillable form and print, to be signed with original signature.

9/2016