

Please read directions completely

\$62.00 filing fee

## Pro Se Motion For Modification of Support

Cash, certified check, money order, debit or credit cards, Personal checks payable to Clerk of the District Court

Go to [www.kscourts.org](http://www.kscourts.org) to find the State of Kansas Child Support Guidelines

1. Fill out completely: Typed or printed legibly
  - a. Motion and Notice of Hearing
  - b. Your Domestic Relations Affidavit- bring to the hearing a copy of your last years tax return and your most recent paycheck document.
  - c. Employer verification form
  - d. Child Care verification form-if applicable-must be completed by child care provider
  - e. [Child Support Worksheet](#)
  - f. Request and Service Form-one for each person to be served (opposing party and attorney on record).
2. Obtain Hearing date and time: Upon completion of all forms, please bring forms to the Johnson County Courthouse, room 335, 3rd floor, Hearing Office to obtain a hearing date and time before filing your forms with the Clerk of the Court. If you live out of state, contact our office regarding a hearing date, call 913-715-3668 or 913-715-3669.
3. If service is by regular mail or certified mail that you are completing: Upon completion of all forms, please bring forms to the Johnson County Courthouse, room 335, 3rd floor, Hearing Office to obtain a hearing date and time before filing your forms with the Clerk of the Court. If you live out of state, contact our office regarding a hearing date, call 913-715-3668 or 913-715-3669.
4. If service is to be completed by Johnson County Sheriff (or other county/state): File original and two copies of forms (a), (b), (c) and (d).
5. The Hearing Office-Room 335, third floor of the Courthouse must receive a copy of all paperwork filed with the Clerk of the District Court. Service must be completed at least five days prior to hearing date (excluding weekends and holidays), add three days if service by mail. Clerk of the District Court will file stamp all copies and keep the originals  
Clerk of the District Court is open Monday-Friday, 8:00-5:00  
100 North Kansas Avenue  
2nd floor, Courthouse  
Olathe, Kansas 66061

### Service Methods:

1. **Service by US Mail** - Postage pre-paid, to opposing parties at last known address by the undersigned pro se litigant.
2. **Certified mail service by the undersigned Pro Se Litigant** - Return of service for Certified Mail Form, must be filed with the Clerk of the Court after green card is returned and before court date.
3. **Personal service by the Johnson County Sheriff's Office** - party to be served must live/work in Johnson County Kansas. The Clerk of the District Court will issue the paperwork to the Sheriff's Office.
4. **Certified mail service by Johnson County Kansas Sheriff's Office** - party to be served must live/work in the State of Kansas. The Clerk of the District Court will issue the paperwork to the Sheriff's Office.
5. **Service by Sheriff's Office (outside the State of Kansas)** - You will need to call the Sheriff's office in the county where you want service completed and find out the cost of civil service of paperwork. A personal check/money order must accompany your paperwork at the time of filing, made out to that Sheriff's Office. The Clerk of the District Court will then issue the paperwork and personal check/money order to that Sheriff's Office.

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

IN THE MATTER OF

Petitioner

and

Respondent

Case #

Division #

Chapter 60

MOTION TO/FOR:

Comes now the (Petitioner/Respondent) and moves the court to modify the current Order of the Court and in support of said motion lists the following reasons:

1.

2.

3.

WHEREFORE, the (Petitioner/Respondent) moves the Court for a change of the current Support Order of the Court.

**NOTICE OF HEARING**

Please take notice that the above motion has been set for hearing before the Hearing Officer at the Johnson County Kansas Courthouse, 100 N. Kansas Avenue, Room 334/336, Olathe, Kansas 66061 913-715-3668/3669

Room 334/336-3rd floor Hearing Room

Date:

Time:

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

Name:

Address:

e-mail address:  Phone #:

Both parties are required by Kansas Law to fill out and file with the Clerk of the District Court: a Domestic Relations Affidavit, Employer Verification Form and Child Care Verification form (if applicable). Bring with you to the hearing your last years tax return and a copy of your most recent paycheck stub with year to date total or other proof of income. If you need the forms, they are available at [courtrustee.jocogov.org](http://courtrustee.jocogov.org), click on link for Pro Se Forms.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS  
DIVISION \_\_\_\_\_

_____	)	
Party Name	)	
	)	
vs.	)	Case No. _____
	)	
_____	)	Document No. _____
Party Name	)	

**SHORT FORM DOMESTIC RELATIONS AFFIDAVIT**  
**OF \_\_\_\_\_ (name)**

To be used **ONLY** with post-judgment Motions to Establish or Modify Child Support.

1. Your Name: \_\_\_\_\_  
First
Middle
Last

Residence: \_\_\_\_\_  
Address
City
ST
Zip

Year of Birth: \_\_\_\_\_ Last Four Digits of SSN: XXX-XX-\_\_\_\_\_ Phone \_\_\_\_\_

2. Name(s), last four digits of SSN(s), year of birth, and age(s) of minor children of this marriage/relationship:

Name	SSN	Year of Birth	Age
_____	XXX-XX-_____	XX-XX-_____	_____
_____	XXX-XX-_____	XX-XX-_____	_____
_____	XXX-XX-_____	XX-XX-_____	_____
_____	XXX-XX-_____	XX-XX-_____	_____

3. Name(s), last four digits of SSN(s), and year of birth of minor children of previous marriage/relationship(s) and facts as to custody and support payments paid or received, if any.

Name	Name of Custodian	SSN	YOB	Support Pd/Rec
_____	_____	XXX-XX-_____	XX-XX-_____	\$ _____
_____	_____	XXX-XX-_____	XX-XX-_____	\$ _____
_____	_____	XXX-XX-_____	XX-XX-_____	\$ _____
_____	_____	XXX-XX-_____	XX-XX-_____	\$ _____

4. You are employed by: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_

5. Monthly income:

- A. Wage Earner, Gross Income \$ \_\_\_\_\_
- B. Self-Employed, Gross Income \$ \_\_\_\_\_
- Reasonable Business Expense \$ \_\_\_\_\_
- 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.  \_\_\_\_\_  \_\_\_\_\_ provides Health Insurance for child(ren).

- Party Name \_\_\_\_\_ Party Name \_\_\_\_\_
- 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.  \_\_\_\_\_  \_\_\_\_\_ claims child(ren) for income tax purposes.

- Party Name \_\_\_\_\_ Party Name \_\_\_\_\_
- You file taxes:  Single  Head of Household  Joint  Other

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

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

10. The following documents must be brought to the hearing: ***Social Security numbers and dates of birth must be removed from the documents.***

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

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name (Print): \_\_\_\_\_  
Signature: \_\_\_\_\_

# CHILD CARE VERIFICATION

Case #:

HEARING OFFICER OFFICE  
100 N. Kansas, Room 335  
Olathe, Kansas 66061

Petitioner:  and Respondent:

Parent Information-Complete top portion of this form and have your child care provider complete the remainder.

Name

Name and ages of children

Are you receiving financial assistance for child care from a Federal or State agency?  Yes  No  
if yes, please state the agency and the amount you are receiving \_\_\_\_\_

CHILD CARE PROVIDER INFORMATION: Please attach a schedule of your most recent child care rates.

Name of provider  Address

City  State  Zip code  County

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Name and age of child  School Year Rates  Summer Rates

Avg # of hours/week  Total Weekly rate

Do you require payment for services when children are absent to guarantee a position in your center?  Yes  No

Does a Federal or State agency contribute all or portion of these child care services?  Yes  No

The above information is provided to enable the District Court to accurately report child care costs in making a child support modification. I certify that the above information is true, accurate, and complete.

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

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.

09/2016

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

IN THE MATTER OF

Petitioner

and

Respondent

Case #

Division #

Chapter 60  
Hearing Room 334/336

**REQUEST AND SERVICE INSTRUCTION FORM**

To: Clerk of the District Court-the following forms are filed herewith for service (check all applicable forms to be served):

- Motion for Modification of Support and Notice of Hearing
- Domestic Relations Affidavit of Petitioner/Respondent
- Employer Verification Form of Petitioner/Respondent
- Child Care Verification Form of Petitioner/Respondent
- [Child Support Worksheet](#)
- Other: \_\_\_\_\_ (list name of form to be served)

Name of person to be served:

Address for service is:

Service is requested by one of the following methods:

- Service by US Mail-postage pre-paid, to opposing parties at last known address by undersigned pro se litigant.
- Certified mail service by the undersigned pro se litigant, who understands that the responsibility for obtaining service shall be their own. The return of service (green card) must be filed with the Clerk of the District Court prior to hearing date.
- Personal service by the Sheriff of Johnson County, Kansas (party to be served, must live or work in Johnson County, Kansas).
- Certified mail service by the Sheriff of Johnson County, Kansas (party to be served, must live or work in the State of Kansas).
- Personal service (other than Johnson County) through the Office of the Sheriff of  County, State of   
Personal check/money order made payable to that Sheriffs office must accompany  paperwork.

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

Address:

e-mail address:

Phone #:

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

IN THE MATTER OF

Petitioner

and

Respondent

Case #

Division #

Chapter 60

**RETURN OF SERVICE FOR CERTIFIED MAIL**

STATE OF KANSAS, COUNTY OF JOHNSON

The undersigned pro se litigant being duly sworn, state: I have served a Motion for Modification and accompanying forms on the (Petitioner/Respondent/attorney on record and the following Return for Receipt of Service was served certified mail on  (date) at the time and place listed on the attached green card.

When you receive the signed green card from the Petitioner/Respondent/attorney of record, tape it here and file this form with the Clerk of the District Court Office prior to hearing.

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

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My appointment expires: \_\_\_\_\_ Notary Public \_\_\_\_\_