

DISTRICT COURT TRUSTEE  
SEVENTH JUDICIAL DISTRICT  
JUDICIAL CENTER, 111 E. 11TH  
LAWRENCE, KANSAS 66044-2966

785-832-5315  
Fax: 785-838-2408

**Pro Se**  
**Voluntary Application for Income Withholding Order**

1. ***Fill out completely using typewriter or printed in black ink:***
  - a) Voluntary application
  - b) Income withholding order
  - c) Request for service
2. File the original and 5 copies of the above documents with the Clerk of the District Court's Office. Write "District Judge Pro Tem" across the top of one copy of the voluntary application document.
3. The Clerk of the District Court will "file stamp" all copies and give you back the additional copies. You must send by first class mail a "file-stamped" copy of the Voluntary Application to the Petitioner/Respondent and his/her attorney of record. You must then complete the certificate of mailing section on the original voluntary application form.
4. **IT IS UP TO YOU** to get the correct papers filed in order for your income withholding order to be served and put into effect.

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

In the Matter of \_\_\_\_\_ )  
 )  
 )  
 \_\_\_\_\_, )  
 Petitioner, ) Case No. DG  
 vs. ) Division     
 )  
 )  
 \_\_\_\_\_, )  
 Respondent. )

**VOLUNTARY APPLICATION FOR INCOME WITHHOLDING ORDER**

I, \_\_\_\_\_, the judgment debtor in the above-named case, request that an income withholding order be issued to the following (check one):  
 \_\_\_\_\_ Employer                      \_\_\_\_\_ Payor (other than employer)

Name of Employer/Payor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Income is to be withheld as follows:  
 \$ \_\_\_\_\_ per month, to be applied:  
 \$ \_\_\_\_\_ per month for current support  
 \$ \_\_\_\_\_ per month for past due support

\_\_\_\_\_  
(Your signature)  
\_\_\_\_\_  
(Your Social Security Number)

**ACKNOWLEDGMENT**

State of Kansas )  
 )  
 County of \_\_\_\_\_ ) ss.

This instrument was acknowledged to before me on \_\_\_\_\_, 20\_\_\_\_.

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

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

**CERTIFICATE OF MAILING**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed a copy of this application by first-class mail, postage prepaid, addressed to all interested parties as follows:

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

\_\_\_\_\_  
(Your signature)

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

In the Matter of: )  
 )  
\_\_\_\_\_, )  
and )  
 )  
\_\_\_\_\_. )  
\_\_\_\_\_ )

Case No. DG  
Division   

Proceeding under K.S.A. Chapter 23

**REQUEST FOR SERVICE OF INCOME WITHHOLDING ORDER**

TO THE CLERK OF THE DISTRICT COURT:

The attached income withholding order is being submitted for approval and order by the Court, affecting the income of \_\_\_\_\_. Upon approval and order, please have a copy of this income withholding order, along with the appropriate notice and answer forms, served upon debtor's employer:

(Insert your name)

(Employer name and address)

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

- Personal service or registered mail, return receipt requested.
- Special Process Server authorized by K.S.A. 60-603 or appointed by local rule.
- HOLD SERVICE, no employment known at this time.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Your name)

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

In the Matter of: )  
 )  
\_\_\_\_\_, )  
and )  
\_\_\_\_\_. )  
\_\_\_\_\_ )

Case No. DG  
Division   

Proceeding under K.S.A. Chapter 23

**INCOME WITHHOLDING ORDER**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, it is ordered that this income withholding order shall be binding upon the debtor's present employer or other payor of income and upon any subsequent employer or payor upon whom it is served, and that:

1. This order shall be served on the employer or payor of the debtor, (Your name) \_\_\_\_\_, Social Security Number, \_\_\_\_\_, with the notice and answer forms appropriate to the nature of the periodic payments made to the debtor by the employer or payor. Initial service of the order will be upon debtor's (choose one):

  X   employer    \_\_\_\_\_ payor other than employer

2. An employer or payor (including a self-employed debtor) who is served a copy of this order shall withhold from debtor's disposable income (or from payments otherwise owed to the debtor) as follows;

\$\_\_\_\_\_ per month to be applied as:  
    \$\_\_\_\_\_ per month for current support.  
    \$\_\_\_\_\_ per month for past due support.

Withholding by an employer is subject to the limitation given in paragraph 3 below. Paragraph 3 does not apply if withholding is from income other than earnings.

3. If withholding is from earnings, the total withheld from disposable income shall be prorated over all pay periods within each month and cannot be more than (choose one):

\_\_\_\_\_ 50%    \_\_\_\_\_ 55%    \_\_\_\_\_ 60%    \_\_\_\_\_ 65%

4. Until further order of the court, the employer or payor shall continue withholding from the debtor's income as instructed. Notice and instructions concerning the rights and duties of the employer or payor are stated on the accompanying notice and answer forms and are incorporated by reference into this order.

5. The employer or payor shall return a completed copy of the attached answer to the court at the address given in the answer packet when the first payment is sent, or as soon as possible if no income is withheld.

6. All payments shall be identified with the debtor's name, the court case number, and the county identifier. Unless otherwise instructed on the answer form, payments from the employer or payor shall be sent and made payable to:

Kansas Payment Center  
P.O. Box 758599  
Topeka, KS 66675-8599

The Kansas Payment Center shall credit payments to the debtor's record and forward the payments to the appropriate person or office.

7. Nothing in this order shall be construed as a restriction, restraint, or bar to other means of collecting past due support, if any.

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JUDGE OF THE DISTRICT COURT PRO TEM

Prepared by: (Your name & address)

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EMPLOYER/PAYOR: PLEASE NOTE THE DATE THIS ORDER WAS SERVED ON YOU Withholding must begin no later than 14 days after the date of service.

**CLERK'S INSTRUCTIONS:** Attach the appropriate notice, answer and change of address forms to the income withholding order.