	IN THE DISTRICT COURT OF	COUNTY, KANSAS
ln	the Matter of the Marriage of	
•	rst Name) (Middle Name) (Last Name) nter your spouse's legal name above)	(Jr./Sr./III)
an	d	Case Number
•	rst Name) (Middle Name) (Last Name) nter your full legal name above)	(Jr./Sr./III)
	(disa	TION FOR DIVORCE agree) children)
1.	What is your name? (Enter your full legal name	e on the lines below)
	(First Name) (Middle Name) (Last Nam	ne) (Jr./Sr./III)
2.	Are you a resident of Kansas?	
	of habitation and to which, whenever the person	ce which is adopted by a person as the person's place is absent, the person has the intention of returning. another, the place where the person sleeps shall be
		f Kansas may include the following: if you have a s tax return, you own or rent a residence in Kansas, or
	☐ Yes. ☐ No.	
3.	(Check one of these two boxes and fill out the bl	anks.)
	☐ I have been a resident of Kansas for at I the petition in this case.	east the 60 days before the day my spouse filed
	I am not a resident of Kansas. I have be since (Month and Year)	en a resident in, (State)

4.	Are you on active duty with the United States military? (Check one of the three boxes.)				
	If you are on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may apply. You should contact a lawyer about this situation before filing this Answer.				
	☐ Yes. My duty station is ☐ No. ☐ I do not know.				
5.	(Check one of these two boxes and fill out the blanks.)				
	"Residence" means the place which is adopted by a person as the person's place of habitation and to which, whenever the person is absent, the person has the intention of returning. When a person eats at one place and sleeps at another, the place where the person sleeps shall be considered the person's residence. K.S.A. 77-201(23).				
	Some ways you may show you are a resident of Kansas may include the following: if you have a Kansas driver's license, you have filed a Kansas tax return, you own or rent a residence in Kansas, or you stay in Kansas with the intent to remain.				
	 My spouse has been a resident of Kansas for at least 60 days before the petition filing date. My spouse is not a resident of Kansas. My spouse has been a resident in 				
	, since				
	(State) (Month and Year)				
6.	Is your spouse on active duty with the United States military? (Check one of the three boxes.)				
	If your spouse is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a divorce without your spouse's consent. You should contact a lawyer about this situation before filing this petition.				
	☐ Yes. ☐ No. ☐ I do not know.				
7.	In what year were you and your spouse married?				
	We were married in (Year)				

8.	Do you want spousal support (also known as alimony or maintenance)? (Check one of the two boxes.)							
	The court may also call spousal support "maintenance." The court spouse to pay you spousal support for up to 121 months.	ourt can decide whether to ord	er your					
	☐ Yes. ☐ No.							
9.	. Do you want to change your name? (Check one of the two	boxes and fill in the blanks, if a	any.)					
	☐ Yes. I want my name to be changed to							
	(First Name) (Middle Name) (Last № No.	Jame) (Jr./Sr./III)						
10	0. Are you pregnant? (Check one of the four boxes.)							
	☐ I am pregnant.☐ I do not know if I am pregnant.☐ I am not pregnant.☐ I do not wish to answer this question.							
11	1. Is your spouse pregnant? (Check one of the four boxes.)							
	 ☐ My spouse is pregnant. ☐ I do not know if my spouse is pregnant. ☐ My spouse is not pregnant. ☐ I do not wish to answer this question. 							

L	List any children of your relationship. Include any adopted children as well.								
Child's In	nitials	Year of Birth	Was the child born during the marriage?	Name of Parent 1	Name of Parent 2	Check which parent the child currently lives with most of the time.			
			☐ Yes ☐ No			☐ Parent 1 ☐ Parent 2 ☐ Equal			
			☐ Yes ☐ No			Parent 1 Parent 2 Equal			

12. Give information about all children of your relationship who are under the age of 19. List

each child's initials, year of birth, and parents' names below. (Fill in the chart.)

☐ Yes

No

☐ Yes

No

☐ Yes

□ No

Parent 1

☐ Parent 2 ☐ Equal

☐ Parent 1

☐ Parent 1

Parent 2

Equal

☐ Parent 2 ☐ Equal

(Na	(Name and address of parent)								
(Na	(Name and address of parent)								
(Na	me and address of parer	nt)							
(Na	me and address of parer	nt)							
14. List the city and state where each child has lived in the past five years. Also list all the adults who lived with each child in that city, the adult's relationship to the child, and the adult's current address. (Fill in the chart.)									
Child's Initials	City & State Where Child Lived	From Date	Until Date	Name and Relationship of Adults(s) Living with Child, and Adults(s) Current Address					
				Parent 1 Parent 2					
				☐ Name:					
				Relationship:					
				Current address:					
				Relationship:					
				Current address:					

13. List names and addresses of all parents listed in chart above. Write "confidential" if the address is confidential.

Child's Initials	City & State Where Child Lived	From Date	Until Date	Name and Relationship of Adults(s) Living with Child, and Adults(s) Current Address
				Parent 1 Parent 2
				☐ Name:
				Relationship:
				Current address:
				☐ Name:
				Relationship:
				Current address:
				Parent 1
				Parent 2
				Name:
				Current address:
				Carrein address.
				Name:
				Relationship:
				Current address:
				Parent 1
				Parent 2
				☐ Name:
				Relationship:
				Current address:
				Name:
				Relationship:
				Current address:

Child's Initials	City & State Where Child Lived	From Date	Until Date	Name and Relationship of Adults(s) Living with Child, and Adults(s) Current Address
	Whole Clinic Lives			Parent 1 Parent 2 Name: Relationship: Current address: Relationship: Current address:

15. List any court cases that involved the custody of or visitation with the children. (Fill in the chart.)

List all court cases the child(ren) has been involved with, such as, a child in need of care/foster care cases, child support case, parentage case, protection from abuse case, protection from stalking, sexual assault or human trafficking case, guardianship case, or a different divorce case.

Type of Case	Name of Court & City and State of Court	Case Number	Date of the Last Order Made by the Court	Initials of Children Involved in the Case

Type of Case	Name of Court & City and State of Court	Case Number	Date of the Last Order Made by the Court	Initials of Children Involved in the Case

16. Do you have any information about any other court case that could affect this divorce case?

Besides the cases you already listed above, are there any other court cases such as a case relating
to domestic violence, child in need of care/foster care, protection from abuse, protection from stalking,
sexual assault, or human trafficking, termination of parental rights, guardianship, or adoption.

Yes. If yes,	list those co	urt cases	below.	(Fill in the	e chart.)
☐ No.					

Type of Case	Name of Court & City and State of Court	Case Number	Date of the Last Order Made by the Court	Initials of Children Involved in the Case, If Any

Type of Case	Name of Court & City and State of Court		Case Number	Date of the Las Order Made by the Court	he Ir	Initials of Children nvolved in the Case, If Any		
 17. Besides you or your spouse, are there any other adults who have physical custody of any of your children or claim to have custody or visitation rights to any of the children? Yes. If yes, list those people below. (Fill in the chart.) 								
No. If no, leave the chart blank.								
Name of Adult		Current Address of Adult		Check the box that applies		Initials of Children Involved		
				☐Has Physical Cus☐Claims Custody F☐Claims Visitation	Rights			
				☐Has Physical Cus☐Claims Custody F☐Claims Visitation	Rights			
				☐Has Physical Cus☐Claims Custody F☐Claims Visitation	Rights			
18. (Check one of the two boxes below.) We should receive a divorce. We should not receive a divorce.								
19. The Court should approve an appropriate parenting plan and child support order.								
20. The Court should divide our property and debts as my spouse and I agree or as the court may decide.								

21. I deny any additional statements in my spouse's Petition that I have not specifically admitted in this Answer.

Sign Below in Front of a Notary Public or the Clerk of the District Court

	Here are the most common types of businesses where you can find a Notary Public.							
	Banks, Law Firms or Law Offices, Real Estate Firms or Real Estate Offices, Tax Preparer or Accountant Offices, Photocopy Shops, Parcel Shipping Stores, Colleges and Universities, or Public Libraries.							
	You may sign below in front of the Clerk of the District Court if you go to the Clerk's office in the courthouse in person.							
Χ_								
	(Sign above in front of a Notary Public or the Clerk (Print your name) of the District Court)							
	Your mailing address:							
	This is the address the court will use to send information about your case to you. This address is not necessarily the same as the address at which you live. Even if you do not want to give the address in which you live, you must give the court a mailing address. If you want to change your mailing address, you must tell the clerk of the district court your new mailing address.							
,								
	(Street)							
	(City) (State) (Zip Code)							
	(Telephone Number with Area Code) (Email Address)							

VERIFICATION

STATE OF K	ANSAS		
COUNTY OF		<u></u>	
	ar or affirm that the stateing this Answer.	ements made in this Answer are true a	nd that I am
	X		
	(Sign above in front or	f a Notary Public or the Clerk of the District	Court)
Signed and s	worn (or attested) befor	re me on	by
(Name of perso	on making statement)		
		Signature of notarial officer	
		Title of Office	
		My Commission Expires:	

CERTIFICATE OF SERVICE AND MAILING

I certify that on this	day of	, 20	, I sent a true copy of
this Answer by depositing it in the	e United States m	nail, postage prepaid, a	ddressed to:
Your Spouse's Name and Addre	SS:		
(Your spouse's name)			
(Street)			
(City)	(State)	(Zip Code)	_
(Telephone Number with Area C	Code) (Emai	l Address)	
and			
Your Spouse's Attorney's Name	and Address, if a	ny:	
(Your Spouse's Attorney's Name	e)		
(Street)			
(City)	(State)	(Zip Code)	_
(Telephone Number with Area C	Code) (Emai	l Address)	
X(Sign your name.)		(Print your name above	e.)