

KDOC ACKNOWLEDGEMENT OF PARENTAL OBLIGATION

I am a parent of: Name of Juvenile: _____
Juvenile's Date of Birth: _____

Under Kansas law, while my child is in the custody of the Secretary of KDOC, I must meet my child's financial and medical needs according to my ability to pay. I have this duty as long as my child remains in KDOC custody. My support payments and insurance benefits will help repay the KDOC for expenses they have paid for my child.

If I already pay support for my child, I understand that I must continue making those payments. The Clerk of the Court will send them to KDOC.

If I receive benefits for my child such as insurance coverage, social security or veterans benefits, I must turn these over to KDOC.

If there is no court order for current support, the Child Support Services Program (CSS) of the Kansas Department of Children and Families (DCF) will contact me for additional information and may ask the court to establish one using the Kansas Child Support Guidelines. These guidelines consider, among other things, my income and family size.

I understand that I am expected to cooperate with CSS to establish this current support order. If I do not cooperate a support order may be set up without my input. The court could also order me to repay 100% of the cost of my child's care.

If I do not pay my support, CSS can use any available legal action to collect support. That could include using income withholding or garnishment of my wages, taking my federal and state tax returns, or keeping part of my unemployment insurance compensation. If you have questions concerning this legal obligation, you should consult with an attorney of your choosing.

Parent Name: _____
(PLEASE PRINT)

Parent Signature: _____ **Date:** _____

Community Supervision Officer Statement: When one or both parents have not signed above. (Check the items that apply)	
<input type="checkbox"/>	1) On _____ I gave a copy of this to _____ who refused to sign. (Date)
<input type="checkbox"/>	2) On _____ I mailed a copy of this to (Give complete name and address): (Date)
_____ _____ _____	
Community Supervision Officer Signature: _____ Date: _____	