

**IN THE SUPREME COURT OF THE STATE OF KANSAS**  
**ADMINISTRATIVE ORDER NO. 168**

Re: Official Child Support and Maintenance Payment Records

Pursuant to L. 2001, Chapter 195, sec. 3(c), this order establishes the procedure for official child support and maintenance payment records.

All new or modified non-IVD support orders filed in the Kansas district courts must be accompanied by the attached support order information sheet, which may be updated as deemed necessary by the Judicial Administrator. This will allow clerks of the district court to enter the relevant data onto the Kansas Payment Center electronic database which will contain the payment history. In order for this information to be entered by the clerks of the district court onto the Kansas Payment Center database, the Kansas Payment Center's software must be kept current to function properly as the district courts update their web browsers. The Office of Judicial Administration will notify the Kansas Payment Center as web browsers changes are planned in the district courts.

If Kansas Judicial Branch personnel resources diminish in the future, time constraints will force the clerks of the district courts to discontinue providing the support order information to the Kansas Payment Center. In that event, this order will be terminated.

The Kansas Payment Center contract with the Kansas Department of Social and Rehabilitation Services addresses the Kansas Payment Center's duties regarding maintenance and protection of data contained in payment history records. The Office of Judicial Administration will participate with SRS in evaluating any future contract provisions to make certain the vendor will remain bound by such requirements.

The Kansas Payment Center will record on the payment history for each case all the payments received and disbursements made. The Kansas Payment Center will maintain a basic payment history which will display payments, disbursements, and memo entries. The Kansas Payment Center will also maintain a more detailed payment history for the courts and those involved in support enforcement activities. The detailed payment history will include the same information as the basic payment history as well as additional information, including but not limited to, misapplied payments, adjustments, returned checks, stale dated checks, and cleared

checks.

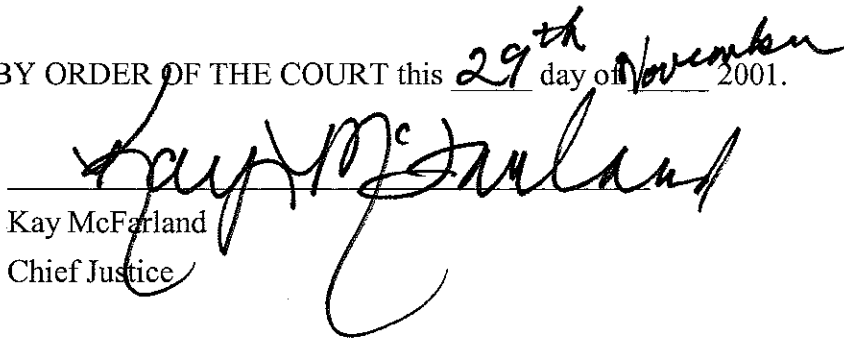
The official payment history for child support and maintenance payments made prior to September 29, 2000, shall be maintained by the Clerk of the District Court or District Court Trustee. For payments made following September 29, 2000, the official payment history shall be maintained by the Kansas Payment Center, and will be made available for requesting parties by the Clerk of the District Court, who will access the payment history from the electronic Kansas Payment Center database. Clerks' offices will certify information accessed from the Kansas Payment Center as a true and correct copy of information provided by the Kansas Payment Center.

These official payment records shall be considered true and correct for use in court proceedings unless the parties present evidence which is determined by the court to demonstrate the payment history is in error. Any payment record so found to be in error shall be corrected by the Kansas Payment Center upon notification from the court.

Each payment submitted to the Kansas Payment Center must include the court order number, which must begin with the two digit alpha character identifier for the county in which the order was entered. For example, a payment on a case from Shawnee County must be identified in the following format: SN99 D 123456. Each payment must also include, in addition to the court order number, at least one of the following pieces of information: obligor or obligee name, social security number, or the Kansas Payment Center Personal Identification Number (PIN).

Obligors and/or their attorneys shall monitor the status of income withholding orders as support obligations near completion and shall file timely motions with the district court for termination of income withholding orders.

BY ORDER OF THE COURT this 29<sup>th</sup> day of November 2001.

  
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Kay McFarland  
Chief Justice

Purpose: Federal law requires Kansas to process child support through a single location in the state. To insure that processing of child support payments is not delayed, the Kansas Payment Center must have all information listed on the form below.

Who submits the completed form: The payee or his/her attorney shall file the completed form along with any new or modified support order with the Clerk of the District Court, as required by Kansas Supreme Court Administrative Order No. 168.

Case Number: You must give the full, accurate court order number, or payments may be delayed. The case number may be copied from the child support order. The case number format is as follows:

County - Year - Case Type - Case Number

Example: WY00D 000123

(WY) (00) (D) (000123)

**Please call your local clerk of the district court if you need additional information to complete this form. Additional copies may be made as necessary.**

<b>PLEASE print or type all information.</b>				
Case Number: _____	Check if applicable:			Check one:
Interstate: Y N (circle one)	Court Trustee case			<u>New case/order</u>
				<u>Modified order</u>
				<u>Filestamp Date of Order (above):</u>
<u>Obligation Information</u>	<u>Support Amount</u>	<u>Frequency Code</u>	<u>Start Date</u>	<u>Payment Frequency Codes</u>
Current Child Support due:	\$ _____	_____	_____	<u>(W) Weekly</u>
Current Maintenance (Alimony) due:	\$ _____	_____	_____	<u>(B) Biweekly</u>
Other Support due:	\$ _____	_____	_____	<u>(M) Monthly</u>
	\$ _____	_____	_____	<u>(SM) Semi-Monthly</u>
	\$ _____	_____	_____	<u>(Q) Quarterly</u>
	\$ _____	_____	_____	<u>(A) Annually</u>
	\$ _____	_____	_____	<u>(SA) Semi-Annually</u>
	\$ _____	_____	_____	<u>(L) Lump Sum</u>

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**Information about the PAYING Parent**

NAME (First, Middle Initial, Last):

Social Security Number:	Date of Birth:	Phone:
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Address: City: State: Zip:

**Information about the Parent or Person RECEIVING support**

NAME (First, Middle Initial, Last):

Social Security Number:	Date of Birth:	Phone:
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**Information about the Third Party Payee**

NAME (First, Middle Initial, Last)

Social Security Number:	Date of Birth:	Phone:
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Address: City: State: Zip:

**Information about CHILD(REN) covered by this support order**

NAME (First and Last):	Social Security Number:	Date of Birth:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

<u>5.</u>	<u>5.</u>	<u>5.</u>
<u>6.</u>	<u>6.</u>	<u>6.</u>
<u>7.</u>	<u>7.</u>	<u>7.</u>
<u>8.</u>	<u>8.</u>	<u>8.</u>
<u>9.</u>	<u>9.</u>	<u>9.</u>

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (and title): \_\_\_\_\_