

**CHILD SUPPORT SERVICES  
CHILD SUPPORT SERVICES APPLICATION**

Please check the service you want -

**Establishment of Paternity**       **Modification of Court Order**

**CUSTODIAL PARENT'S FULL NAME** (first, middle, last) \_\_\_\_\_

**YOUR FULL NAME** (first, middle, last) \_\_\_\_\_

\_\_\_\_\_  
**YOUR Social Security Number**

\_\_\_\_\_  
**Date of Birth** (month, day, year)

**By signing this form, I confirm that I have had an opportunity to ask questions, and I agree to the terms and limitations stated.**

**Please be advised that once the requested service has been completed, your child support case will be closed.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**CHILD SUPPORT SERVICES**  
**CHILD SUPPORT SERVICES QUESTIONNAIRE**

**Non-Custodial Parent Application**

**INSTRUCTIONS: Complete all questions in Section I**

1. **NonCustodial Parent Full Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
 Any former names you have used (including maiden name): \_\_\_\_\_  
 Any alternate SSNs you have used: \_\_\_\_\_
2. **Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_
3. **Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_
4. **Your Date of Birth:** \_\_\_\_\_  
**Your Place of Birth:** City: \_\_\_\_\_ State or Country: \_\_\_\_\_
5. **Your Mailing Address:**  
 \_\_\_\_\_  
*Street*    *City*    *State*    *Zip*
6. **Telephone number:** Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_
7. **Email address:** \_\_\_\_\_
8. **Name of emergency contact:** \_\_\_\_\_ **Telephone number:** (\_\_\_\_) \_\_\_\_\_
9. **Race:**  
 American Indian/Alaskan Native  
 Black/African American  
 Hispanic  
 Pacific Islander  
 Asian  
 White/Caucasian  
 Other
10. **Your physical description:**  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_  
**Tattoos, scars and other physical traits:** \_\_\_\_\_
11. **Your Mother's maiden name:** \_\_\_\_\_
12. **Full name of your Father:** \_\_\_\_\_
13. **Where are you currently working?** \_\_\_\_\_  
**Employer address:** \_\_\_\_\_  
*Street*    *City*    *State*    *Zip Code*  
**Telephone Number:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_
14. **Are you on Active Duty in the Military?**  Yes  No  
**If yes,** Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_  
 Duty Station/Unit: \_\_\_\_\_

15. Are you in the National Guard or Reserves?  Yes  No  Previously  
**If yes**, Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Date of Service: \_\_\_\_\_
16. Do you have an attorney?  Yes  No  
 Name and address of attorney: \_\_\_\_\_
17. Do you belong to a Labor Union or Professional Group?  Yes  No  
 Name: \_\_\_\_\_
18. Do you attend a college, university or vocational school?  Yes  No  
**If yes**, Name: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_
19. Do you have any other type of income? ( ) Yes ( ) No  
**If yes**, please check the appropriate resources:  
 Social Security / SSI or SSDI  
 Self Employment Source (Name/Address) Amount: \$ \_\_\_\_\_  
 Veteran's Benefits/Military Retirement  
 Worker's Compensation  
 Insurance Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Housing or Travel Allowance Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Trust Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Rental Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Other Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_
20. Does the child/ren receive disability payments from the Social Security Administration from your disability?  Yes  No  
**If yes**, the amount received: \_\_\_\_\_ Date child started receiving benefits: \_\_\_\_\_
21. Do you have any other natural or adopted children?  Yes  No  
**If yes**, give child's or children's full names and ages:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Do any of the children listed above live with you?  Yes  No  
**If yes**, list the child's full name and age:  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Are you ordered to pay child support for any other children?  Yes  No  
**If yes**, list full names, ages, amount and state where ordered:  
 \_\_\_\_\_  
 \_\_\_\_\_
23. Do any of **the** children listed have special medical needs?  Yes  No  
**If yes**, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
24. Have you and/or the children received Public Assistance (cash or TANF) in the State of Kansas?  
 Yes  No  
 Have you received Public Assistance (cash or TANF) in another state?  Yes  No  
**If yes**, list all state(s) \_\_\_\_\_ and Date(s) \_\_\_\_\_
25. What is your relationship to the children: \_\_\_\_\_

**Children's Information:**

<b>Child's Full Name</b> <i>First Middle Last</i>	<b>Sex</b> <i>M/F</i>	<b>SSN</b>	<b>Birthdate</b> <i>Mo/Day/Yr</i>	<b>Custodial Parent Name(s)</b> <i>First Middle Last</i>
<b>Child's Birthplace</b>	<b>City</b>	<b>State</b>	<b>Name of Father listed on birth certificate</b>	

<b>Child's Full Name</b> <i>First Middle Last</i>	<b>Sex</b> <i>M/F</i>	<b>SSN</b>	<b>Birthdate</b> <i>Mo/Day/Yr</i>	<b>Custodial Parent Name(s)</b> <i>First Middle Last</i>
<b>Child's Birthplace</b>	<b>City</b>	<b>State</b>	<b>Name of Father listed on birth certificate</b>	

<b>Child's Full Name</b> <i>First Middle Last</i>	<b>Sex</b> <i>M/F</i>	<b>SSN</b>	<b>Birthdate</b> <i>Mo/Day/Yr</i>	<b>Custodial Parent Name(s)</b> <i>First Middle Last</i>
<b>Child's Birthplace</b>	<b>City</b>	<b>State</b>	<b>Name of Father listed on birth certificate</b>	

<b>Child's Full Name</b> <i>First Middle Last</i>	<b>Sex</b> <i>M/F</i>	<b>SSN</b>	<b>Birthdate</b> <i>Mo/Day/Yr</i>	<b>Custodial Parent Name(s)</b> <i>First Middle Last</i>
<b>Child's Birthplace</b>	<b>City</b>	<b>State</b>	<b>Name of Father listed on birth certificate</b>	

26. Is there a child support or medical order(s) for the child/ren?  Yes  No  
For which child/ren?

\_\_\_\_\_

27. Are you the individual ordered to provide child support or medical support:  Yes  No  
If No, who is ordered to provide support: \_\_\_\_\_

Court Case Number \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_

If unable to provide a court case number, please provide county, state and date of court order  
(Month/Year):

\_\_\_\_\_

28. Have you or the custodial parent taken legal action modify support or establish paternity?

Yes  No **If yes,** type of action: \_\_\_\_\_

Who filed the action?

\_\_\_\_\_

Result of the action?

\_\_\_\_\_

**If there is a child support order, attach a copy of the order to this form.**

**Attach Birth Certificates for all children not born in Kansas.**

(Please provide a copy of the official birth certificate and not the certificate received from the hospital.)

**Please continue to the next page.**

**CHILD SUPPORT SERVICES**  
**CHILD SUPPORT QUESTIONNAIRE**  
**Custodial Parent (CP) Information**

1. Custodial Parent's Name: \_\_\_\_\_ Sex:  Male  Female  
*First Middle Last*

Custodial Parent's other names (Alias, **Maiden**, Nicknames, etc.): \_\_\_\_\_

2. SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Approximate Age: \_\_\_\_\_  
*Month Day Year*

Has the Custodial Parent ever used a different SSN?  Yes  No  Unknown

**If yes**, what is that number? \_\_\_\_\_

3. CP's Place of Birth: City: \_\_\_\_\_ State or Country: \_\_\_\_\_  Unknown

4.  Current address: \_\_\_\_\_  
**OR** *Street City State Zip Code*

Last known mailing address: \_\_\_\_\_  
*Street City State Zip Code*

Date of address: \_\_\_\_\_

Physical Address: (If different than mailing address) \_\_\_\_\_  
*Street City State Zip Code*

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

5. What is the Custodial Parent's Race?

- American Indian/Alaskan Native
- Black/African American
- Hispanic
- Pacific Islander
- Asian
- White/Caucasian
- Other

6. Physical description of Custodial Parent:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Tattoos, scars and other physical traits: \_\_\_\_\_

7. Give the full Maiden Name of the Custodial Parent's Mother: \_\_\_\_\_

8. Give the full Name of the Custodial Parent's Father: \_\_\_\_\_

9. Where does the Custodial Parent work? \_\_\_\_\_

Employer address: \_\_\_\_\_  
*Street City State Zip Code*

Telephone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

10. Where is the last place you knew the Custodial Parent worked? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Telephone Number: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

11. Is the Custodial Parent on Active Duty in the Military?  Yes  No  
**If yes**, Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_  
 Duty Station/Unit: \_\_\_\_\_
12. Is the Custodial Parent in the National Guard or Reserves?  Yes  No  Unknown  Previously  
**If yes**, Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Date of Service: \_\_\_\_\_
13. Does the Custodial Parent have an attorney?  Yes  No  Unknown  
 Name and address of attorney: \_\_\_\_\_
14. Has the Custodial Parent ever filed Bankruptcy?  Yes  No  Unknown  
**If yes**, Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_
15. Does the Custodial Parent have a driver's license?  Yes  No  Unknown  
**If yes**, in what state: \_\_\_\_\_
16. Has the Custodial Parent ever belonged to a Labor Union or Professional Group?  
 Yes  No  Unknown Name: \_\_\_\_\_
17. Has the Custodial Parent ever been arrested, put on probation, sent to prison or paroled?  
 Yes  No  Unknown **If yes**, Date: \_\_\_\_\_ Charge: \_\_\_\_\_  
 Court (City/County/State): \_\_\_\_\_ Prison/Jail (City//County/State): \_\_\_\_\_  
 Name of Probation or Parole Officer: \_\_\_\_\_
18. Has the Custodial Parent ever attended a college, university or vocational school?  Yes  No  Unknown  
**If yes**, Name: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_
19. Does the Custodial Parent have any other type of income?  Yes  No  Unknown  
**If yes**, please check the appropriate resources:  
 Social Security / SSI or SSDI  
 Self Employment Source (Name/Address) Amount: \$ \_\_\_\_\_  
 Veteran's Benefits  
 Military Retirement  
 Worker's Compensation  
 Insurance Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Housing or Travel Allowance Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Trust Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Rental Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Other Income Source (Name/Address): \_\_\_\_\_ Amount: \$ \_\_\_\_\_
20. If the Custodial Parent receives disability payments from the Social Security Administration, does the child receive Social Security benefits from the Custodial Parent's disability?  Yes  No  
**If yes**, the amount received: \_\_\_\_\_ Date child started receiving benefits: \_\_\_\_\_
21. Does the Custodial Parent own property (*Examples: car, truck, motorcycle, boat, camper, trailer, house, farm, rental property, land, business, tools, equipment, etc.*)?  Yes  No  Unknown  
**If yes**, list and describe as best you can including tag numbers and location. Use back of form if additional space needed:

22. Does the Custodial Parent have any other natural or adopted children?  Yes  No  Unknown  
**If yes**, give child's or children's full names and ages and name of mother (if known): \_\_\_\_\_

23. Do any of the children listed in #22 live with the Custodial Parent?  Yes  No  Unknown  
**If yes**, list the child's full name and age: \_\_\_\_\_

24. Is the Custodial Parent ordered to pay child support for any other children?  Yes  No  Unknown  
**If yes**, list full names, ages, amount and state where ordered: \_\_\_\_\_

25. List friends and family members that the Custodial Parent is most likely to keep in touch:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Relationship</i>
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26. Has the Custodial Parent ever received Public Assistance?  Yes  No  Unknown

**If yes**, Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

27. In an emergency, how do you get in touch with the Custodial Parent? \_\_\_\_\_

28. Who is providing medical insurance for the child/children? \_\_\_\_\_

What is his or her relationship to the child? \_\_\_\_\_

Type of Medical Coverage:  Private Insurance  Tri-Care (military insurance)  Medicaid  Healthwave

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

Policy Number: Group Number: \_\_\_\_\_

Coverage Start Date: \_\_\_\_\_ Cost per Month: \$ \_\_\_\_\_ Single: \$ \_\_\_\_\_ Family: \$ \_\_\_\_\_

List Persons Covered on Policy: \_\_\_\_\_

Types of Coverage:  Medical  Hospital  Drug  Vision  Dental

Employer Name Insurance is through: \_\_\_\_\_

Employer Address: Employer Telephone Number: \_\_\_\_\_

29. Do any of **the** children listed have special medical needs?  Yes  No

**If yes**, explain: \_\_\_\_\_



## PATERNITY INFORMATION

**Complete this page for each child needing paternity established**

30. Have you, the mother and the child ever had paternity testing?  Yes  No  
If yes, when: \_\_\_\_\_ Where were the tests done? \_\_\_\_\_  
*Month Day year City State*  
Results of the tests: \_\_\_\_\_ *Please attach a copy of the genetic test results*
31. Are you requesting genetic testing be done?  Yes  No
32. What was the date the doctor said the child was due? \_\_\_\_\_  
What was the weight of the child when he/she was born? \_\_\_\_\_
33. Why do you think you are the father? \_\_\_\_\_
34. Have you ever admitted that you are the father of the child?  Yes  No  
If yes,  Verbal or  Written  
When? \_\_\_\_\_ Where? \_\_\_\_\_  
*Month Day Year City State*
35. Have you ever lived in the same home with the child?  Yes  No  
If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_  
*Month Day Year City State*
36. Were you and the mother of this child ever married?  Yes  No  
If yes, when? \_\_\_\_\_  
*Month Day Year*  
If yes, are you still married?  Yes  No  
If no, when and how did marriage end? \_\_\_\_\_  Divorce  Annulment  
*Month Day Year*
37. Was the mother of this child ever married to anyone else?  Yes  No  
If yes, date of marriage \_\_\_\_\_  Divorce  Annulment  
*Month Day Year*

## **CHILD SUPPORT SERVICES**

### **Legal Rights and Duties**

**Instructions: Read this section and sign on the last page. If you have questions, please contact CSS at 1-888-757-2445.**

The following are important things you need to know about the CSS Program and your Legal Rights and Duties.

#### **No Attorney - Client Relationship:**

1. The attorneys who work for the CSS Program work only for the Secretary of DCF.
2. Even if you benefit from their work, they **DO NOT** represent you.
3. They **CANNOT** give you legal advice.
4. They **CANNOT** do any legal work on your case that goes beyond the services provided by CSS.
5. The role of the CSS Attorney in child support cases is to act in the public interest to make sure parents, not the State, are the ones that support their children.
6. Any legal action that is taken is at the discretion of the CSS Attorney.
7. If the other parent raises issues that are beyond the scope of CSS, *including Visitation or Custody*, you will need to talk with a lawyer of your own choosing to protect your rights or for personal or legal advice. If you do not have a lawyer and you want one, you may call the Kansas Bar Association Lawyer Referral Service at 1-800-928-3111. A Kansas Legal Services Office may also be able to help you.

#### **Use of Information:**

1. Federal and state laws require CSS to protect private information you give CSS. Those laws also require CSS to use and share it. If you are afraid that our use of confidential information will cause harm to you or your child, talk with your CSS worker immediately.
2. Information you give the CSS Program or a CSS Attorney could be used if DCF needs to take action against you. For example, CSS may have to use information you give to enforce a child support order against you if a child leaves your home or if you keep child support that belongs to DCF.
3. When CSS has confidential information about the Custodial Parent, state or federal law may keep CSS from sharing that information with you.

#### **Customer's Responsibilities:**

As a participant in the CSS Program, I am responsible for:

1. Keeping CSS up to date with correct information about myself and the Custodial Parent, including new addresses and phone numbers, as well as, providing any other requested information or attesting to the lack of information under Penalty of Perjury.
2. Telling CSS immediately if a private attorney has been obtained for any domestic action including child custody and child support issues.
3. Telling CSS in writing if I want my case closed.
4. Assisting in identifying and locating the Custodial Parent's address and employment.
5. Attending as a witness when needed at any court or administrative procedure.
- 6.** Cooperating with the CSS Program and its staff.

## **CSS Program Responsibilities:**

It is only fair for you to know the limitations of the CSS Program:

1. We cannot promise results.
2. While your CSS case is open, CSS staff will determine the appropriate procedures for your case and what priority it can have compared with other cases.
3. If your support is paid through a Court Trustee's Office, closing your CSS case does not close the Court Trustee case.
4. Although we would like to be able to, we can't call or write you regularly about your case. We will contact you when anything important happens or if more information is needed. You may contact the Child Support Call Center at 1-888-757-2445 (TTY 1-888-688-1666) at any time for a case update.

I have read the notices contained in this Section of this form. My signature below authorizes the CSS office to get certified copies of my child's birth certificate if the certificate is needed in the administration of the CSS Program.

I understand that each person who receives assistance must provide or apply for a Social Security number. I authorize the use of these Social Security numbers for such purposes as identification, program reviews, or audits and computer matching with other agencies and institutions, both public and private.

**Please be advised that once the requested service is completed, your child support case will be closed.**

**I declare under penalty of perjury under the laws of the State of Kansas that the answers I have given in this questionnaire are true and correct.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Please sign this form and return it to your local CSS office or submit via email to [cssapplications@dcf.ks.gov](mailto:cssapplications@dcf.ks.gov).



IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS

\_\_\_\_\_)
vs. \_\_\_\_\_)
Case No. \_\_\_\_\_)
\_\_\_\_\_)

SHORT FORM DOMESTIC RELATIONS AFFIDAVIT
OF \_\_\_\_\_ (name)

To be used ONLY with post-judgment Motions to Establish or Modify Child Support.

1. Your Name: \_\_\_\_\_
Residence: \_\_\_\_\_
Year of Birth: \_\_\_\_\_ Last Four Digits of SSN: XXX-XX-\_\_\_\_\_ Phone \_\_\_\_\_

2. Name(s), last four digits of SSN(s), year of birth, and age(s) of minor children of this marriage/relationship:

Table with 4 columns: Name, SSN, Year of Birth, Age. Contains 4 rows of blank entries.

3. Name(s), last four digits of SSN(s), and year of birth of minor children of other marriage/relationship(s) and facts as to custody and support payments paid or received, if any.

Table with 6 columns: Name, Name of Custodian, SSN, YOB, Support, Pd/Rec. Contains 4 rows of blank entries.

4. You are employed by: Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, ST, Zip: \_\_\_\_\_

5. Monthly income:
A. Wage Earner, Gross Income \$ \_\_\_\_\_
B. Self-Employed, Gross Income \$ \_\_\_\_\_
Reasonable Business Expense \$ \_\_\_\_\_

Self-Employment Tax \$ \_\_\_\_\_

6. Work Related Child Care Expenses:

- A. Weekly Cost During Summer \$ \_\_\_\_\_ Name and Address of Provider  
\_\_\_\_\_  
\_\_\_\_\_
- B. Weekly Cost During School Year \$ \_\_\_\_\_ Name and Address of Provider  
\_\_\_\_\_  
\_\_\_\_\_

7.  Father  Mother provides Health Insurance for child(ren).

- A. Name and Address of Health Insurance Plan: \_\_\_\_\_  
\_\_\_\_\_
- B. Person(s) insured on plan: \_\_\_\_\_  
Monthly cost of health insurance: \$ \_\_\_\_\_  
Monthly cost of dental insurance: \$ \_\_\_\_\_  
Monthly cost of vision insurance: \$ \_\_\_\_\_  
Monthly cost of drug prescription insurance: \$ \_\_\_\_\_  
Increase cost of adding child(ren) to the plan: \$ \_\_\_\_\_

8.  Father  Mother claims child(ren) for income tax purposes.

- Father and Mother alternate claiming child(ren) for income tax purposes.  
You file taxes:  Single  Head of Household  Married Filing Jointly  
 Married Filing Separately  Other

9. Child Support Adjustments requested (documentation to support requested adjustments must be attached):

- Long Distance Parenting Time Adjustment  Special Needs  
 Parenting Time Adjustment  Income Tax Adjustment  
 Agreement Past Minority  Overall Financial Condition

10. The following documents must be attached. **Social Security numbers and dates of birth must be removed from the documents prior to filing with the court.**

- Current Pay Stub  Last Year's Tax Return including schedules  
 W-2  Written Proof of Day Care Cost  
 Written Proof of Insurance Costs  Other

**I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true, correct and complete.**

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name (Print): \_\_\_\_\_

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS

\_\_\_\_\_  
vs.  
\_\_\_\_\_ )  
)  
)  
)  
)  
)

Case No. \_\_\_\_\_

**VOLUNTARY ENTRY OF GENERAL APPEARANCE**

COMES NOW the biological and noncustodial parent, \_\_\_\_\_, of the  
below minor children:

Name	Year of birth
_____	_____
_____	_____
_____	_____
_____	_____

And hereby waive service of process and voluntarily enters appearance for myself. I waive our statutory time to plead and further waive notice of trial and consent to the case being heard at any time. I further acknowledge that I am not now, nor have I been within the last sixty (60) days preceding the signing of this Entry of Appearance, a member of the United States Armed Forces.

\_\_\_\_\_  
Noncustodial parent

STATE OF KANSAS )  
) SS:  
COUNTY OF \_\_\_\_\_)

KNOW ALL PERSONS that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary of Public in and for the County and State aforesaid, appeared \_\_\_\_\_ who is personally known to me to be the same person who executed the foregoing Voluntary Entry Of General Appearance and that such person acknowledged the foregoing signature as his/her own.

\_\_\_\_\_  
NOTARY PUBLIC  
My term expires: \_\_\_\_\_