

## Pro Se Motion for Modification of Child Support

***\*\*Please read these instructions in their entirety before you begin!\*\****

The following information is provided to assist you in obtaining a modification of your child support. The Kansas Child Support Guidelines are the rules which must be followed in setting the amount of child support to be paid. A hearing cannot be held until your motion has been filed and all of the steps have been completed. Promptness is very important. The Court cannot reduce/increase child support which has already become due prior to the filing of your motion. If you can afford to hire an attorney to represent you in modifying your support obligation, you should seriously consider retaining an attorney to represent you.

***Pursuant to K.S.A. 2011 Supp. 28-179, a \$64.00 filing fee must be paid when filing your motion.***

The following documents (included in this packet) must be filled out and filed with the court when seeking a child support modification. Fill out the documents using a typewriter, or print legibly in black or blue ink.

1. Motion for Modification of Child Support
2. Post-Decree Domestic Relations Affidavit with supporting documentation
3. Notice of Hearing and Certificate of Mailing
4. Return of Service for Certified Mail

***Follow the steps below in the order given. Check each one off as you complete it to properly file your motion with the court.***

### **1. Motion for Modification of Child Support.**

- \_\_\_\_\_ a. Fill out completely.
- \_\_\_\_\_ b. The Certificate of Mailing portion should include the names and addresses of the following:
  - i. Opposing party/ex-spouse;
  - ii. Opposing party/ex-spouse's attorney of record;
  - iii. Court Trustee or SRS if one of those agencies enforces your case.
- \_\_\_\_\_ c. Make 4 copies. (5 copies if your case is enforced by the Court Trustee or SRS)

## **2. Post-Decree Domestic Relations Affidavit. (Post DRA)**

- \_\_\_\_\_ a. Two copies of this document are provided. Fill out one copy completely. Set aside the other blank copy to mail to the opposing party or ex-spouse.
- \_\_\_\_\_ b. Attach supporting documentation to your completed Post DRA.  
(One month's worth of pay stubs; copy of most recent tax return and W-2; unemployment, disability, work comp, or social security income received; proof of health insurance paid on behalf of yourself and the child(ren); proof of daycare expense, if any)
- \_\_\_\_\_ c. Sign the Post-Decree Domestic Relations Affidavit ***in front of a Notary Public.***
- \_\_\_\_\_ d. Make 4 copies of the Post-Decree Domestic Relations Affidavit and supporting documentation. (5 copies if your case is enforced by the Court Trustee or SRS)
- \_\_\_\_\_ e. Staple the original Motion for Modification to the original Post-Decree Domestic Relations Affidavit with supporting documentation.
- \_\_\_\_\_ f. Staple the remaining copies of the Motion for Modification to each copy of the Post-Decree Domestic Relations Affidavit with all attachments. Write "Chamber copy" at the top of one of the copies.

## **3. Notice of Hearing and Certificate of Mailing.**

- \_\_\_\_\_ a. Fill out the Notice of Hearing and Certificate of Mailing, with the exception of the hearing date and time. The Certificate of Mailing section should include the same people that you wrote on your certificate of mailing on your Motion to Modify.
- \_\_\_\_\_ b. Make 4 copies of the completed Notice of Hearing. (5 copies if your case is enforced by the Court Trustee or SRS)

## **4. Filing your Motion and Obtaining a Hearing Date.**

- \_\_\_\_\_ a. Go to the Clerk of the District Court office in the basement of the Judicial and Law Enforcement Center at 111 East 11th Street, Lawrence, KS to file your motion and pay the filing fee. Bring originals and all copies with you.
- \_\_\_\_\_ b. Give the clerk at the counter the original and all copies of the Motion for Modification of Child Support.

The clerk will file-stamp the original and all copies of your Motion for Modification of Child Support. They will keep the original for the court file and give you back all of the copies.

- \_\_\_\_\_ c. Go to the Judge Pro Tem office for a hearing date and time. Their office is located in the south hallway on the main floor of the building. Give the administrative assistant the "Chamber copy" of your Motion for Modification of Child Support and the original and all copies of your Notice of Hearing and Certificate of Mailing.

The administrative assistant will give you a hearing date and time and write it on the original and all copies of the Notice of Hearing. The assistant will keep one copy and give the rest back to you.

- \_\_\_\_\_ d. Go back downstairs to the Clerk of the District Court office and give the original and all copies of the Notice of Hearing and Certificate of Mailing to the clerk for filing. The clerk will keep the original Notice of Hearing for the court file and give you back all the file-stamped copies.

**5. Serving the Opposing Party.**

You must mail the remaining copies by certified mail to the opposing party, their counsel, and any enforcement agency. You should do this on the same day that you file the Notice of Hearing with the Clerk of the District Court. Failure to mail the copies and provide proof of service will result in your motion being dismissed.

- \_\_\_\_\_ a. Keep one copy of the Motion for Modification of Child Support and Notice of Hearing for yourself.
- \_\_\_\_\_ b. Mail one copy of the Motion for Modification of Child Support (with all attachments), the Notice of Hearing, and the blank Post-Decree Domestic Relations Affidavit that you previously set aside when you completed Step 2 (a), to the opposing party/ex-spouse **by certified mail.**
- \_\_\_\_\_ c. Mail one copy of the Motion for Modification of Child Support (with all attachments) and the Notice of Hearing to the opposing attorney of record, if any, **by certified mail.**
- \_\_\_\_\_ d. Mail one copy of the Motion for Modification of Child Support (with all attachments) and the Notice of Hearing to the agency enforcing your child support case, if any, (Court Trustee or SRS) by regular mail. See below for address information.

**6. Filing the Return of Service for Certified Mail.**

After you mail your Motion for Modification of Child Support and Notice of Hearing by certified mail to the required parties, you will have to wait for the Return of Service ( “green card”) to be returned to you by the post office. Once you receive the green card(s), follow the steps below to prove to the court you served your motion properly.

- \_\_\_\_\_ a. Fill out the Return of Service for Certified Mail.
- \_\_\_\_\_ b. Attach the green card(s) to the middle of the page where indicated.
- \_\_\_\_\_ c. Make one copy for your file.
- \_\_\_\_\_ d. Bring the original Return of Service for Certified Mail to the Clerk of the District Court office in the basement of the Judicial & Law Enforcement Center at 111 East 11th Street, Lawrence, KS.
- \_\_\_\_\_ e. Hand the document to the clerk at the counter for filing. The clerk will keep the document so that it can be placed in your court file as proof that you completed all the steps necessary to properly file your Motion for Modification of Child Support.

***PLEASE REMEMBER!! It is up to you to get the correct papers filed and proper service completed in order for a hearing to be held at its assigned hearing date and time.***

Address information for enforcement agencies:

District Court Trustee  
111 East 11th Street, Unit 101  
Lawrence, KS 66044

Social & Rehabilitation Services  
1901 Delaware  
Lawrence, KS 66046

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

In the Matter of

\_\_\_\_\_,  
Petitioner,

vs.

\_\_\_\_\_,  
Respondent.

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Case No. DG  
Division     

**MOTION FOR MODIFICATION OF CHILD SUPPORT**

COMES NOW the (Petitioner/Respondent) and moves the Court to modify the current order of support for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached a completed copy of my Post-Decree Domestic Relations Affidavit, along with a copy of the most recent paycheck stub with year-to-date totals, a copy of last year's income tax return and W-2, and any additional supporting documentation.

WHEREFORE, the (Petitioner/Respondent) moves the Court for a modification of the current support order of the Court.

\_\_\_\_\_  
*Your signature* *Pro se*

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**CERTIFICATE OF MAILING**

A copy of this Motion for Modification of Child Support has been sent by Certified Mail/Return Receipt Requested to (Petitioner/Respondent) and their attorney of record at the following addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
*(Your signature again here)*

**NOTE:** Both parties are required by Kansas law to fill out and file a Domestic Relations Affidavit with attached copy of the most recent paycheck stub with year-to-date totals and a copy of last year's income tax return with the Clerk of the District Court no later than five (5) days prior to the hearing.

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

In the Matter of

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\_\_\_\_\_ ,

Petitioner,

vs.

\_\_\_\_\_ ,

Respondent.

Case No. DG \_\_\_\_\_

Division \_\_\_\_

**NOTICE OF HEARING**

PLEASE TAKE NOTE that the Motion for Modification of Child Support has been set for hearing before the Judge Pro Tem on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m., or as soon thereafter on said date as the Court can hear the same, in the Pro Tem Division Courtroom of the Judicial & Law Enforcement Center, 111 East 11th Street, Lawrence, Kansas.

\_\_\_\_\_  
*Your signature*

*Pro se*

**CERTIFICATE OF MAILING**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused a true and correct copy of this Notice of Hearing to be mailed by Certified Mail, Return Receipt Requested, addressed to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Your signature*

*Pro se*

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

IN THE MATTER OF

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

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Case No. DG  
Division     

**RETURN OF SERVICE FOR CERTIFIED MAIL**

State of Kansas )

) ss.

County of Douglas )

The undersigned, being duly sworn, states: I have served a Motion for Modification of Child Support and Notice of Hearing on the Petitioner/Respondent, and their attorney of record, if any, and the following Return for Receipt of Service was served on the litigant by certified mail on \_\_\_\_\_, 20\_\_\_\_, at the time and place as listed on the attached card.

**(When you receive the signed green card back from the other party, tape it here.)**

\_\_\_\_\_ Check here if service by certified mail was refused. (If refused, I certify that I sent a true copy of the motion by first-class mail after the certified letter was refused.)

\_\_\_\_\_  
*Your signature* *Pro se*

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

\_\_\_\_\_  
*Notary Public*

My commission expires:

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

In the Matter of: \_\_\_\_\_ )  
 )  
 ) Case No. DG \_\_\_\_\_ )  
 ) Division \_\_\_\_ )  
and \_\_\_\_\_ )  
 )  
 )  
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**POST-DECREE DOMESTIC RELATIONS AFFIDAVIT**

**OF** \_\_\_\_\_  
(Your name)

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

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

**Residence:** \_\_\_\_\_  
Street Address City State Zip  
\_\_\_\_\_  
Home phone number Work phone number Social Security Number Year of Birth

2. Please provide information on minor children of the relationship **in this case** for whom child support is being calculated.

<u>Name</u>	<u>Social Security Number</u>	<u>Year of Birth/Age</u>	<u>Resides With:</u>
_____	XXX-XX-_____	/	_____
_____	XXX-XX-_____	/	_____
_____	XXX-XX-_____	/	_____
_____	XXX-XX-_____	/	_____

3. Please provide information on minor children of **previous relationships** and facts as to custody and support payments paid or received, if any.

<u>Name</u>	<u>Resides With:</u>	<u>Year of Birth</u>	<u>Support Paid/Rec'd</u>	<u>Case No./County</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Please provide information on minor children of **current relationship** that are living with you. (Please include biological/adopted children only.)

<u>Name</u>	<u>Year of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. You are employed by: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Income for Wage Earner:  
A. **Gross earnings per pay period** \$ \_\_\_\_\_ How often? \_\_\_\_\_  
(weekly, every two weeks, twice per month, monthly)  
B. Other income received \$ \_\_\_\_\_ How often? \_\_\_\_\_  
(weekly, every two weeks, twice per month, monthly)

7. **Monthly** income for Self-Employed  
A. Gross Income \$ \_\_\_\_\_  
B. Other income received \$ \_\_\_\_\_  
C. Reasonable Business Expenses \$ \_\_\_\_\_  
(Itemize on attached exhibit)  
D. Self-Employment Tax \$ \_\_\_\_\_  
E. Estimated Tax Payments \$ \_\_\_\_\_

8. Are you receiving Unemployment Compensation? **Yes / No** Weekly amount: \$ \_\_\_\_\_  
For how many weeks are you eligible? \_\_\_\_\_

9. Are you receiving Social Security Supplemental Income or Social Security Disability benefits? **Yes / No**  
If yes, \$ \_\_\_\_\_ per month What date did you start receiving it? \_\_\_\_\_

10. **Work-Related** Child Care Expenses for child(ren) for whom support is being calculated: (You must attach proof of payment such as canceled checks, receipts, child care tax credit schedule, printouts or letter from child care provider.)

A. Weekly School Year Expense Name and Address of Provider  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Weekly Summer Expense Name and Address of Provider  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Who provides health insurance for child(ren)? \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other  
A. Name and address of health insurance plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
B. Persons insured on plan: \_\_\_\_\_  
\_\_\_\_\_

C. Monthly cost of **employee only** coverage for:  
health insurance \$ \_\_\_\_\_  
dental insurance \$ \_\_\_\_\_  
vision insurance \$ \_\_\_\_\_  
drug prescription insurance \$ \_\_\_\_\_

D. Monthly cost **insured is currently paying** for (including costs to add dependents):  
 health insurance \$ \_\_\_\_\_  
 dental insurance \$ \_\_\_\_\_  
 vision insurance \$ \_\_\_\_\_  
 drug prescription insurance \$ \_\_\_\_\_

E. If your employer provides a **benefit allowance** and you choose a plan which equals, exceeds, or is less than that allowance, please provide amount of allowance and your additional contribution, if any. Also, if your employer pays you for declining insurance or choosing a less expensive plan, please provide the monthly amount you receive:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Who claims child(ren) for income tax purposes?  
 \_\_\_\_\_ Father    \_\_\_\_\_ Mother    **OR**    \_\_\_\_\_ Alternate/Share exemptions

You file taxes as: \_\_\_\_\_ Single    \_\_\_\_\_ Head of Household    \_\_\_\_\_ Joint    \_\_\_\_\_ Other

13. Child Support Adjustments requested: (If no adjustment is requested, do not complete this section. The requesting party must prove the basis for the adjustments. Documentation to support requested adjustments must be attached.)

_____ Long Distance Parenting Time Adjustment	(+/-)\$ _____
_____ Parenting Time Adjustment	(+/-)\$ _____
_____ Income Tax Adjustment (if not sharing or alternating exemption(s))	(+/-)\$ _____
_____ Special Needs/Extraordinary Expenses	(+/-)\$ _____
_____ Agreement Past Minority (when parent having primary residency seeks increase for child(ren) under 18)	(+/-)\$ _____
_____ Overall Financial Condition	(+/-)\$ _____

14. 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 statement  
 \_\_\_\_\_ Last year's Federal Income Tax Return including schedules  
 \_\_\_\_\_ W-2 (if tax return not yet completed)  
 \_\_\_\_\_ Written proof of work-related child care costs  
 \_\_\_\_\_ Written proof of insurance costs  
 \_\_\_\_\_ Other (statement regarding requested child support adjustment(s))

**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\_\_\_\_.

\_\_\_\_\_  
 Your name (Print): \_\_\_\_\_



5. You are employed by: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Income for Wage Earner:  
A. **Gross earnings per pay period** \$ \_\_\_\_\_ How often? \_\_\_\_\_  
(weekly, every two weeks, twice per month, monthly)  
B. Other income received \$ \_\_\_\_\_ How often? \_\_\_\_\_  
(weekly, every two weeks, twice per month, monthly)

7. **Monthly** income for Self-Employed  
A. Gross Income \$ \_\_\_\_\_  
B. Other income received \$ \_\_\_\_\_  
C. Reasonable Business Expenses \$ \_\_\_\_\_  
(Itemize on attached exhibit)  
D. Self-Employment Tax \$ \_\_\_\_\_  
E. Estimated Tax Payments \$ \_\_\_\_\_

8. Are you receiving Unemployment Compensation? **Yes / No** Weekly amount: \$ \_\_\_\_\_  
For how many weeks are you eligible? \_\_\_\_\_

9. Are you receiving Social Security Supplemental Income or Social Security Disability benefits? **Yes / No**  
If yes, \$ \_\_\_\_\_ per month What date did you start receiving it? \_\_\_\_\_

10. **Work-Related** Child Care Expenses for child(ren) for whom support is being calculated: (You must attach proof of payment such as canceled checks, receipts, child care tax credit schedule, printouts or letter from child care provider.)

A. Weekly School Year Expense Name and Address of Provider  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Weekly Summer Expense Name and Address of Provider  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Who provides health insurance for child(ren)? \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other  
A. Name and address of health insurance plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
B. Persons insured on plan: \_\_\_\_\_  
\_\_\_\_\_

C. Monthly cost of **employee only** coverage for:  
health insurance \$ \_\_\_\_\_  
dental insurance \$ \_\_\_\_\_  
vision insurance \$ \_\_\_\_\_  
drug prescription insurance \$ \_\_\_\_\_

D. Monthly cost **insured is currently paying** for (including costs to add dependents):  
 health insurance \$ \_\_\_\_\_  
 dental insurance \$ \_\_\_\_\_  
 vision insurance \$ \_\_\_\_\_  
 drug prescription insurance \$ \_\_\_\_\_

E. If your employer provides a **benefit allowance** and you choose a plan which equals, exceeds, or is less than that allowance, please provide amount of allowance and your additional contribution, if any. Also, if your employer pays you for declining insurance or choosing a less expensive plan, please provide the monthly amount you receive:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Who claims child(ren) for income tax purposes?  
 \_\_\_\_\_ Father    \_\_\_\_\_ Mother    **OR**    \_\_\_\_\_ Alternate/Share exemptions

You file taxes as: \_\_\_\_\_ Single    \_\_\_\_\_ Head of Household    \_\_\_\_\_ Joint    \_\_\_\_\_ Other

13. Child Support Adjustments requested: (If no adjustment is requested, do not complete this section. The requesting party must prove the basis for the adjustments. Documentation to support requested adjustments must be attached.)

_____ Long Distance Parenting Time Adjustment	(+/-)\$ _____
_____ Parenting Time Adjustment	(+/-)\$ _____
_____ Income Tax Adjustment (if not sharing or alternating exemption(s))	(+/-)\$ _____
_____ Special Needs/Extraordinary Expenses	(+/-)\$ _____
_____ Agreement Past Minority (when parent having primary residency seeks increase for child(ren) under 18)	(+/-)\$ _____
_____ Overall Financial Condition	(+/-)\$ _____

14. The following documents must be attached. ***Social Security Numbers and sates of birth must be removed from the documents prior to filing with the court.***

- \_\_\_\_\_ Current pay statement
- \_\_\_\_\_ Last year's Federal Income Tax Return including schedules
- \_\_\_\_\_ W-2 (if tax return not yet completed)
- \_\_\_\_\_ Written proof of work-related child care costs
- \_\_\_\_\_ Written proof of insurance costs
- \_\_\_\_\_ Other (statement regarding requested child support adjustment(s))

**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\_\_\_\_\_.

\_\_\_\_\_  
 Your name (Print): \_\_\_\_\_