

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)

EMPLOYER VERIFICATION FORM
(EMPLOYER SHOULD COMPLETE THIS FORM)

Employee Name: _____

Last Four Digits of Social Security Number: XXX-XX-_____

Current Home Address: _____

Employer Name: _____

Work Location and Address: _____

Number of Dependents Claimed: _____

NORMAL PAYMENT PERIOD: Weekly Every Two Weeks Semi-Monthly Monthly

Other (specify) _____

MONTHLY GROSS INCOME \$ _____

Itemize all deductions from income

Federal income tax \$ _____

State & Local income tax \$ _____

Federal social security or
R.R. retirement tax \$ _____

Other amounts required by

Law to be withheld (specify) \$ _____

\$ _____

\$ _____

NET DISPOSABLE INCOME \$ _____

HEALTH INSURANCE:

Does the employee now 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 employee ONLY? \$ _____

What is the cost to provide such coverage for the employee plus child/ren? \$ _____

List the name of insurance carrier: _____

I DECLARE (OR VERIFY, CERTIFY, OR STATE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF KANSAS THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON _____
Date

X _____
Signature and Title of Employer

Telephone Number: _____