

**Application  
District Court Trustee Services  
Douglas County**

**PLEASE READ THIS CAREFULLY BEFORE RETURNING YOUR APPLICATION**

Welcome to the Douglas County District Court Trustee office. The Trustee office is authorized by law to handle matters related to child support and spousal support orders in Douglas County, Kansas.

You will need to complete this application to begin receiving services. ***A 5 percent fee will be deducted from support collected to defray the expenses of the Court Trustee office. This fee remains in effect for the duration of any court-ordered support.***

Services that can be provided through the District Court Trustee include:

- Modification of child support orders
- Establishment of child support orders where paternity has previously been established by court order or in cases where no order for support was entered in the final divorce decree
- Enforcement of child support orders
- Enforcement of spousal support orders
- Routine monitoring of orders for possibility of modification
- Location of residence and employment of parent owing support
- Establishment of qualified medical child support orders

Services are limited to the above-mentioned areas only and do not include enforcement of court-ordered obligations for payment of indebtedness, attorney's fees, property settlements, visitation, or other provisions of the decree. The District Court Trustee Office reserves the right to determine the manner and the extent of the services provided in any particular situation.

When you have completed this application, return to:

***You must sign the last page  
before a Notary Public in order  
for us to open your case.***

District Court Trustee  
Judicial & Law Enforcement Center  
111 East 11th  
Lawrence, KS 66044  
(785) 832-5315

(2004 version)

## **HOW YOU CAN HELP US PROVIDE YOU WITH THE BEST POSSIBLE SERVICE**

1. Notify this office ***in writing*** if you change your name or if you move and have a change of address or phone number. This is for your protection only, as anyone could call claiming to be you and give a different mailing address and/or name.
2. Your check mailed from the Kansas Payment Center is ***not forwardable***. If you do move and do not notify this office, the check mailed will be returned. It will **not** be mailed again until there is written notification of your current address.
3. If you know that the parent not having primary residency in your case has moved, please notify this office ***in writing*** so that contact can be maintained at all times.
4. Contact our office immediately if additional information is obtained about the parent not having primary residency.
5. Provide any document or necessary information requested in a timely manner.
6. If you hire a private attorney to enforce present or past due support, please notify this office.
7. Local court rules prohibit the direct payment of or receipt of support payments. ***No credit will be given for direct payments between the parties.***

### **Please check the service for which you are applying:**

We can get started faster if we know what needs to be done first. If none of the choices apply to your circumstances, please attach a note explaining what is needed.

\_\_\_\_\_ **Establish Child Support Order (Estab.):** You may wish to establish child support orders, including medical support orders, if there is no support order and paternity does not need to be established. Paternity does not need to be established if the child's parents were married when the child was born OR a court order identifies the child's father.

\_\_\_\_\_ **Enforce Existing Child Support Order (Enf.):** You may wish to seek enforcement of an existing child support order.

\_\_\_\_\_ **Modification of Existing Child Support Order (Mod.):** You may wish to seek a change in the amount of child support that has been previously ordered.

\_\_\_\_\_ **Enforce Existing Spousal Support Order:** You may wish to seek enforcement of an existing spousal support order.

**The more information we have concerning your circumstances, the faster we can seek action. Please answer the following questions as completely as possible. If you can't answer a question or aren't sure of the information, please answer "Unknown" or "N/A" (not applicable) or "Estimated" or "I think." If you need more space, please attach additional pages.**

## 1. Personal Information

Your full name: \_\_\_\_\_  
*First Middle Last*

Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Douglas County Case Number: \_\_\_\_\_

Your relationship to child(ren): \_\_\_\_\_

Your relationship to the Other Parent: *(Circle one)*

*Divorced Separated Divorce pending Unwed Other*

Have you previously been represented by an attorney? *Yes No*  
If yes, name of attorney: \_\_\_\_\_

Has the Other Parent previously been represented by an attorney? *Yes No*  
If yes, name of attorney: \_\_\_\_\_

Your employer's name: \_\_\_\_\_

Your employer's address: \_\_\_\_\_  
*Street City State Zip*

Employer's phone #: *( )* \_\_\_\_\_ Your home phone #: *( )* \_\_\_\_\_

Gross wages: \$ \_\_\_\_\_ Net wages: \$ \_\_\_\_\_

*Paid per: (Circle one) Week 2 Weeks Bi-Monthly Monthly*

## 2. Child(ren)

| <i>Child's Full Name</i> | <i>Sex</i> | <i>Social Security Number</i> | <i>Date of Birth</i> | <i>Action Needed<br/>**(see below)</i> |
|--------------------------|------------|-------------------------------|----------------------|--|
| 1.                       |            |                               |                      |  |
| 2.                       |            |                               |                      |  |
| 3.                       |            |                               |                      |  |
| 4.                       |            |                               |                      |  |
| 5.                       |            |                               |                      |  |

\*\*Action Needed Choices:    Estab./Enf./Mod.    (See Page 2 for definitions.)

## 3. Other Parent Information

Full name of Other Parent: \_\_\_\_\_  
*First*
*Middle*
*Last*

Names used by Other Parent: \_\_\_\_\_  
*(Maiden, Former, Nickname or Alias)*

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

As of: \_\_\_\_\_  
*(Date)*

Last known phone number: \_\_\_\_\_    As of: \_\_\_\_\_  
*(Date)*

Last known employer: \_\_\_\_\_  
*Name*

\_\_\_\_\_

*Street*
*City*
*State*
*Zip*

As of: \_\_\_\_\_  
*(Date)*

How much money does/did the Other Parent make there?

Gross wages: \$ \_\_\_\_\_    Net wages: \$ \_\_\_\_\_

Paid per: *(Circle one)*    *Week*    *2 Weeks*    *Bi-monthly*    *Monthly*

What kind of work does the Other Parent usually do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list as many of the Other Parent's old employers as you can:

| <i>Employer</i> | <i>Address</i> | <i>Phone Number</i> | <i>Date</i> |
|-----------------|----------------|---------------------|-------------|
|                 |                |                     |             |
|                 |                |                     |             |
|                 |                |                     |             |
|                 |                |                     |             |

Does the Other Parent have any extra or special income? (For example -- self-employment, social security, military (or other) retirement, disability, workers' compensation, insurance, housing or travel allowance, trust income, rental income, etc.) \_\_\_\_\_

Who pays it?

| <i>Name and Address</i> | <i>Type of Income</i> | <i>Amount per month</i> |
|-------------------------|-----------------------|-------------------------|
|                         |                       |                         |
|                         |                       |                         |
|                         |                       |                         |
|                         |                       |                         |

Has the Other Parent ever filed bankruptcy? Yes No

If "yes," please indicate date, location, and case number:

\_\_\_\_\_

*Date* *Case Number*

\_\_\_\_\_

*City and State where case was filed*

Physical description of the Other Parent:

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Scars, tattoos, or other traits/features: \_\_\_\_\_ Social Security #: \_\_\_\_\_

When did you last see the Other Parent? \_\_\_\_\_

What is the Other Parent's marital status now? *(Circle one)*

*Single*

*Divorced*

*Married*

*Unknown*

Does the Other Parent have any other children?                      Yes                      No

If "yes," names and ages: \_\_\_\_\_

\_\_\_\_\_

Does the Absent Parent carry health or dental insurance for any of the children?

No

Yes

If "yes," name of company: \_\_\_\_\_

Please describe special medical/dental expenses you or the child(ren) have or expect to have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What property does the Other Parent own? List and describe as much as you can. *(For example: car, truck, motorcycle, boat, camper, trailer, house, farm, rental property, business tools & equipment, computer or other expensive electronics, expensive jewelry, valuable hobby equipment or collections, guns, antiques, etc.)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where does the Other Parent have bank accounts? *(List name of bank and address)*

\_\_\_\_\_  
\_\_\_\_\_

Has the Other Parent ever been arrested, put on probation, sent to prison, or paroled?

No

Yes

If "yes," approximate date: \_\_\_\_\_

What charge? \_\_\_\_\_

Court location (city/state): \_\_\_\_\_

Prison/jail location: \_\_\_\_\_

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

\_\_\_\_\_

Please describe any past actions to try to collect support from this Other Parent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer of Attorney-Client Relationship

1. I understand that under Kansas law, the State of Kansas is the client of the Douglas County District Court Trustee (Court Trustee). I understand that I have no attorney-client relationship with the Court Trustee. I understand that the Court Trustee represents the State of Kansas and not me. I understand that I have the right to get advice from an attorney of my choice despite the fact that the Court Trustee is involved in matters relating to my legal case.
2. I understand that if my interests and the State's interests are not the same, the Court Trustee's duty is to the State. I understand that the information I give to the Court Trustee could be used against me in certain situations such as a change of parental custody.
3. I understand that the Court Trustee cannot be involved in matters other than child support such as custody, visitation, or property disputes and will not represent my interests in such matters, even if such disputes arise as a result of actions taken by the Court Trustee to establish or enforce child support. I understand that I must employ a private attorney if such matters are or become an issue in my child support case.
4. I understand that specific legal actions to be taken regarding my child support case and the applicable time standards for establishment and enforcement of child support are matters within the discretion of the Court Trustee as determined by state law, local court rules, and the policies of the office of the Court Trustee. I understand that if I disagree with any action proposed or taken by the Court Trustee to establish or enforce child support, I have the right to seek the advice of independent legal counsel.

***Please don't write in the space below until the Notary Public asks you to.***

I, \_\_\_\_\_, being first duly sworn on my oath, state that I have read and completed the Court Trustee application above and that the information I have provided in the Court Trustee application is true and correct. I understand that I do not have an attorney-client relationship with the District Court Trustee's office. I understand that all payments for support must be paid through the Kansas Payment Center for processing, and I cannot accept any direct payments of support. I understand that the District Court Trustee is authorized to deduct a 5 percent fee from all child support and maintenance paid to the Kansas Payment Center on my behalf as payment for services rendered, **which fee shall remain in effect for the duration of any court-ordered support.**

\_\_\_\_\_  
*Signature*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

in \_\_\_\_\_.  
*City County State*

\_\_\_\_\_  
*Notary Public*

My term expires: \_\_\_\_\_

***This page must be signed before a Notary Public in order for our office to open your case!***