

**APPALACHIAN RESEARCH & DEFENSE FUND OF KY  
("APPALRED LEGAL AID")**

Self-Help Divorce Packet INSTRUCTIONS for Couples **WITH Children of this Marriage** Who Are Under the Age of 18 (No matter who they are living with or who has custody of them).

(Note: Children who have been **adopted** by you and your spouse during the marriage are also considered "children of the marriage")

These instructions will tell you how to complete the forms and file your divorce case with the Court. Read over the instructions before you start, so you can gather the information you need to complete the forms. Make sure **ALL** forms are printed on one side.

Each form has a number in the UPPER LEFT-hand corner of the form. These instructions will take each form, in order, and explain how to complete it. You must use a black or blue pen (not a pencil) to complete these forms.

Note: You will be able to submit most of these forms to the Court as soon as you complete them. However, **because you have children of the marriage**, you will need to wait 60 days after filing the Petition before filing the last four forms (these instructions will inform you which forms these are).

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Coversheet

- Add parties, you are the petitioner, and your spouse is the adverse
- In the box labeled "Domestic Relations" check the box that applies to you, with or without children

Form 1 (two pages):

This form is a **Motion** asking the Court to "waive" the divorce filing fee (If it is "waived" you will not have to pay).

- On the top line, and on the top of **ALL** forms, print YOUR name (you will be addressed as the "Petitioner" for the remainder of the forms).
- On the second line, and on the top of **ALL** forms, print your spouse's name (your spouse will be addressed as the "Respondent" for the remainder of the forms).
- Complete the section entirely stating ALL personal information.
- State all Monthly Income and Expenses on the appropriate lines.
- Question #5, ADD together all monthly income given on the previous lines and give a total. If none, put \$0.

- Question #6, ADD together all monthly expenses given on the previous lines and give a total. If none, put \$0.
- State all Assets and Debts (next page) on the appropriate lines.
- Question #7, ADD together all total assets given on the previous lines and give a total. If none, put \$0.
- Question #8, ADD together all total debts given on the previous lines and give a total. If none, put \$0
- Sign the bottom block **IN FRONT OF A NOTARY PUBLIC AND HAVE IT NOTARIZED**

Form 2 (one page):

This is the **Order** that will be signed by the judge, stating whether he or she is waiving the filing fee.

- Only print your name, your spouse's name and the name of the county you are filing the case in.

Forms 3A and 3B (one page each):

These forms ("**Case Data Information Sheets**") are used by the clerks' office to coordinate and cross-reference cases involving the same parties.

- On Form 3A enter complete information about you, your spouse, and **ANY CHILDREN** (even if they are not children of the marriage) in your household. Form 3B is "redacted" (information is eliminated or abbreviated to protect privacy).
- In the top middle of both forms, check the block for "Family Court."
- The left hand column is YOUR personal information (because you are the Petitioner). For "relationship to Respondent," print "spouse".
- Under "other parties/children," list **any** children living in your household, with their personal information. Print the relationship to you.
- In the right hand column, print all personal information about your spouse.
- In the lower right corner of the page, complete personal information.
- Copy all the same information from **Form 3A** onto **Form 3B** (redacted form).

Form 4A and 4B (six pages each):

This is the **Petition** that formally begins your divorce case. The "A" form includes all identifying information such as social security numbers and dates of birth, and the "B" form "redacts" (removes) those identifying things, protecting your privacy.

- Print the county you are filing in on the line next to "Circuit Court."
- IF you have a domestic violence order (a "protective order," or "DVO"), put the case number on the line next to "Domestic Violence Order#."
- Complete **ALL** personal information entirely regarding you and your spouse for Form 4A and 4B.
- Question #2: Complete CURRENT personal information. Check the box indicating whether or not you have lived in Kentucky continuously for the past 180 days (six months). If you have moved back and forth between states during that time, then you have **NOT** lived in KY continuously for the past 180 days.
- Question #7: Enter the number of children you have **WITH YOUR SPOUSE** who are under the age of 18 and complete all of their personal information.
- Question #8: Check whether the children live with you or your spouse, enter the address that each of the children live at.
- Question #9: List any address the child or children have lived at in the past five years and with whom they lived with.
- Question #10: If you have **NOT** been involved in prior court case involving any of your children of this marriage, check the box indicating you have not participated in court. If you **HAVE** been involved in a prior court case, check the box indicating you have participated in.
  - Line A-Name of children involved in case
  - Line B-Check the box indicating what court that case was in "District, Circuit, Juvenile, Family, or another."
  - Line C-Enter case number.
  - Line D-Enter the county.
  - Line E-State the outcome.
  - Line F-State the current status (if it is completed or still open).
- Question #11: Check the best person to have custody of the children and which type of custody you are requesting (joint custody or sole custody).
- Question #12: Tells the Court what type of arrangements have or have not been made for visitation and custody of child support. Check the appropriate box indicating if arrangements **HAVE** or have **NOT** been made yet.

- Question #13: Check the appropriate box of whom should pay child support.
- Question #14: Check the box indicating whether or not you ARE or ARE NOT pregnant. (Note: YES you must answer this no matter your age!)
- Question #16: Check one of the boxes about MARITAL property and debts ("marital property" and "debts" are ANY property either of you bought during marriage, no matter which of you currently has possession of it; and any debt either of you took on during your marriage, no matter which one of you signed for the debt).
- At the end of question #16, print YOUR name as Petitioner.

B. *Maintenance*: check the box WHETHER OR NOT either of you will request that the other pay "maintenance" ("alimony"). (Note: The Court will decide whether or not it is awarded).

C. Check the box indicating who should be required to pay child support.

D. **IF** you want you or your spouse to have sole custody or joint custody of the children, check the desired box.

E. Check the box to the left of whether the child or children should live with you or your spouse.

I. **IF** you want to change your name back to your former name, check the box to the left and print the name that you want to have.

• Print your name on bottom line. **DO NOT SIGN THIS FORM UNTIL YOU SIGN IT IN FRONT OF A NOTARY PUBLIC!**

• Give a copy of this Petition to your spouse.

Form 4B: This is the "**redacted**" Petition. Copy everything from Form 4A onto 4B. **DO NOT SIGN THIS FORM UNTIL YOU SIGN IT IN FRONT OF A NOTARY PUBLIC.**

Form 5: **Simplified Preliminary Disclosure Statement.** This form tells the Court about your financial situation — your property, income, debts and expenses.

- At the top heading of the form, check the box "Preliminary."
- In the box to the right, print the word "Family" next to the word "Court," and print the name of the county where you are filing your divorce.
- Check the box to the left of the word "Petitioner" (under the lines where you have printed the names of the parties).

- Under "Identifying Information of Both Parties" and "Income and Employment Information of both parties," Print personal information for you and your spouse.
- Under Children's information, enter the number of children you and your spouse have together and their personal information that is being requested.
- For **B**, estimate the monthly amount that you pay to a daycare provider, and the name of which of you pay.
- For **C**, estimate monthly medical, dental, and vision insurance.
- If either you or your pay court-ordered child support for a child NOT OF THIS MARRIAGE, list which of you make these payments, monthly amount, and the personal information of the child.
- Under Summary of Assets & Debts: Check the applicable boxes to the right. (Note: "real estate" is a house; if you own a mobile home you should list that under "other assets").
- There are five sections where you must describe the property you checked "yes" to; for each item, describe it, state who currently has it, estimate worth ("fair market value"); state if you owe any amount; if you are making monthly payments, and the monthly payment. Subtract that amount from "fair market value" and enter on the line "net value or equity." If you exceed five items, use a separate paper to describe the rest.
- At the sentence "Do you owe any debts?" Answer appropriately. If you marked "yes," describe (if more than five, list on a separate paper).
- In each section list the creditor, who is listed on the debt, the monthly payment, and the current balance. For "premarital account," the answer is "yes" IF either you or your spouse had this debt BEFORE marriage.
- Add the balances and enter the amount next to "Total Debt Balances"
- "Are you claiming a right to maintenance?" Check the appropriate box. **If "yes,"** complete the two column boxes for expenses; the court will use these to decide whether or not to award you maintenance "alimony."
- For "Common Expenses for Family" and "Your Personal Expenses", estimate monthly expenses and total the amounts in "Grand Total."
- **DO NOT SIGN THIS UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC.**
- Under the heading "CERTIFICATE OF SERVICE" check the box indicating how you will give a copy to your spouse (REQUIRED). Sign the signature line, check the box next to "Petitioner" and print your personal information.

Form 6: **Entry of Appearance and Waiver**

- The Respondent must sign, saying that he or she has read the Petition and is OK with the Court going forward with this divorce, and giving up rights to have an attorney. **This must be signed IN FRONT OF A NOTARY PUBLIC.**

Form 7: **Marital Settlement Agreement** You and your spouse will need to sign in front of a Notary Public. Print **ALL** personal information!

- On the top line print the name of the county you are filing your divorce.
- # III: list the names of all children of the marriage and their dates of birth.
- # V: Custody if you and your spouse agree that you should have “joint custody” of the children check the appropriate box. **OR**, if you and your spouse agree only one should have legal custody, check the box indicating which should have legal custody.
- # VI: Parenting Time if the children will be living with either you or your spouse most of the time, check the appropriate box. **OR**, if you and your spouse agree to split an equal amount, check the appropriate box and indicate how this will work.
- # XI: Child Support check the appropriate box indicating who will be paying child support. If you and your spouse agree that child support should be set at the amount of the usual guidelines, you **SHOULD CONTACT THE CHILD SUPPORT OFFICE IN YOUR COUNTY TO DETERMINE HOW MUCH CHILD SUPPORT WILL BE PAID.**
  - Check the appropriate box indicating how often child support will be paid.
  - If you and your spouse have agreed on an amount other than state guidelines, explain why.
  - If you and your spouse agree that no support will be paid because the one paying cannot afford it, check the appropriate box.
- # XII: Health Insurance if children of the marriage are covered for health insurance by KCHIP or Medicaid check the box. **IF NOT**, check who will provide health insurance and the amount of the extraordinary medical expenses each of you will be responsible for.
- # XIII: Dependent Exemption check the box indicating who will be claiming the children as dependents for tax purposes. **OR**, if you plan to share the tax credit, explain how it will be divided.
- # XIV: Non Marital Property (property that either you or your spouse owned **BEFORE** you were married, no matter who is using it now).
  - If neither owns any non-marital property check the appropriate box. **Or**, if you have non-marital property that you will be keeping, describe it.

- If your spouse has any non-marital property that he or she will be keeping, describe it on the lines provided.

- # XV: Marital Property (property bought during the marriage).

- A. Real Estate ("real estate" is a house, whether or not you or your spouse are living in it). If you and/or your spouse DID NOT buy during marriage, or if either/both of you bought one but no longer own it, check the box 'The parties own no marital real estate.'

- OR, if either/both of you DID buy a house during this marriage and plan to sell after divorce, check the box that states the complete address of the house. On the lines provided state how the proceeds will be split.

- OR, if you and your spouse agreed on who will get the house, check the appropriate person. On the lines provided, state the address of the property, the number of days you or your spouse are giving the other party to refinance the house, or number of days giving the other party to pay for their share of the property. If the party keeping the property IS NOT paying for his or her share, check the box, or enter an amount that the person keeping the property WILL pay to the other party.

- B. Vehicles If you will not receive a vehicle in this divorce, check the box "no vehicle". If you WILL receive a vehicle, check the box "the following vehicle(s)" and describe the vehicle (make, model, year, color). Make the same entries about whether or not your spouse is receiving a vehicle. Then, state how much time (in days) you are agreeing that the person receiving the vehicle has to refinance (if it is being financed).

- C. Bank Accounts If you and your spouse have already divided bank accounts check the box. OR, if you and your spouse agree to give any bank accounts to one or the other, check the state what kind of account(s) this/these are, and what bank they are with.

- D. Personal Property/Household Goods If you and your spouse have already divided all personal property and household goods check the box. **OR**, if you are receiving certain items through the divorce, check the appropriate box and describe those items. Give the same information for your spouse.

- E. Retirement If neither you nor your spouse have retirement check the box. **OR**, if you and/or your spouse have a pension but are planning to keep it, check the second box.

- F. Other Marital Property If you or your spouse have any MARITAL (bought during marriage) that is being awarded to the other, check the appropriate box and describe it.

- # XVI. Debts
  - If there are no marital debts (debts during the marriage) check the box. OR, if there ARE marital debts that have been divided, check the box.
  
  - If there are marital debts that will be taken on by you or your spouse, describe those on the lines provided.
  
  - **EQUITABLE DIVISION OF PROPERTY:** if both agree that the marital property and debts have been divided fair, check the appropriate box.
  
  - **OR,** if you and your spouse do NOT believe the property and debts are divided fair, check the appropriate box. Check whether you or your spouse will pay a certain amount to make the agreement fair. Enter the amount and date payment will be made.
  
- # XVII Maintenance ("Alimony")
  - If neither you or your spouse is asking for Maintenance, check the box. BE AWARE, if you check this box, the Court may not allow you to change your mind; you will most likely be giving up your chance to request "alimony."
  
  - If you and your spouse are AGREEING that one of you will pay maintenance, check the box indicating which of you will be PA YING and the monthly payments with a beginning and ending date.
  
  - **THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC BY BOTH PARTIES!**

# STOP!

YOU HAVE NOT FILED EVERYTHING THAT YOU CAN FILE FOR NOW! BECAUSE YOU HAVE CHILDREN OF THE MARRIAGE, YOU MUST NOW WAIT 60 DAYS AFTER YOU HAVE FILED THE PETITION BEFORE YOU CAN FILE THE LAST FOUR FORMS!

(THE LAST FOUR FORMS ARE THE “FINAL VERIFIED DISCLOSURE STATEMENT”, THE “DEPOSITION OF PETITIONER”, THE “FINDING OF FACTS AND DECREE OF DISSOLUTION OF MARRIAGE”, AND THE “MOTION FOR FINAL DECREE”).

Form 8A: **Affidavit of No Change in Circumstances**

- Fill in the blank with your name as the petitioner and your spouse as adverse.
- Check mark petitioner
- 1. Insert date you filed the first 7 forms
- 2. Check the box if there was or was not any changes for either party.
- Sign form in front of a notary
- **CERTIFICATE OF SERVICE** fill out the information it is asking for then sign form in front of a notary.

Form 8B: **Final Verified Disclosure Statement** tells whether there have been any changes in your information since you first filed your case.

- Check the box "Final Verified Disclosure Statement" and print the name of the Court ("Family") and County where you are filing.
- Complete all personal information **entirely**. Be sure to put your total gross income BEFORE taxes or anything else is taken out.
- If you have had any court cases in the past year, give the name and case number of the case(s) and briefly describe what it/they are about.
- On the next page, sign this form IN FRONT OF A NOTARY PUBLIC.
- Below "Certificate of Service," state how you will or have given a copy of this Final Verified Disclosure Statement to your spouse, give the date and address that used. Sign this section and check the box to the left of the word "Petitioner." Print ALL personal information.

Form 9: **Deposition**

- Print the County where you are filing your divorce case AND put the case number that the clerk assigned to your case (you should have this on your copy of the Petition).
- Enter **ALL** personal information, boxes must be checked accordingly.
- # XIII: This packet assumes that you and your spouse have signed and filed a Separation Agreement; **check the box "We have entered a marital separation agreement that has been filed with the Court."** (The box saying that the Respondent is in default would be used if there were no agreement and no Response to the Petition.)

- # XIV: Check the box whether or not you want to be restored to your maiden name; then print the name you want.

- This form must be signed **IN THE PRESENCE OF A NOTARY PUBLIC**.

#### Form 10: **Findings of Fact and Decree of Dissolution of Marriage**

- Print the County where you are filing and the case number.

- Complete **ALL** personal information and check **ALL** appropriate boxes.

- Question #7: If your settlement agreement states that child support will be calculated according to the standard child support guidelines, check the appropriate box. **OR**, if you have worked out a different amount, check “deviation from the child support guidelines to be justified because” and print why different arrangements have been made. **OR**, check if an order has already been established by the court.

- In the section **IN IT HEREBY ORDERED AND ADJUDGED THAT:** Once again, complete **ALL** personal information entirely.

- **LEAVE THE LINES FOR JUDGE, CIRCUIT COURT, AND DATE BLANK (the judge will fill these out).**

- Under the words "Tendered By" sign **IN FRONT OF A NOTARY PUBLIC!**

- Under the Section “Certification,” print **ALL** personal information. (This states that you have mailed a copy to your spouse, which you must do).

#### Form 11: **Motion for Final Decree**

- Print the county you are filing the divorce in and give case number.

- On the lines provided under the word “Notice,” enter the date (month, day and year) and the time that you are filing it.

- Complete **ALL** personal information (**DO NOT LEAVE ANY BLANKS**).

- # 2: On the line provided, enter the date that you filed the Petition for this divorce (which should be at least 60 days before you are filing this motion; look for the filing date on the Petition you filed earlier).

- # 3: Enter the date you filed the Entry of Appearance that your spouse signed.

- Sign the form and print **ALL** personal information.

- In the section “Certification,” print ALL personal information. Mail a copy of this form to your spouse.

**DO NOT CHANGE ANY INFORMATION ON ANY OF THESE FORMS AFTER YOU HAVE SIGNED THEM IN FRONT OF A NOTARY PUBLIC!**



Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

**CIVIL CASE COVER SHEET**

PLAINTIFF/PETITIONER

VS.

DEFENDANT/RESPONDENT

Check here if **YOU DO NOT HAVE AN ATTORNEY** and are **REPRESENTING YOURSELF**  
(a Self-Represented *[Pro Se]* Litigant)

**Nature of the Case:** Place an "X" to the left of the **ONE** case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

**DOMESTIC RELATIONS**

- Dissolution/Divorce with Children
- Dissolution/Divorce without Children
- Paternity
- Custody
- URESA/UIFSA
- Visitation/Parenting Time
- Voluntary Termination of Parental Rights
- Involuntary Termination of Parental Rights
- Adoption
- Other: \_\_\_\_\_

**TORT (Injury)**

- Automobile
- Intentional
- Malpractice-Medical
- Malpractice-Other
- \_\_\_\_\_
- Premises Liability
- Product Liability
- Property Damage
- Slander/Libel/Defamation
- Other: \_\_\_\_\_

**CONSUMER**

- Automobile Loan
- Credit Card
- Sale-Purchase Consumer Goods
- Fraud
- Personal Loan
- Sale-Purchase Consumer Services
- Other: \_\_\_\_\_

**APPEALS**

- Appeal from Administrative Agency
- Appeal from District Court
- Other: \_\_\_\_\_

**PROBATE / ESTATE**

- Guardianship-Adult
- Guardianship-Juvenile
- Guardianship-Conservatorship
- Probate-Testate (with a will)
- Probate-Intestate (without a will)
- Petition to Dispense with Administration
- Name Change
- Other: \_\_\_\_\_

**REAL PROPERTY**

- Property Rights
- Condemnation
- Forcible Detainer (Eviction)
- Forcible Entry
- Foreclosure
- Other: \_\_\_\_\_

**MISC CIVIL**

- Habeas Corpus
- Non-Domestic Relations Restraining Order
- Tax
- Writs
- Other: \_\_\_\_\_

**BUSINESS / COMMERCIAL**

- Business Tort
- Statutory Action
- Business Contract Dispute
- Other: \_\_\_\_\_

**EMPLOYMENT**

- Employment-Discrimination
- Employment-Other



**MOTION FOR WAIVER OF COSTS AND FEES AND  
TO PROCEED *IN FORMA PAUPERIS*; AFFIDAVIT;  
FINANCIAL STATEMENT; AND ORDER**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

PLAINTIFF/PETITIONER

VS.

DEFENDANT/RESPONDENT

**Motion for Waiver of Costs and Fees:** Affiant is unable to pay the costs and fees of this action and hereby requests that the Court waive them and allow Affiant to proceed *in forma pauperis*.

Affiant hereby submits the following information in support of the above Motion.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**I. MONTHLY INCOME/MONTHLY EXPENSES**

1. Are you employed?  Yes, full-time.  Yes, part-time.  No.

Employer name and address: \_\_\_\_\_

2. Marital status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

3. Number of dependents (children, elderly, or disabled): \_\_\_\_\_ Relationship: \_\_\_\_\_ Age(s): \_\_\_\_\_

4. If married, is spouse employed?  Yes  No. If yes, include spouse's income and expenses below unless this is a divorce proceeding.

**Monthly Income**

Gross salary (before deductions) \$ \_\_\_\_\_  
Public/Gov't assistance: \$ \_\_\_\_\_  
*Food stamps/SNAP* \$ \_\_\_\_\_  
    TANF \$ \_\_\_\_\_  
    K-TAP \$ \_\_\_\_\_  
    KCHIP \$ \_\_\_\_\_  
    LIHEAP \$ \_\_\_\_\_  
    WIC \$ \_\_\_\_\_  
    Child Care Assistance \$ \_\_\_\_\_  
    Foster care \$ \_\_\_\_\_  
    Other \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security (SSI/SSD) \$ \_\_\_\_\_  
Worker's Compensation \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Retirement/Pension \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Maintenance/Alimony \$ \_\_\_\_\_  
Stocks, trusts, bonds \$ \_\_\_\_\_  
Student financial aid \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**5. TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**Monthly Expenses**

Mortgage  Rent payment \$ \_\_\_\_\_  
Utilities (electric/gas) \$ \_\_\_\_\_  
Water/Sewer/Trash \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Phone(s) (landline and/or cell) \$ \_\_\_\_\_  
Internet \$ \_\_\_\_\_  
Cable/Satellite \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Clothing/Shoes \$ \_\_\_\_\_  
Vehicle payment(s) \$ \_\_\_\_\_  
Insurance (vehicle, health, house/renter's) \$ \_\_\_\_\_  
Credit card payment(s) \$ \_\_\_\_\_  
Unreimbursed childcare \$ \_\_\_\_\_  
Tuition/student loans \$ \_\_\_\_\_  
Medical/Dental payments/installments \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

**6. TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**II. ASSETS / DEBTS**

**Assets**

Cash on hand \$ \_\_\_\_\_  
 Bank accounts  
     *Checking* \$ \_\_\_\_\_  
     *Savings* \$ \_\_\_\_\_  
     *Other* \_\_\_\_\_ \$ \_\_\_\_\_  
 Value of home (if homeowner) \$ \_\_\_\_\_  
 Value of other real estate owned (*please list*)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Value of vehicle(s) in working order  
 (1) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_  
 (2) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_  
 (3) Yr/Make \_\_\_\_\_ \$ \_\_\_\_\_

Value of personal possessions (*i.e., jewelry, boat*)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Debts / Outstanding balances owed**

Home loan, if homeowner \$ \_\_\_\_\_  
 Vehicle loan(s) \$ \_\_\_\_\_  
 Credit card(s) \$ \_\_\_\_\_  
 Student loan(s) \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**7. TOTAL ASSETS** \$ \_\_\_\_\_

**8. TOTAL DEBTS** \$ \_\_\_\_\_

9. Additional comments:

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Affiant's Signature

\_\_\_\_\_  
 Affiant's Name (*print or type*)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Attesting Officer or Notary's Signature



**MOTION FOR WAIVER OF COSTS AND FEES AND  
TO PROCEED *IN FORMA PAUPERIS*; AFFIDAVIT;  
FINANCIAL STATEMENT; AND ORDER**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

**ORDER**

This case having come on the Court's docket on a motion for waiver of fees and costs associated with this action and to proceed *in forma pauperis* pursuant to KRS 453.190, and the Court having reviewed the foregoing Affidavit and Financial Statement, and being otherwise sufficiently advised, IT IS HEREBY ORDERED AND ADJUDGED that the Motion to Proceed *In Forma Pauperis* is:

- GRANTED.** (Doc Code: OFP) Affiant is a poor person pursuant to KRS 453.190(2) as follows: (*Check one*)
- Affiant is unable to pay the costs and fees associated with this action without depriving himself or herself or his or her dependents of the necessities of life, including food, shelter, or clothing. OR
  - Affiant's income is at or below 100% on the sliding scale of indigency established by the Kentucky Supreme Court.

**OR**

- DENIED.** (Doc Code: OFD) Affiant is not a "poor person" pursuant to KRS 453.190(2). Affiant shall have thirty (30) days to pay any required fees or costs to appeal this decision. If Affiant fails to pay the required fees or costs, or fails to seek review, the matter shall be treated as though not timely filed. CR 5.05(4).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge's Signature

# COMMONWEALTH OF KENTUCKY

## WORKSHEET FOR MONTHLY CHILD SUPPORT OBLIGATION



## INSTRUCTIONS FOR USE

1. Enter each parent's gross monthly income [KRS 403.212(2)(a) through (d)]. Column A for custodial parent and Column B for noncustodial parent.
2. Enter the amount actually paid for court ordered maintenance for prior spouse(s) plus the amount of maintenance ordered in the current proceeding [KRS 403.212(2)(g)(1)] in the appropriate columns..
3. For each column, as appropriate, enter the amount of child support that is:
  - a. paid pursuant to a court/administrative order for prior-born children [KRS 403.212(2)(g)(2)];
  - b. paid, but not pursuant to a court/administrative order, for prior-born children for whom the parent is legally responsible [KRS 403.212(2)(g)(3)]; and
  - c. imputed for prior-born children residing with the parent [KRS 403.212(2)(g)(3)].
4. Subtract any amounts on lines 2 and 3 from the amounts on line 1, for each column, if the result is less than 0, enter 0.
5. Add the amounts on line 4 in columns A and B to obtain the combined monthly adjusted parental gross income.
6. Divide each of the amounts on line 4A and 4B by the total amount on line 5C. Enter the percentages. [NOTE: If the noncustodial parent (NCP) has 100% of the combined monthly adjusted parental gross income, use the CS-71.1 to calculate the child support obligation. KRS 403.211(7)(b) provides a reduction in gross income for the entire amount of health insurance premiums incurred for the child(ren) when a parent has 100% of the combined monthly adjusted parental gross income.]
7. Determine the base support obligation by referring to the Guidelines Table at the end of the form, using the combined monthly adjusted parental gross income as entered on line 5C and the number of children for whom the parents share a joint legal responsibility [KRS 403.212(7)].
8. Enter the monthly payment for child care costs [KRS 403.211(6)].
9. Enter the monthly payment for the child(ren)'s health insurance premium or cash medical support [KRS 403.211(7)(a)].
10. Add lines 7, 8 and 9 in column C. This is the total monthly child support obligation.
11. Multiply line 10C by 6A and 6B for the monthly obligation of each parent. These amounts include each parent's share of child care costs and health insurance premium costs if these costs were included on lines 8C or 9C.
12. If the NCP pays either of the amounts listed on lines 8C or 9C to the provider, enter that amount on line 12. If the NCP pays both of these amounts, add these amounts together and enter the total on line 12B. [NOTE: If the NCP is paying 100 percent of either or both of these costs, then the NCP subtracts this amount from his/her monthly obligation, which reduces the amount he/she pays to the custodial parent (CP). Subtracting 100 percent includes the NCP's percentage of these expenses and also compensates the NCP for paying the CP's percentage of these costs].
13. Subtract line 12B from line 11B and enter the amount. This is the amount the NCP pays to the CP. To calculate a weekly amount, multiply line 13 by 12 and divide by 52.

CASE NAME: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

<b>COMMONWEALTH OF KENTUCKY WORKSHEET FOR MONTHLY CHILD SUPPORT OBLIGATION</b>			
	<b>A. Custodial Parent (CP)</b>	<b>B. Noncustodial Parent (NCP)</b>	<b>C. Both Parents</b>
1. Monthly gross income	\$	\$	
2. Deduction for maintenance payments	\$	\$	
3. Deduction for other child support for prior-born children	\$	\$	
4. Adjusted monthly income	\$	\$	
5. Combined monthly adjusted parental gross income			\$
6. Percentage of combined monthly adjusted parental gross income	%	%	
7. Base monthly support			\$
8. Child care costs			\$
9. Child(ren)'s health insurance premium or cash medical support			\$
10. Total child support obligation			\$
11. <b>Each parent's monthly child support obligation</b>	\$	\$	
12. Subtract child care costs or health insurance premiums paid by NCP to the provider		\$	
13. Amount the NCP pays to the CP		\$	

COMBINED MONTHLY ADJUSTED PARENTAL GROSS INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX OR MORE CHILDREN
\$ 0	\$ 60	\$ 60	\$ 60	\$ 60	\$ 60	\$ 60
100	60	60	60	60	60	60
200	70	70	70	70	70	70
300	80	80	80	80	80	80
400	90	90	90	90	90	90
500	100	105	110	115	120	125
600	120	125	130	135	140	145
700	140	156	161	166	171	176
800	160	203	208	213	218	223
900	180	261	266	271	276	281
1,000	195	303	325	330	335	340
1,100	212	324	384	389	394	399
1,200	229	346	433	446	451	456
1,300	246	367	460	504	510	515
1,400	262	392	491	554	576	582
1,500	277	417	522	588	642	650
1,600	293	437	548	618	674	717
1,700	308	458	574	647	706	755
1,800	322	478	599	675	736	788
1,900	336	495	620	699	763	816
2,000	350	512	642	723	789	844
2,100	364	529	663	747	815	872
2,200	376	546	684	771	841	900
2,300	389	563	706	795	868	928
2,400	401	580	727	819	894	956
2,500	413	597	749	843	920	984
2,600	424	614	770	867	946	1,012
2,700	435	630	790	889	970	1,038
2,800	445	646	809	911	994	1,064
2,900	455	662	829	934	1,019	1,090
3,000	465	677	849	956	1,043	1,116
3,100	475	693	868	978	1,067	1,142
3,200	485	709	888	1,001	1,092	1,168
3,300	495	725	908	1,023	1,116	1,194
3,400	506	741	928	1,045	1,140	1,220
3,500	516	757	947	1,067	1,164	1,246
3,600	526	773	967	1,090	1,189	1,272
3,700	536	790	988	1,113	1,215	1,299
3,800	548	808	1,011	1,139	1,243	1,329

3,900	559	826	1,033	1,164	1,270	1,359
4,000	571	844	1,056	1,190	1,298	1,388
4,100	580	862	1,078	1,215	1,326	1,418
4,200	592	880	1,101	1,240	1,353	1,448
4,300	603	898	1,123	1,266	1,381	1,477
4,400	615	916	1,146	1,291	1,409	1,507
4,500	626	933	1,161	1,316	1,435	1,535
4,600	636	949	1,181	1,338	1,459	1,561
4,700	647	964	1,200	1,360	1,483	1,586
4,800	657	980	1,220	1,381	1,507	1,612
4,900	667	995	1,239	1,403	1,531	1,637
5,000	676	1,010	1,257	1,424	1,554	1,661
5,100	686	1,025	1,275	1,444	1,576	1,685
5,200	695	1,039	1,294	1,465	1,599	1,709
5,300	705	1,054	1,312	1,486	1,621	1,733
5,400	714	1,069	1,330	1,506	1,644	1,757
5,500	724	1,083	1,348	1,527	1,666	1,781
5,600	733	1,098	1,367	1,548	1,689	1,805
5,700	743	1,113	1,385	1,568	1,712	1,829
5,800	753	1,127	1,403	1,589	1,734	1,853
5,900	762	1,142	1,421	1,610	1,757	1,877
6,000	772	1,157	1,440	1,630	1,779	1,901
6,100	781	1,171	1,458	1,651	1,802	1,926
6,200	791	1,186	1,476	1,672	1,824	1,950
6,300	800	1,198	1,498	1,690	1,844	1,970
6,400	808	1,209	1,511	1,705	1,860	1,988
6,500	816	1,219	1,524	1,720	1,876	2,005
6,600	823	1,230	1,538	1,735	1,893	2,023
6,700	830	1,240	1,551	1,750	1,909	2,040
6,800	837	1,251	1,564	1,764	1,925	2,058
6,900	844	1,261	1,577	1,779	1,942	2,075
7,000	851	1,272	1,591	1,794	1,958	2,093
7,100	858	1,282	1,604	1,809	1,975	2,110
7,200	865	1,293	1,617	1,824	1,991	2,127
7,300	872	1,303	1,630	1,839	2,007	2,145
7,400	879	1,313	1,644	1,854	2,024	2,162
7,500	885	1,324	1,657	1,869	2,040	2,179
7,600	891	1,333	1,668	1,881	2,053	2,194
7,700	896	1,342	1,679	1,893	2,066	2,208
7,800	901	1,350	1,691	1,905	2,079	2,223
7,900	907	1,359	1,702	1,917	2,093	2,238
8,000	912	1,368	1,713	1,929	2,106	2,252
8,100	917	1,377	1,724	1,941	2,119	2,267
8,200	922	1,386	1,736	1,953	2,133	2,281

8,300	928	1,395	1,747	1,965	2,146	2,296
8,400	933	1,404	1,758	1,977	2,159	2,311
8,500	938	1,413	1,769	1,989	2,173	2,325
8,600	944	1,421	1,780	2,002	2,186	2,340
8,700	949	1,430	1,792	2,014	2,199	2,354
8,800	954	1,437	1,800	2,024	2,210	2,366
8,900	958	1,444	1,809	2,033	2,220	2,376
9,000	962	1,450	1,817	2,042	2,230	2,387
9,100	966	1,457	1,825	2,052	2,241	2,398
9,200	971	1,463	1,833	2,061	2,251	2,408
9,300	975	1,470	1,842	2,070	2,261	2,419
9,400	979	1,476	1,850	2,079	2,271	2,430
9,500	983	1,483	1,858	2,089	2,281	2,440
9,600	988	1,489	1,866	2,098	2,291	2,451
9,700	992	1,496	1,874	2,107	2,301	2,461
9,800	996	1,502	1,883	2,117	2,311	2,472
9,900	1,000	1,508	1,891	2,126	2,321	2,483
10,000	1,005	1,515	1,899	2,165	2,331	2,493
10,400	1,022	1,541	1,932	2,202	2,372	2,536
10,500	1,027	1,548	1,940	2,212	2,382	2,546
10,600	1,032	1,554	1,948	2,221	2,392	2,557
10,700	1,036	1,561	1,956	2,230	2,402	2,567
10,800	1,040	1,567	1,965	2,240	2,412	2,578
10,900	1,044	1,573	1,973	2,249	2,422	2,589
11,000	1,049	1,580	1,981	2,258	2,432	2,599
11,100	1,053	1,587	1,989	2,268	2,443	2,610
11,200	1,058	1,593	1,997	2,277	2,453	2,620
11,300	1,062	1,600	2,005	2,286	2,463	2,631
11,400	1,066	1,606	2,013	2,295	2,473	2,642
11,500	1,070	1,613	2,021	2,305	2,483	2,652
11,600	1,075	1,619	2,029	2,314	2,493	2,663
11,700	1,079	1,626	2,037	2,323	2,503	2,673
11,800	1,084	1,633	2,046	2,333	2,513	2,684
11,900	1,088	1,639	2,054	2,342	2,523	2,695
12,000	1,093	1,646	2,062	2,351	2,533	2,705
12,100	1,097	1,653	2,070	2,361	2,544	2,716
12,200	1,102	1,659	2,078	2,370	2,554	2,726
12,300	1,106	1,666	2,086	2,379	2,564	2,737
12,400	1,110	1,672	2,094	2,388	2,574	2,748
12,500	1,114	1,679	2,102	2,398	2,584	2,758
12,600	1,119	1,685	2,110	2,407	2,594	2,769
12,700	1,123	1,692	2,118	2,416	2,604	2,779
12,800	1,128	1,699	2,127	2,426	2,614	2,790
12,900	1,132	1,705	2,135	2,435	2,624	2,801

13,000	1,137	1,712	2,143	2,444	2,634	2,811
13,100	1,141	1,719	2,151	2,454	2,645	2,822
13,200	1,146	1,725	2,159	2,463	2,665	2,832
13,300	1,150	1,732	2,167	2,472	2,665	2,843
13,400	1,154	1,738	2,175	2,481	2,675	2,854
13,500	1,158	1,745	2,183	2,491	2,685	2,864
13,600	1,163	1,751	2,191	2,500	2,695	2,875
13,700	1,167	1,758	2,199	2,509	2,705	2,885
13,800	1,172	1,765	2,208	2,519	2,715	2,896
13,900	1,176	1,771	2,216	2,528	2,725	2,907
14,000	1,181	1,778	2,224	2,537	2,735	2,917
14,100	1,185	1,785	2,232	2,547	2,746	2,928
14,200	1,190	1,791	2,240	2,556	2,756	2,938
14,300	1,194	1,798	2,248	2,565	2,766	2,949
14,400	1,198	1,804	2,256	2,574	2,776	2,960
14,500	1,202	1,811	2,264	2,584	2,786	2,970
14,600	1,207	1,817	2,272	2,593	2,796	2,981
14,700	1,211	1,824	2,280	2,602	2,806	2,991
14,800	1,216	1,831	2,289	2,612	2,816	3,002
14,900	1,220	1,837	2,297	2,621	2,826	3,013
15,000	1,225	1,844	2,305	2,630	2,836	3,023

AOC-FC-3  
 Rev. 10-17  
 Commonwealth of Kentucky  
 Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
 Minor Children Involved  
 Protective Order Issued For:  
 Petitioner  
 Respondent



CIRCUIT  DISTRICT  FAMILY COURT  
**CASE DATA INFORMATION SHEET**

**For Office Use Only**

Case #: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Division: \_\_\_\_\_

**PETITIONER:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (include area code) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship to Respondent: \_\_\_\_\_

**RESPONDENT:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (include area code) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship to Petitioner: \_\_\_\_\_

For ALL OTHER PARTIES to this case: please list below the name, current address, date of birth (DOB), social security number (SSN), and relationship to the Petitioner, of any other parties to this action, or children of the Petitioner or Respondent. If there is not enough room below, please attach a separate sheet with all the information requested.

**OTHER PARTIES/CHILDREN:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (include area code) \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship to Respondent: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (include area code) \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship to Respondent: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (include area code) \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship to Petitioner: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (include area code) \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Relationship to Petitioner: \_\_\_\_\_

Please list any/all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court. Please provide the case number, name of party and type of case:

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

**NOTICE TO FILING PARTY: A REDACTED COPY MUST BE FILED PURSUANT TO CR 7.03.**  
 This form shall be completed in full, pursuant to local rule and in compliance with federal law.

\_\_\_\_\_  
 Signature of Preparer/Relationship to Petitioner  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: (include area code) \_\_\_\_\_

AOC-FC-3  
Rev. 10-17  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
 Minor Children Involved  
 Protective Order Issued For:  
 Petitioner  
 Respondent



CIRCUIT  DISTRICT  FAMILY COURT  
**CASE DATA INFORMATION SHEET**

**For Office Use Only**  
Case #: \_\_\_\_\_  
County: \_\_\_\_\_  
Division: \_\_\_\_\_

**PETITIONER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

**RESPONDENT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
Email: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

For ALL OTHER PARTIES to this case: please list below the name, current address, date of birth (DOB), social security number (SSN), and relationship to the Petitioner, of any other parties to this action, or children of the Petitioner or Respondent. If there is not enough room below, please attach a separate sheet with all the information requested.

**OTHER PARTIES/CHILDREN:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

Please list any/all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court. Please provide the case number, name of party and type of case:

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

**NOTICE TO FILING PARTY: A REDACTED COPY MUST BE FILED PURSUANT TO CR 7.03. This form shall be completed in full, pursuant to local rule and in compliance with federal law.**

\_\_\_\_\_  
Signature of Preparer/Relationship to Petitioner  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (include area code) \_\_\_\_\_

**DISTRIBUTION:** Cabinet for Health and Family Services, placing a copy in the County Attorney's Wage Withholding Order Box in Circuit Clerk's Office

**FORM 4A**

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ CIRCUIT COURT

CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
(Print name of Petitioner)

PETITIONER

V

**PETITION FOR DISSOLUTION OF MARRIAGE**

(With Children Under 18)

\_\_\_\_\_  
(Print name of Respondent)

RESPONDENT

Domestic Violence Order # \_\_\_\_\_

\*\*\* \*\*

1. The parties are spouses having been lawfully married on \_\_\_\_\_  
(date of marriage)

in \_\_\_\_\_ County, \_\_\_\_\_, where the marriage is registered.  
(County) (State)

2. The Petitioner's date of birth is \_\_\_\_\_ and is \_\_\_\_\_ years of age; he/she  
(month/day/year) (Petitioners age)

resides at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Petitioner's street address) (Petitioner's City) (Petitioner's State)

\_\_\_\_\_ and  has  has not resided in this state continuously for a period of more than 180  
(Petitioner's Zip Code)

**FORM 4A**

days prior to the filing of this petition, and has lived in the Commonwealth since \_\_\_\_\_.

3. The Respondent's date of birth is \_\_\_\_\_ and he/she is \_\_\_\_\_ years of age; he/she  
(month/day/year) (Respondent's age)

resides at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Respondent's street address) (Respondent's City) (Respondent's State)

\_\_\_\_\_ and  has  has not resided in this state continuously for a period of more than 180  
(Respondent's Zip Code)

days prior to the filing of this petition, and has lived in the Commonwealth since \_\_\_\_\_.

4. The Petitioner's social security number is \_\_\_\_-\_\_\_\_-\_\_\_\_.

5. The Respondent's social security number is \_\_\_\_-\_\_\_\_-\_\_\_\_.

6. The parties are separated, having been separated since \_\_\_\_\_  
(date of separation)

And having remained separated since that time.

7. The parties have \_\_\_\_ child(ren) together under the age 18. He/she/they is/are:

\_\_\_\_\_  
(Childs Full Name)

\_\_\_\_\_  
(Childs date of birth and age)

\_\_\_\_\_  
(Childs Full Name)

\_\_\_\_\_  
(Childs date of birth and age)

\_\_\_\_\_  
(Childs Full Name)

\_\_\_\_\_  
(Childs date of birth and age)

\_\_\_\_\_  
(Childs Full Name)

\_\_\_\_\_  
(Childs date of birth and age)

8. The Child(ren) currently live(s) with  the Petitioner or  the Respondent  
at \_\_\_\_\_.

**FORM 4A**

(Address)

9. During the last five years, the child(ren) has/have lived at the following addresses:

- a. \_\_\_\_\_  
with  the Petitioner  the Respondent  both
- b. \_\_\_\_\_  
with  the Petitioner  the Respondent  both
- c. \_\_\_\_\_  
with  the Petitioner  the Respondent  both
- d. \_\_\_\_\_  
with  the Petitioner  the Respondent  both
- e. \_\_\_\_\_  
with  the Petitioner  the Respondent  both

10. The Petitioner

has not participated in, and does not know about, any other litigation in Kentucky or elsewhere concerning custody of a child subject to these proceedings

OR

has participated in, or knows about, other litigation in Kentucky or elsewhere concerning custody of a child subject to these proceedings (complete information below)

- a. Names of child(ren) \_\_\_\_\_
- b.  District Court  Circuit  Juvenile  Family  Other
- c. Case Number \_\_\_\_\_
- d. County: \_\_\_\_\_ State \_\_\_\_\_
- e. Brief description of order or judgment entered:  
\_\_\_\_\_

---

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f. Type of proceeding and current status of case:

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11. CUSTODY

The  Petitioner OR  Respondent OR  both parties is/are the proper person(s) to have  joint custody OR  sole custody of the minor child(ren) and this would be in the child(ren)'s best interest(s).

12. VISITATION, CUSTODY AND CHILD SUPPORT

No arrangements have been made between the parties for visitation, custody and child support.

OR

Arrangements have been made between the parties regarding the custody, support and visitation for the minor child(ren).

13. The  Petitioner OR  Respondent should be ordered to pay child support.

14.  The Petitioner is OR  is not pregnant.

OR

To the best of my knowledge the Respondent  is OR  is not pregnant.

15. The marriage of the parties is irretrievably broken.

16. MARITAL PROPERTY AND DEBTS:

The parties have no marital property or debts.

OR

The parties have already divided the marital property and debts.

OR

There is marital property and/or debt and there is no agreement as to the division of the

**FORM 4A**

property and/or debt.

ACCORDINGLY, the Petitioner, \_\_\_\_\_ demands as follows:  
(Petitioner's name)

A. Dissolution of the marriage;

B. Maintenance;

That neither party pay maintenance to the other.

OR

The Respondent pay maintenance to the Petitioner.

C.  The Petitioner OR  The Respondent be ordered to pay child support in accordance with Kentucky Child Support Guidelines or different amount upon which the parties agree,

D.  The Petitioner OR  The Respondent OR  both be granted  sole custody OR  joint custody;.

E. The child(ren) to primarily live with  the Petitioner OR  the Respondent;

F. Reasonable visitation to the parties as we determine or as determined by the Court;

G. The equitable division of marital property and/or debt, if any, and the restoration of non-marital property to the appropriate party.

H. Any and all other relief to which Petitioner may appear entitled.

I.  The Petitioner be restored to her former name, \_\_\_\_\_.

I, \_\_\_\_\_ have read, or had read to me, the above statements contained  
(Petitioner's name)

in the Petition for Dissolution of Marriage and verify that the statements are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
PETITIONER

**\*\* MUST BE SIGNED IN THE PRESENCE OF A NOTARY\*\***

**FORM 4A**

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by the above-named Petitioner on this \_\_\_\_\_  
day of \_\_\_\_\_, 2\_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE AT LARGE, KENTUCKY

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ CIRCUIT COURT

CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
(Print name of Petitioner)

PETITIONER

V

**PETITION FOR DISSOLUTION OF MARRIAGE**

(With Children Under 18)

\_\_\_\_\_  
(Print name of Respondent)

RESPONDENT

Domestic Violence Order # \_\_\_\_\_

\*\*\* \*\*

1. The parties are spouses having been lawfully married on \_\_\_\_\_  
(date of marriage)

in \_\_\_\_\_ County, \_\_\_\_\_, where the marriage is registered.  
(County) (State)

2. The Petitioner's date of birth is XX/XX/II and is XX years of age; he/she  
resides at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Petitioner's street address) (Petitioner's City) (Petitioner's State)

\_\_\_\_\_ and  has  has not resided in this state continuously for a period of more than 180  
(Petitioner's Zip Code)

days prior to the filing of this petition, and has lived in the Commonwealth since \_\_\_\_\_.

3. The Respondent's date of birth is XX/XX/II and he/she is XX years of age; he/she

resides at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Respondent's street address) (Respondent's City) (Respondent's State)

\_\_\_\_\_ and  has  has not resided in this state continuously for a period of more than 180  
(Respondent's Zip Code)

days prior to the filing of this petition, and has lived in the Commonwealth since \_\_\_\_\_.

- 4. The Petitioner's social security number is XXX-XX-XXXX
- 5. The Respondent's social security number is XXX-XX-XXXX
- 6. The parties are separated, having been separated since \_\_\_\_\_  
(date of separation)

And having remained separated since that time.

7. The parties have \_\_\_ child(ren) together under the age 18. He/she/they is/are:

_____ ( Initials of child )	_____ (Childs date of birth and age) (Redacted format is xx/xx/11)
_____ ( Initials of child )	_____ (Childs date of birth and age) (Redacted format is xx/xx/11)
_____ ( Initials of child )	_____ (Childs date of birth and age) (Redacted format is xx/xx/11)
_____ ( Initials of child )	_____ (Childs date of birth and age) (Redacted format is xx/xx/11)

8. The Child(ren) currently live(s) with  the Petitioner or  the Respondent  
at \_\_\_\_\_  
(Address)

9. During the last five years, the child(ren) has/have lived at the following addresses:

a. \_\_\_\_\_

with  the Petitioner  the Respondent  both

b. \_\_\_\_\_  
with  the Petitioner  the Respondent  both

c. \_\_\_\_\_  
with  the Petitioner  the Respondent  both

d. \_\_\_\_\_  
with  the Petitioner  the Respondent  both

e. \_\_\_\_\_  
with  the Petitioner  the Respondent  both

10. The Petitioner

has not participated in, and does not know about, any other litigation in Kentucky or elsewhere concerning custody of a child subject to these proceedings

OR

has participated in, or knows about, other litigation in Kentucky or elsewhere concerning custody of a child subject to these proceedings (complete information below)

a. Names of child(ren) \_\_\_\_\_

b.  District Court  Circuit  Juvenile  Family  Other

c. Case Number \_\_\_\_\_

d. County: \_\_\_\_\_ State \_\_\_\_\_

e. Brief description of order or judgment entered:

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

Type of proceeding and current status of case:

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

11. CUSTODY

The  Petitioner OR  Respondent OR  both parties is/are the proper person(s) to have

joint custody OR  sole custody of the minor child(ren) and this would be in the child(ren)'s best interest(s).

12. VISITATION, CUSTODY AND CHILD SUPPORT

No arrangements have been made between the parties for visitation, custody and child support.

OR

Arrangements have been made between the parties regarding the custody, support and visitation for the minor child(ren).

13. The  Petitioner OR  Respondent should be ordered to pay child support.

14.  The Petitioner is OR  is not pregnant.

OR

To the best of my knowledge the Respondent  is OR  is not pregnant.

15. The marriage of the parties is irretrievably broken.

16. MARITAL PROPERTY AND DEBTS:

The parties have no marital property or debts.

OR

The parties have already divided the marital property and debts.

OR

There is marital property and/or debt and there is no agreement as to the division of the property and/or debt.

ACCORDINGLY, the Petitioner, \_\_\_\_\_ demands as follows:  
(Petitioner's name)

A. Dissolution of the marriage;

B. Maintenance;

That neither party pay maintenance to the other.

OR

The Respondent pay maintenance to the Petitioner.

- C.  The Petitioner OR  The Respondent be ordered to pay child support in accordance with Kentucky Child Support Guidelines or different amount upon which the parties agree,
- D.  The Petitioner OR  The Respondent OR  both be granted  sole custody OR  joint custody;
- E. The child(ren) to primarily live with  the Petitioner OR  the Respondent;
- F. Reasonable visitation to the parties as we determine or as determined by the Court;
- G. The equitable division of marital property and/or debt, if any, and the restoration of non-marital property to the appropriate party.
- H. Any and all other relief to which Petitioner may appear entitled.
- I.  The Petitioner be restored to her former name, \_\_\_\_\_.

I, \_\_\_\_\_ have read, or had read to me, the above statements contained  
(Petitioner's name)  
 in the Petition for Dissolution of Marriage and verify that the statements are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
 PETITIONER

**\*\* MUST BE SIGNED IN THE PRESENCE OF A NOTARY\*\***

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by the above-named Petitioner on this \_\_\_\_\_  
 day of \_\_\_\_\_, 2\_\_\_\_.

My commission expires: \_\_\_\_\_.

NOTARY PUBLIC  
 STATE AT LARGE, KENTUCKY

AOC-238.1 Doc. Code DSPV  
 AOC-239.1 Doc. Code DSFV  
Rev. 1-15  
Page 1 of 5  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
FCRPP 2 and FCRPP 3



**SIMPLIFIED**  
 PRELIMINARY  FINAL VERIFIED  
**DISCLOSURE STATEMENT\***

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

**\*FOR PARTIES WITH COMBINED INCOME LESS THAN \$100,000 AND COMBINED ASSETS LESS THAN \$100,000**

IN RE THE MARRIAGE OF:

\_\_\_\_\_

PETITIONER

and

\_\_\_\_\_

RESPONDENT

Petitioner  Respondent submits under oath the following Verified Disclosure Statement pursuant to FCRPP 2 **OR** FCRPP 3, which requires full and prompt disclosure of the following information:

**NOTE: A response of "see attached" is not appropriate for any portion of this statement. Attach documents requested herein only.**

**I. IDENTIFYING INFORMATION OF BOTH PARTIES**

Petitioner

Respondent

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

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

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_ Phone #: \_\_\_\_\_

**II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES** *(If self-employed name of company and adjusted gross monthly income)*

Petitioner

Respondent

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

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

Gross monthly income: \$ \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**III. MARRIAGE INFORMATION**

Date of Marriage: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Place of Marriage (city, county & state): \_\_\_\_\_

**IV. CHILDREN'S INFORMATION** (If more than 3 children, continue on a separate sheet)

A. Minor children born to parties (number \_\_\_\_\_)

More CHILDREN attached?

Name	Current Age

B. Monthly child care/day care expenses: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

C. Monthly medical, dental and vision insurance for children: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

D. Either party court-ordered to pay child support for a child born before the children born of this marriage?  Yes  No

Paying party \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Children: (List names and ages) \_\_\_\_\_

**V. SUMMARY OF ASSETS & DEBTS**

Do you own any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you own any vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any bank accounts or savings? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have assets in a safety deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any stocks, bonds, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any retirement account, IRA, 401k? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you have any cash value in life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Do you own any interest in a business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Are there any other assets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Are there assets held for another person, including children Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, put information below.

Have you and your spouse already divided your household goods and personal property? Yes \_\_\_\_\_ No \_\_\_\_\_

Item 1:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 2:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 3:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 4:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No *If yes, please complete the following:* Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Item 5:

Item Description: \_\_\_\_\_

Who Holds Possession? \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Is this a leased vehicle/asset?  Yes  No *If yes, please complete the following:* Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

**More OTHER ASSETS attached?**  Yes  No

**Total Values:** \_\_\_\_\_

Do you owe any debts?  Yes  No *If yes, put information below.*

Creditor 1:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 2:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 3:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 4:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 5:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

**More DEBTS attached?**  Yes  No

**Total Debt Balances:** \_\_\_\_\_

Are you claiming a right to maintenance?  Yes  No If yes, complete this expense list:

A. COMMON EXPENSES FOR FAMILY (Party and any children of the marriage)	
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	
HOUSING	
Cable	
Garbage collection	
Electric, gas, propane & oil utilities	
Home maintenance & repairs	
Homeowner's insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1st mortgage	
2nd mortgage/home equity loan	
Telephone	
Mobile phone	
Vet/pet supplies	
Yard expense/maintenance	
Water/sewage	
TRANSPORTATION	
Gas and oil	
Liability insurance	
License/taxes/tag	
Payment/loan	
Repairs/maintenance	
Other – bus, taxi, tolls & parking	
OTHER FAMILY EXPENSES (list):	
Sub-total from attached other family expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL (Column A)	

B. YOUR PERSONAL EXPENSES (not including any children's expenses)	
Church and charitable donations	
Clothing	
Cosmetics, hygiene & toiletries	
Disability insurance	
Dry cleaning & laundry	
Entertainment, including restaurants & movies	
Hair care (barber, salon, etc.)	
Internet access	
Life insurance (whole life or term)	
Manicures & pedicures	
Newspapers, magazines & books	
Professional dues or uniforms	
Sports, exercise, hobbies, crafts, etc.	
Travel (monthly average)	
MEDICAL	
Dental (including orthodontics)	
Eyeglasses, contacts & hearing aids, exams and testing	
Insurance (hospitalization)	
Medical doctor(s)	
Prescription medication	
OTHER PERSONAL EXPENSES (list):	
Sub-total from attached other personal expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL FROM COLUMN B	
SUBTOTAL FROM COLUMN A	
SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT	
GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS	



**FORM 6**

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ CIRCUIT COURT

CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
(Print name of Petitioner)

PETITIONER

V

**ENTRY OF APPEARANCE AND WAIVER**

\_\_\_\_\_  
(Print name of Respondent)

RESPONDENT

\*\*\* \*\*

The Respondent comes without counsel and states:

I have read the Petition, have understood it, and do not contest it. I waive service of summons, enter my appearance, and submit to the jurisdiction of the Court. I understand that if my spouse has an attorney, that attorney does not represent me, and that I may hire my own attorney but choose not to do so. I waive any right of appeal.

\_\_\_\_\_  
(Signature of Respondent)

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by the above-named Respondent on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE-AT-LARGE, KENTUCKY

**FORM 7**

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ CIRCUIT COURT

CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
(Print name of Petitioner)

PETITIONER

V

**MARITAL SETTLEMENT AGREEMENT**  
**(with Children Under 18 and/or still in High School)**

\_\_\_\_\_  
(Print name of Respondent)

RESPONDENT

\*\*\* \*\*

The parties agree to the following:

- I. The parties are spouses. Irreconcilable differences have arisen between them, resulting in the filing of a petition for dissolution of their marriage.
- II. The parties are separated and living apart, and have no expectation of resuming a marital relationship.
- III. The following minor child/children was/were born of the marriage:

Name(s)

Date(s) of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- IV. The parties wish to settle the issues of custody, child support, visitation, maintenance, division of property, and assignment of debts.

V. CUSTODY

**FORM 7**

The parties shall have joint custody of the child(ren). Major decisions affecting the welfare of the child(ren) will be made jointly by the parties.

**OR**

The  petitioner  respondent shall have sole custody of the child(ren).

VI. PARENTING TIME

The child(ren) shall live primarily with  Petitioner or  Respondent and the other parent shall be entitled to visitation at such times and places as the parties shall agree

**OR** at the following times:

---

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---

**OR**

The children shall share time equally between the parties as agreed or as follows:

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VII. Both parents shall be entitled to attend school, church, sports, or other activities in which the child/children is/are engaged, subject to the restrictions of any protective order.

VIII. Each party shall keep the other reasonably apprised as to where the child(ren) shall be and shall provide a phone number where the child(ren) can be reached.

IX. Each party shall notify the other of any illness or emergency that may arise affecting the child(ren).

X. Neither party shall use illegal drugs or use alcohol to excess in the presence of the child(ren).

XI. CHILD SUPPORT

The  Petitioner  Respondent shall pay \$ \_\_\_\_\_  per week  every two weeks  
(amount)

**FORM 7**

twice a month  monthly as child support, payable by wage assignment order. This amount is based on the Kentucky Child Support Guidelines (attach worksheet).

**OR**

The amount of child support deviates from the guideline amount because

---

**OR**

The amount of child support has already been established pursuant to case #\_\_\_\_\_. The  Petitioner  Respondent will pay in accordance with this judgment.

**OR**

Based on the financial condition of the parties, no child support is to be paid at this time.

**XII. HEALTH INSURANCE**

The child(ren) are covered by a government insurance plan, such as KCHIP, Passport or Medicaid. Either party will obtain health insurance for the child(ren) as soon as it is available at a reasonable cost.

**OR**

The  Petitioner  Respondent shall maintain health insurance on the child(ren), provided it is available at reasonable cost. The party providing coverage will convey to the other party an insurance card showing coverage. In addition, the Petitioner shall pay \_\_\_\_\_% and the Respondent shall pay \_\_\_\_\_% of the extraordinary medical expenses. "Extraordinary medical expenses" means uninsured expenses in excess of \$100.00 per child per calendar year. "Extraordinary medical expenses" includes, but is not limited to the costs that are reasonably necessary for medical, surgical, dental, orthodontia, optometric, nursing, and hospital services; for professional counseling or psychiatric therapy for diagnosed medical disorders; and for drugs and medical supplies, appliances, laboratory, diagnostic, and therapeutic services.

**XIII. DEPENDENT EXEMPTION**

**FORM 7**

The  Petitioner  Respondent shall be entitled to claim the child(ren) as a dependent/as dependents for tax purposes.

**OR**

The parties shall share entitlement to claim the child(ren) as follows:

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XIV. NON-MARITAL PROPERTY

There is no non-marital property that has not already been restored to the party to whom it belongs.

**OR**

The Petitioner shall keep his/her non-marital property listed below:

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---

The Respondent shall keep his/her non-marital property listed below:

---

---

XV. MARITAL PROPERTY

A. Real Estate

The parties own no marital real estate

**OR**

The parties have agreed to sell the real estate located at net proceeds of

\_\_\_\_\_,

( address, including city and state)

and the parties will split the net proceeds of the sale with Petitioner receiving

\_\_\_\_\_ % and Respondent receiving \_\_\_\_\_ %.

**OR**

**FORM 7**

The  Petitioner  Respondent is awarded the real estate located at

\_\_\_\_\_.  
( address, including city and state)

The party who is keeping the property will pay all obligations on the real estate, including the taxes owed and the mortgage. The party who is keeping the property shall refinance the debts associated with the property within \_\_\_\_\_ days. The party who is keeping the property shall pay the other party  nothing or  \$ \_\_\_\_\_  
(amount of money)  
within \_\_\_\_\_ days of signing this Agreement to pay for the other party’s share of the equity in the property.

\*\* The party who is not keeping the real estate shall sign a Quitclaim Deed on the property, at the time he/she receives payment for his/her share of the property or if no payment is due, within 30 days of the date of the Agreement.

**B. Vehicles**

The Petitioner is awarded  no vehicle or  the following vehicles(s):

\_\_\_\_\_.

The Respondent is awarded  no vehicle or  the followings vehicles(s):

\_\_\_\_\_.

Each party shall pay all obligations including loans, insurance and/or taxes on the vehicle(s) he/she is awarded. Each party shall refinance any outstanding debts on the vehicle he/she is awarded within \_\_\_\_\_ days.

**C. Bank Accounts**

The parties have divided any and all bank accounts and each shall keep the accounts in his/her name.

**OR**

The Petitioner is awarded the following accounts: \_\_\_\_\_

\_\_\_\_\_  
(\*identify accounts by bank and type of account-do not use account numbers)

The Respondent is awarded the following accounts: \_\_\_\_\_

\_\_\_\_\_  
(\*identify accounts by bank and type of account-do not use account numbers)

**D. Personal Property/Household Goods**

**FORM 7**

The parties have divided all personal property/household goods and each shall keep the property in his/her possession.

**OR**

The Petitioner is awarded the following personal property/household goods:

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---

The Respondent is awarded the following personal property/household goods:

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---

E. Retirement

Neither party has any retirement funds.

Each party shall keep his or her own retirement funds.

F. Other Marital Property

The Petitioner is awarded: \_\_\_\_\_

\_\_\_\_\_  
 The Respondent is awarded: \_\_\_\_\_

---

---

XVI. DEBTS

There are no marital debts.

**OR**

The marital debts have been fairly divided between the parties and each shall pay the debts currently in his/her name.

**OR**

The following debts are assigned to the Petitioner and he/she shall hold the Respondent harmless for payment thereon:

---

---

The following debts are assigned to the Respondent and he/she shall hold the Petitioner harmless for payment thereon:

---

---

EQUITABLE DIVISION OF PROPERTY

The parties agree that the division of property and debts is equitable.

**FORM 7**

**OR**

In order to make the division of property and debts equitable,  Petitioner or  Respondent shall pay the other party \$ \_\_\_\_\_ within \_\_\_\_\_ days of the agreement.  
(amount)

**XVII. MAINTENANCE**

Neither party shall be responsible for paying maintenance to the other.

**OR**

The  Petitioner  Respondent shall pay the other party maintenance in the amount of \$ \_\_\_\_\_ per month on the first day of the month, beginning \_\_\_\_\_ until \_\_\_\_\_, the death of either party, the remarriage of the party receiving maintenance, or the cohabitation of the party with a non-related adult, whichever occurs first.  
(amount) (beginning date) (ending date)

In signing below, the parties acknowledge that this is a fair agreement, that they understand its provisions, understand that it is legally binding document, and are entering the agreement freely.

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Respondent)

Subscribed and sworn to before me by the above-named **Petitioner** on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

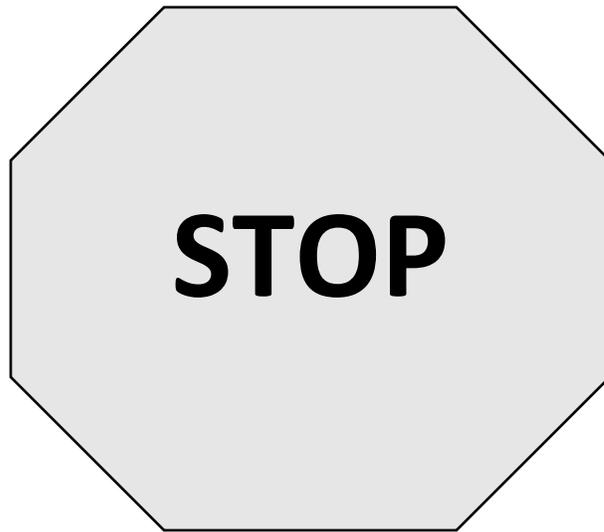
My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE-AT-LARGE, KENTUCKY

Subscribed and sworn to before me by the above-named **Respondent** on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE-AT-LARGE, KENTUCKY



Have you filed forms 1-7 at the  
courthouse?

You must wait at least one day before  
you can sign and file forms 8-11.



**Affidavit of No Change in Circumstances  
Requiring the Filing of a Final Verified  
Disclosure Statement**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_

PETITIONER

and

\_\_\_\_\_

RESPONDENT

Petitioner  Respondent submits under oath the following Affidavit pursuant to FCRPP 3, which requires full and prompt disclosure of the following information:

1. That the Preliminary Verified Disclosure Statement was filed pursuant to Court Order or Local Rule on \_\_\_\_\_, \_\_\_\_\_.
2. That there are no changes in circumstance of the  Petitioner  Respondent since the date the Preliminary Verified Disclosure Statement was filed; and, therefore no Final Verified Disclosure Statement is required to be filed pursuant to FCRPP 3(3).
3. I understand that making a false statement in this Affidavit may subject me to the penalties for perjury as contained in KRS Chapter 523. The maximum sentence for perjury is five (5) years imprisonment. In addition, it may be grounds to set aside any judgment entered in this case.
4. I declare under the penalty of perjury that I have read or have had read to me the information contained on this form and that the statements provided here are true, complete and accurate to the best of my personal knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (Print or Type)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC/TITLE

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of this **Affidavit of No Change in Circumstances** was served by  mail, postage prepaid, or  hand-delivery, or  electronic means, in accordance with Kentucky Rule of Civil Procedure (CR) 5.02, on (name) \_\_\_\_\_ at (address) \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

Attorney for Petitioner  Attorney for Respondent

Petitioner  Respondent

Address:

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

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

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

AOC-238.3 Doc. Code: ACKPDS  
 AOC-239.3 Doc. Code: ACKFDS  
Rev. 1-15  
Page 1 of 2  
Commonwealth of Kentucky  
Court of Justice *www.courts.ky.gov*  
FCRPP 2 and FCRPP 3



**ACKNOWLEDGMENT OF  
 PRELIMINARY  FINAL VERIFIED  
DISCLOSURE STATEMENT\***

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_ PETITIONER

and

\_\_\_\_\_ RESPONDENT

All sections **must** be completed. If an amount is unknown, write "unknown", if the question is inapplicable, write "N/A". If a question requires further documentation or an additional schedule, please attach. If maintenance is an issue or there are property distribution issues, please proceed to use the full Mandatory Case Disclosure Form.

I, \_\_\_\_\_, declare under oath that my personal information is:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Age/Place birth: \_\_\_\_\_

Date/Place marriage: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's age: \_\_\_\_\_

I am currently employed at: \_\_\_\_\_

I earn \_\_\_\_\_ per \_\_\_\_\_ (weekly, monthly, etc.)

\*\*\*\*\* My **total** gross monthly income (from all sources) is \_\_\_\_\_

**OTHER LEGAL ACTIONS**

Please give the style, the case number, and the name of the Court or administrative agency for any case you are a party in or have been within the last year as well as a brief description of the nature of the case and present status.

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

**REQUIRED ATTACHMENTS**

"A" = to indicate that the requested document/information is attached

"U" = to indicate that the requested document/information is unavailable  
(Provide explanation on a separate page)

"N/A" = if not applicable

I have provided a copy of the following documents to opposing party or opposing counsel:

- \_\_\_\_ 1. My three (3) most recent pay stubs
- \_\_\_\_ 2. A full and complete copy of my last Federal Tax Return
- \_\_\_\_ 3. First page of my last State Tax Return



**FORM 9**

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ CIRCUIT COURT

CASE NO. \_\_\_\_\_

IN RE: THE MARRIAGE OF:

\_\_\_\_\_  
(print name of Petitioner)

PETITIONER

v.

**DEPOSITION OF PETITIONER**

\_\_\_\_\_  
(print name of Respondent)

RESPONDENT

\*\*\* \*\*

The Petitioner, being duly sworn, states:

- I. I am the Petitioner in this matter.
- II. I had been a resident of Kentucky for more than 180 days when I filed my Petition.
- III. My age is \_\_\_\_\_.
- IV. My employment status is:  unemployed  disabled  retired  employed as  
\_\_\_\_\_  
(type of occupation)
- V. My spouse's age is \_\_\_\_\_.
- VI. My spouses status is:  unemployed  disabled  retired  employed as  
\_\_\_\_\_  
(type of occupation)
- VII. We were married on \_\_\_\_\_ in \_\_\_\_\_ County,  
(date of marriage) (county)  
\_\_\_\_\_  
(state)
- VIII. We separated on \_\_\_\_\_ and have not live together as  
(date of separation)  
husband/wife since then.

**FORM 9**

IX.  We have no minor children of our marriage.

OR

We have the following minor child(ren) or our marriage:

Initials	Age
_____	_____
_____	_____
_____	_____

X.  I am not  my wife is not pregnant.

XI. Our marriage s irretrievably broken. There is no reasonable hope of reconciliation and a conciliation conference would serve no useful purpose.

XII. Neither of us is in the military.

XIII.  The Respondent is in default.

OR

We have entered a marital separation agreement that has been filed with the Court.

XIV. I am the Petitioner/Respondent (circle one). I  want  do not want my former name of \_\_\_\_\_  
(former name)  
to be restored.

NOTE: If the parties have minor children of this marriage, this form may not be signed until 60 days have passed “from the date of service of the summons, the appointment of a warning order attorney or the filing of an entry of appearance or a responsive pleading by the defendant, whichever occurs first.” Kentucky Revised Statute 403.044

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name of Petitioner)

**FORM 9**

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Telephone)

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by the above-named Petitioner, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC

STATE-AT-LARGE, KENTUCKY

\_\_\_\_\_

MY COMMISSION EXPIRES

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ CIRCUIT COURT

CASE NO. \_\_\_\_\_

IN RE: THE MARRIAGE OF

\_\_\_\_\_  
(print name of Petitioner)

PETITIONER

V.

**FINDING OF FACTS AND  
DECREE OF DISSOLUTION OF MARRIAGE**  
**(With Children Under 18, With Agreement)**

\_\_\_\_\_  
(print name of Respondent)

RESPONDENT

\*\*\* \*\*

This action came before the Court on a petition for dissolution of marriage. The parties entered a Marital Settlement Agreement, and the Respondent signed an Appearance and Waiver, which is on file with the Court. The Petitioner tendered proof by written interrogatories.

Accordingly, the court finds that:

1. The  Petitioner and/or  the Respondent has/have resided in Kentucky for more than 180 days preceding the filing of the Petition.

2. The parties were married on \_\_\_\_\_ in \_\_\_\_\_  
(date of marriage) (county)  
County, \_\_\_\_\_, where the marriage is registered.  
(state)

3. The parties have lived apart for more that 60 days and more than 60 days have elapsed since the Respondent was served with the Petition for Dissolution of Marriage or signed the Entry of Appearance and Waiver or Marital Settlement Agreement.

4. The marriage is irretrievably broken and the conciliation provisions of KRS 403.170 do not apply.

**FORM 10**

5.  The following child/children was/were born of the marriage and is/are still minor/minors:

Initial(s)	Age
_____	_____
_____	_____
_____	_____

6. The Petitioner Respondent is not pregnant.

7. The parties have entered a Marital Settlement Agreement which was filed with the Court. The Court has reviewed the agreement and finds it to be not unconscionable, its provisions with respect to custody and visitation to be in the child's/children's best interests, and  child support to be calculated in conformity with the statutory guidelines OR  a deviation from the child support guidelines to be justified because:

---

OR  a child support order has already been established.

On the basis of these findings,

IN IT HEREBY ORDERED AND ADJUDGED THAT:

1. The marriage between the Petitioner \_\_\_\_\_, and the Respondent, \_\_\_\_\_, of \_\_\_\_\_ is dissolved.  
(Name of Petitioner) (Date of Marriage)

2. The Marital Settlement Agreement filed with the Court in this case is incorporated

**FORM 10**

by reference as if fully set out word for word and the parties shall perform according to its terms.

3.  The Petitioner/Respondent is restored to her former name, \_\_\_\_\_.  
(wife's former name)

OR

Neither party seeks restoration to a former name.

4. There being no just cause for delay, this is the final decree.

\_\_\_\_\_  
JUDGE  
\_\_\_\_\_  
CIRCUIT COURT

DATE: \_\_\_\_\_

Tendered By:

\*\* \_\_\_\_\_  
Signature of person filing  
Finding of Fact and Decree

\_\_\_\_\_  
Printed name of person filing  
Finding of Fact and Decree

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

**\*\*MUST BE SIGNED IN THE PRESENCE OF A NOTRARY\*\***

**FORM 10**

COMMONWEALTH OF KENTUCKY

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me by the above-named Petitioner, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

MY COMMISSION EXPIRES

STATE-AT-LARGE, KENTUCKY

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the name, complete address and the telephone number of the other person(s) involved in this action as listed below is:

\_\_\_\_\_  
(Name of Other Party)

\_\_\_\_\_  
(Street Number and Name)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

I have filed this Finding of Fact and Decree with the Clerk of the \_\_\_\_\_ Circuit Court, Family Division, and have mailed a copy to the other party involved in this action.

\_\_\_\_\_  
(Signature) (Date)

Distribution List:

\_\_\_\_\_ Petitioner

\_\_\_\_\_ Respondent

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ CIRCUIT COURT

CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
(print name of Petitioner)

PETITIONER

v.

**MOTION FOR FINAL DECREE**  
**(With Agreement – Uncontested)**

\_\_\_\_\_  
(print name of Respondent)

RESPONDENT

\*\*\* \*\*

NOTICE

Please take notice that the following motion shall be made on \_\_\_\_\_ at  
(month, day, year)  
\_\_\_\_\_ a.m./p.m. (circle one) in the above listed Court.  
(time)

MOTION TO ENTER DECREE OF DISSOLUTION OF MARRIAGE

Comes now the Petitioner, pro se, and moves the Court to take this case under submission and enter the final decree filed herewith. In support thereof, Petitioner states as follows:

1. The parties were married on \_\_\_\_\_. The parties were separated on or about \_\_\_\_\_ and have lived separate and apart since that time.
2. A Petition for Dissolution of Marriage was filed with this Court on \_\_\_\_\_.
3. That the Respondent signed an Entry of Appearance and Waiver or Response and same was filed on \_\_\_\_\_.
4. If the parties have children of the marriage, sixty (60) days have passed since the date that the Respondent’s Entry of Appearance of Waiver was filled with the Court.

5. A copy of separation agreement has been filed with the Court.

6. Jurisdictional proof has been filed with the Court.

7. The parties desire that the Court enter a Decree thereby dissolving their marriage in conformance with the terms of the settlement agreement.

\_\_\_\_\_  
PETITIONER, PRO SE (Signature)

\_\_\_\_\_  
PETITIONER- printed name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the name, complete address and telephone number of the other person involved in this action is listed below:

Name of other party: \_\_\_\_\_

Street number and name: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I have filed this Motion for a Divorce Decree with the Clerk of this \_\_\_\_\_ Circuit Court and have mailed a copy to the other party involved in this action.

\_\_\_\_\_  
PETITIONER- Signature

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