

All information in this top section can be found at the top of the Petition.
 Write the county in which this case was filed.
 Copy the Plaintiffs' names as listed in the case caption on the Petition.
 Copy the Case Number from the Petition.
 Copy the name(s) of the Defendant(s) from the Petition.

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

vs.

Case No. _____

ANSWER TO PETITION TO DETERMINE PARENTAGE

Write the street address, city, state, and zip code for where you live right now.
 You will receive official letters about this case in the mail. If you want these letters to be mailed to a different address from where you are living, write the mailing address here.

1. I am now living at:

If different from the address above, I want to receive all notices and court dates at the following mailing address:

Check whether you are or are not the parent of the child(ren).
 If you do not think you are the parent of the child(ren) write why you do not think you are the child(ren)'s parent.
 Check to say if you want genetic testing.
Note: Genetic Testing is not available in all cases.

2. I am am not the parent of the child(ren) named in the petition.

If you are not the child(ren)'s parent, explain why you believe you are not the child(ren)'s parent:

3. I am am not requesting genetic testing be conducted.

Check whether you agree with the amount of child support. You can find the amount at the bottom of the second page of the child support worksheet attached to the Petition.

If you do not agree with the amount of child support, check all boxes that apply and give the requested information.

4. I **agree** **do not agree** with the amount of child support proposed on the child support worksheet attached to the petition.

If you do not agree with the amount of child support, check all statements that apply:

There is a court order for me to pay child support for another child(ren). *(Give more information in paragraph #5.)*

There is a court order for me to receive child support for another child(ren). *(Give more information in paragraph #5.)*

I do not agree with how much money the child support worksheet says I make each month.
(Note: The monthly income amount is based on how much you make before taxes or health insurance premiums are taken out of your check.)

I **am** **am not** currently working.

I work at

_____.

I make _____ an hour and I work _____ hours per week.

I am disabled.

I receive benefits from **Social Security** **Veterans Administration** **Workers Compensation**

Other: _____.

I do not receive any benefits.

(Attach a copy of your eligibility letter to this answer.)

I do not agree with how much money the child support worksheet says the other parent makes each month.

(Note: The monthly income amount is based on how much the other parent makes before taxes or health insurance premiums are taken out of the check.)

I do not agree with how much the child support worksheet says childcare costs per month.

(If you pay for childcare for the child(ren) in this case, attach information from the childcare provider about how much you pay.)

I do not agree with how much the child support worksheet says health insurance costs.

Who pays for health insurance for the child(ren)? (*Check all that apply.*)

Myself **The other parent** **State of Kansas (KanCare)**

(*If you pay for health insurance for the child or have health insurance available that would cover the child, attach information about how much the health insurance premiums cost.*)

5. I have the following children who are 19 years of age or under and they are:
(*If you need more space, attach another sheet of paper to this Answer.*)

Give information about each of your children. Give their names, where they live, and who they live with even if there is no court order for you to pay or receive child support for that child.

Child's Name & Year of Birth	Where child lives (City, State)	Name of adult the child lives with, and how the adult is related to the child (e.g. mother, father, grandparent, friend)	Do you pay or receive child support for this child? (<i>select one</i>)	County and Case Number of case that ordered child support	Monthly child support amount as ordered by the court
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		
			<input type="checkbox"/> Pay <input type="checkbox"/> Receive <input type="checkbox"/> N/A		

Check whether you are on active duty with the U.S. Military.

6. I **am** **am not** on active duty with the United States Military.

Write whether you agree or disagree with anything else in the Petition.

Attach an extra page if you need more space to write.

7. *Tell the court anything else you agree or do not agree with in the petition:*

Give all your phone numbers and email addresses so that the court and the other parties can contact you.

8. I may be contacted at the following telephone numbers and email addresses:

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Email address: _____

Email address: _____

Sign your name.

Print your name.

Write the date.

X _____
Signature of Defendant

Name (Print): _____

Date: _____

CERTIFICATE OF SERVICE AND MAILING

On the same day you file this Answer with the Clerk of the District Court, you must mail a copy of the document to the attorney representing DCF and the other parent, if applicable. You can find the name and address of the DCF attorney on the Petition or Summons you received.

I certify that on this _____ day of _____, 20____, I mailed a copy of this Answer by depositing it in the United States mail, postage prepaid, addressed to:

_____ *DCF Child Support Services (write address above)*

and

_____ *Name and address of other parent, if applicable*

X _____
Signature of Defendant

Name (Print): _____