

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

Case No. _____

(Name of person who filed the Petition)

and

(Name of person who did not file the Petition)

CHILD CARE VERIFICATION FORM

PARENT INFORMATION: Complete the top portion of this form and have your child care provider complete the remainder.

Name: _____

Name(s) and age(s) of child(ren) involved in this case:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

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 for each child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

The Child Care Provider must complete the remainder of this form for the above named child(ren) who are receiving care from the Child Care Provider.

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

Name of Provider: _____

Address: _____

Street or P.O. Box	City	State	Zip
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Name and Age of Child at School Year Rates	Avg. No. Of Hours/Week	Hourly Rate	Total Weekly Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

