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ENFORCEMENT/MODIFICATION INFORMATION PACKET

Please complete this packet completely and accurately. The amount of time and effort you put into filling out this packet is directly related to the amount of time necessary to complete your petition and other documents needed to obtain your modification. Although these questions may seem to pry into your personal affairs, we are not asking these questions to be nosy. There is a purpose for each question contained herein and it is imperative that you answer each question. Failure to answer these questions may delay your modification.

PLEASE PRINT NEATLY. If we are required to make additional calls to you or send you letters to verify information contained in this packet because we are unable to read your handwriting, you may be charged additional fees!

GENERAL INFORMATION

CLIENT (PETITIONER) INFORMATION:

SEX - MALE OR FEMALE _____ RACE _____

FULL NAME _____

MAIDEN NAME (if applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE _____ WORK PHONE _____

AGE & DATE OF BIRTH _____

PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____

STATE OF ISSUANCE OF DRIVER'S LICENSE _____

OCCUPATION

POSITION OR

RANK _____

EMPLOYER'S NAME AND ADDRESS (DUTY ADDRESS IF MILITARY) _____

EX-SPOUSE'S (RESPONDENT) INFORMATION

SEX - MALE OR FEMALE _____ RACE _____

FULL NAME _____

MAIDEN NAME (if applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE _____ WORK PHONE _____

AGE & DATE OF BIRTH _____
PLACE OF BIRTH _____
SOCIAL SECURITY NUMBER _____
DRIVER'S LICENSE NUMBER _____
STATE OF ISSUANCE OF DRIVER'S LICENSE _____
EX-SPOUSE'S OCCUPATION
POSITION OR RANK _____
EMPLOYER'S NAME AND ADDRESS (DUTY ADDRESS IF MILITARY) _____

CHILDREN INFORMATION

FIRST CHILD

FULL NAME _____ SEX _____
BIRTHDATE _____
PLACE OF BIRTH _____
(CITY) (STATE) (ZIP)
SOCIAL SECURITY NUMBER _____
PRESENT RESIDENCE _____

SECOND CHILD

FULL NAME _____ SEX _____
BIRTHDATE _____
PLACE OF BIRTH _____
(CITY) (STATE) (ZIP)
SOCIAL SECURITY NUMBER _____
PRESENT RESIDENCE _____

THIRD CHILD

FULL NAME _____ SEX _____
BIRTHDATE _____
PLACE OF BIRTH _____
(CITY) (STATE) (ZIP)
SOCIAL SECURITY NUMBER _____
PRESENT RESIDENCE _____

IF YOU HAVE MORE THAN THREE CHILDREN, PLEASE PROVIDE ADDITIONAL INFORMATION ON THE BACK OF THIS PAGE FOR EACH ADDITIONAL CHILD.

JURISDICTIONAL INFORMATION

1. How long have you resided in the State of Kansas?
_____ Years _____ Months

2. How long have you resided in this county?
 _____ Years _____ Months

3. How long have the children resided in this State and County?
 _____ Years _____ Months

The current law requires that the judge consider the “best interest of the child” above all else; however, there is a state law that presumes that naming the parents **joint legal custody** of the children is in their best interests. This **does not** mean equal time with the children, but that the children live with one parent and the other parent has parenting time. The Law requires that the parent with primary possession, including the right to determine where the children live, be paid child support by the other parent. The Kansas Law states that the support will be a certain percentage of the Obligor’s (the person paying child support) disposable earnings, which is income before taxes (Gross earnings) less social security and federal income withholding tax at the rate of single with one exemption. The amount will also depend on the number of children.

In most cases, the Judge will order that all payments for child support be withheld from the Obligor’s net pay (and a fee is required by the Court to be paid to the Kansas Payment Center for collecting and distributing the money). One of the only exceptions to this rule is an Obligor who is self-employed. If the payments are withheld, there is no need for an allotment. If the payments are not withheld, all payments should be made through the Kansas Payment Center, P.O. Box 758599, Topeka, Kansas 66675-8599.

Note: The Obligor may also be required to maintain health insurance on the children. Military personnel must have the children enrolled in the DEERS program and civilian personnel must be prepared to present a health insurance policy covering the children of the marriage.

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1. Exactly what provisions of the prior Court order are you wishing to change with this suit?

2. Are there any other children not listed here for whom the party who will be paying child support is currently obligated to pay (or whom you have custody of at this time)? Yes _____ No _____
 If Yes, how many other children are being supported and which party in this action is paying support? _____

3. Do you or have you or your spouse ever started a suit of any kind through the Attorney General’s Office in any county? _____ **If yes, you must provide this office with documentation of any such suit.**

4. In order to calculate child support, please include the following regarding the party who will be paying child support and the party receiving child support:

Hourly pay rate or Gross wages per month (before taxes): _____

Who pays health insurance and the monthly premium: _____

Who pays child care and the monthly amount: _____

Who claims the child(ren) as dependants for income tax purposes: _____

(Provide a current pay voucher for both parties, if available).

*****CLIENT IS RESPONSIBLE FOR PROVIDING THIS OFFICE WITH ALL PREVIOUS COURT ORDERS PERTAINING TO THIS CASE.*****

PLEASE BE SURE YOU UNDERSTAND THE PROCEDURES AND COSTS OF MODIFYING AN ORDER FROM ANOTHER STATE BEFORE YOU LEAVE THIS INFORMATION PACKET!!!

5-YEAR AFFIDAVIT INFORMATION

Address: _____

Lived With Whom (names of persons): _____

From (month/year): _____ **To(month/year):** **PRESENT** _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To(month/year):** _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To(month/year):** _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To(month/year):** _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To(month/year):** _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year) _____ **To(month/year):** _____