MOTION TO MODIFY CHILD SUPPORT FORMS

APPROVED BY

The Missouri Supreme Court

July, 2010

Do not file this page with the court.

MOTION TO MODIFY CHILD SUPPORT FORMS PACKAGE

Introduction

The Unauthorized Practice of Law

These forms are provided at no cost to you by the Missouri Supreme Court Committee on Access to Family Courts so that you may have access to the Missouri Courts. It is a crime for another person to charge you a fee for preparing these forms for you unless that person is a licensed lawyer. If anyone other than a lawyer attempts to charge you for preparing these forms, you should notify the Office of Chief Disciplinary Counsel, 3335 American Avenue, Jefferson City, Missouri, 65109.

General Information about All Forms

Information that you enter on these forms can be saved on your computer ONLY if you are using Adobe Acrobat version 8.0 or higher. They can be completed using the free Adobe Reader, but you will not be able to save the information you enter.

The forms listed below are interactive. You can enter the information on these forms before you print them. If you fill the forms in on your computer, much of the information you enter on one form is automatically transferred to other forms. For example, if you type your first name on the "Motion to Modify Child Support," your first name will also appear on the other forms.

Some forms refer to the mother and father as the parties, while other forms refer to the parties as the Petitioner and the Respondent. The Parenting Plan refers to the Mother and Father. It is assumed that you are the person that is filing the case. Because of this, you must indicate whether you are the mother or the father and you must indicate whether you are the petitioner/plaintiff or the respondent/defendant so that information from one form can be automatically transferred to the other forms.

This package also contains bookmarks. These bookmarks help you to navigate throughout these forms. In addition, there are "links" embedded in the forms. These links are usually green, and can take you to a related location in the forms.

If the other party signs the "Answer" so that service of process is not required, then you only have to file one copy of the "Motion to Modify Child Support", "Income and Expense Statement", "Property and Debt Statement", and "Parenting Plan - Part B". If the other party does not sign an "Answer", then you must file one additional copy of all of these forms. You should also keep a copy of these forms for your records.

Some additional forms may be required by some Missouri Courts. You should check with your local court.

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1. **Motion to Modify Child Support (Form CAFC102)**
   This is the first form you should complete. Information that you enter on this form will be transferred to all the other forms in the package.

2. **Parenting Plan – Part B (Form CAFC501)**
   There are two parts to this form, but only Part B needs to be filed and is a part of this package. Part B of the Parenting Plan deals with support issues of the children.
   If you have different custody or support arrangements for some of the children, you must complete a separate Part B of the Parenting Plan for each set of children.

3. **Income and Expense Statement (Form CAFC150)**
   This form requires that you list income and expenses for both you and the other party. A lawyer can assist you in finding out this information.

4. **Property and Debt Statement (Form CAFC140)**
   This form is required by most courts and helps the court reach a decision in your case.

5. **Answer to Motion to Modify Child Support (Form CAFC112)**
   The other party may sign this form if he or she does not want to be personally served. By signing this form, the other party is allowing the court to decide your case. The other party may also use this form to disagree with your statements on your forms.

6. **Judgment of Modification of Child Custody and/or Support (Form CAFC170)**
   This is a "proposed" judgment. Different courts handle the preparation of the judgment in different ways. In some courts, the judge will direct you to prepare a judgment, and in other courts, the judge will prepare the judgment.

7. **Filing Information Sheet (Form CAFC067)**
   This form is required by most courts to enter the information about your case into the Court's computer system.

8. **Notice of Hearing (Form CAFC721)**
   You must use this form to give the other party notice of any hearings in this case. The court will not consider any issues at any time in your case unless the other party is property notified using this form.

Do not file this page with the court.

Clear All Forms | Print Motion | Table of Contents

Form CAFC102 - Motion to Modify Child Support

In what Missouri county was the judgment you want to modify entered?

In the Circuit Court of
MISSOURI

What is the case number of the judgment you want to modify?

Case Number

Division Number

HELP

Answer all questions on this form completely.

Your Information

1. My current full name is:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. ☐ I filed the original case. (Petitioner/Plaintiff)
   ☐ I did not file the original case. (Respondent/Defendant)

3. ☐ I am the Mother
   ☐ I am the Father

4. The last four numbers of my Social Security Number are: XXX-XX-_____

5. My mailing address is:

   _____
   (Street)

   _____ _____ _____
   (City) *(State)* *(Zip)*

   _____ _____
   (Telephone Number) *(E-Mail Address)*

Other Party's Information

6. The current full name of the other party is:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

7. The last four numbers of the other party's Social Security Number are:

   XXX-XX-_____

8. The other party's mailing address is:

   _____
   (Street)

   _____ _____ _____
   (City) *(State)* *(Zip)*

   _____ _____
   (Telephone Number) *(E-Mail Address)*

Service Information

9. ☐ The other party has signed a verified "Answer to Motion to Modify" which is being filed with this motion. Therefore, do not issue a summons.
☐ The other party should be served at his or her residence.

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

☐ The other party should be served at his or her place of employment.

_____ _____
(Employer's Name - if applicable) *(Hours of Employment)*

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

☐ Other method of service: _____

10. ☐ No one is receiving receiving Temporary Assistance for Needy Families (TANF) for the child(ren).
☐ A person is receiving TANF for the child(ren) and therefore the State of Missouri must be served. Summons to issue to be served on:

Director, Family Support Division
615 Howerton Court
Jefferson City, Missouri 65102

Case Information

11. The judgment I want to change was entered on _____.
(MM/DD/YYYY)

12. ☐ I was ordered to pay child support to the other party.
☐ The other party was ordered to pay child support to me.
☐ We both were ordered to pay child support.
☐ No child support was ordered by the court.

13. ☐ All child support ordered by the court has been paid.
☐ All child support ordered by the court has not been paid.

14. The child support judgment that I want to modify is:
☐ A dissolution of marriage or legal separation judgment.
☐ A paternity judgment entered by a court.
☐ A custody and support judgment entered by a court.
☐ A judgment modifying a previous dissolution of marriage or legal separation judgment.
☐ A judgment modifying a previous paternity judgment.
☐ A judgment modifying a previous custody and judgment.
☐ Other _____
(Explain)

Note: You cannot use this form to modify an administrative order that was originally entered by Missouri Family Support Division.

Military Information

15. ☐ The other party is NOT on active duty in the United States military.
☐ The other party is on active duty in the United States military.

HELP

Employment Information

16. ☐ I am self-employed
☐ I am unemployed
☐ I am employed at:

_____
(Name of Employer)

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

17. ☐ The other party is self-employed
☐ The other party is unemployed
☐ I don't know the other party's employment status
☐ The other party is employed at:

_____
(Name of Employer)

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

Children's Information

18. There is/are _____ child(ren) who is/are the subject of this proceeding as listed below.

Child's Full Name	Child's Age

Changes affecting Support

19. The following changes have occurred since the last child support judgment. These changes justify a different amount of child support.

_____

_____

_____

_____

_____

_____

_____

Proposed Parenting Plan

20. The appropriate child support arrangement for the minor children is set forth in Part B of the attached parenting plan marked Exhibit 1. (You must attach a completed copy of Parenting Plan Form CAFC501 Part B to this motion.)

Request for Relief

THEREFORE, I want to change the previous judgment concerning child support as per Part B of the attached parenting plan marked Exhibit 1.

I also request the following relief:

- ☐ I am without sufficient funds to pay for my attorney and I request that the other party pay my attorney's fees for this case.
- ☐ Other (Please state the other requests)

_____

_____

_____

_____

_____

☐ Petitioner/Plaintiff ☐Respondent/Defendant, of lawful age, being duly sworn on his or her oath, states that he or she is the party named above and that the facts stated in this Motion to Modify Child Support are true according to his or her best knowledge and belief.

▶ _____ _____

SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to this _____ day of _____, 20____.

_____

Notary Public

My Commission Expires:

_____

Sign this in front of a Notary Public

This should only be completed if a lawyer helped you with this form

ATTORNEY INFORMATION *(To be completed by your attorney)*

_____ _____

Attorney – SIGN HERE *Missouri Bar Number*

_____

Attorney for Movant – PRINT YOUR NAME HERE

_____

(Street)

_____ _____ _____

(City) *(State)* *(Zip)*

_____ _____ _____

(Telephone Number) *(Fax Number)* *(Email Address)*

Do not enter any information here if you are filing this case without the assistance of a lawyer.

This information should be completed by your attorney.

☐ *I have assisted the above named party in the preparation of these pleadings, but I am not entering my appearance on his or her behalf.*

EXHIBIT NO. _____

IN THE CIRCUIT COURT OF _____, MISSOURI
(County where court is located)

If this parenting plan is filed after the case has been filed, you MUST enter the Case Number.

_____ _____ _____ _____
(First) *(Middle)* *(Last)* *(Jr./Sr./III)*
Petitioner/Plaintiff,

-and-

_____ _____ _____ _____
(First) *(Middle)* *(Last)* *(Jr./Sr./III)*
Respondent/Defendant.

Case No. _____

Division No. _____

PARENTING PLAN
Part B – Support of the Children

1. Identification of Parties

Check one and only one of the following two boxes.

☐ Mother is the Petitioner/Plaintiff. Father is the Respondent/Defendant.
☐ Father is the Petitioner/Plaintiff. Mother is the Respondent/Defendant.

2. Plan Author(s)

Check all applicable boxes.

☐ Court
☐ Mother
☐ Father
☐ Guardian ad Litem
☐ _____

3. Names and Ages of Children

Enter the total number of children to whom this parenting plan is applicable: _____.
The names and ages of the children (hereinafter referred to simply as "the children") are as follows:

Full Name of Child	Child's Age

Child Support Calculations

Child Support

Child support is an amount of money paid by one parent to the other parent for the support of the children. In addition to a regular monthly child support payment, other expenses of the children may be divided between the parents as child support. Part B of the Parenting Plan contains the calculation of child support and the allocation of the children's expenses.

Form 14

Form 14 is a form used to calculate a presumed amount of child support. Form 14 is part of this parenting plan and is found on Part B, Page 8. The court will usually follow Form 14, however, if the court finds that the child support calculated pursuant to Form 14 is unjust or inappropriate, it will set child support at a different amount.

Parents must also determine the allocation and amount of other expenses of the children such as medical and dental insurance, uncovered medical and dental expenses, day care, and other extraordinary expenses. These expenses constitute part of the child support obligations of each parent. These other expenses may be included in the Form 14 calculation, or they may be paid independently of the child support payment.

Parents may agree on an amount of child support and the allocation of expenses. The court does not have to accept this agreement and can set different support amounts. Even if the parents have agreed on an amount of child support, THEY MUST STILL CALCULATE A FORM 14 FOR THE COURT. As they work through this parenting plan, they will also be entering the information that is required for Form 14.

Missouri law further provides that "An award of joint physical custody does not preclude an award of child support pursuant to Section 452.340 and applicable supreme court rules in determining an amount reasonable or necessary for the support of the child." RSMo. §452.375.12 Child support may be appropriate even if both parties have custody of the children an equal amount of time.

4. Party to Pay Child Support

One party must be called the "parent paying support" and one person must be called the "parent receiving support". This is true even if no child support is going to be paid.

*You **must** check one and only one of the following four boxes.*

☐ Mother will pay regular monthly child support to Father.
Mother is referred to as "person paying support" and Father is referred to as "person receiving support".

☐ Father will pay regular monthly child support to Mother.
Father is referred to as "person paying support" and Mother is referred to as "person receiving support".

☐ No regular monthly child support will be paid by either parent.
Mother will be referred to as "person paying support" and Father will be referred to as "person receiving support" for the purpose of the Form 14 child support calculation only.

☐ No regular monthly child support will be paid by either parent.
Father will be referred to as "person paying support" and Mother will be referred to as "person receiving support" for the purpose of the Form 14 child support calculation only.

Medical and Dental Insurance for the Children

Cost of Medical or Dental Insurance for the Children

The cost of medical or dental insurance for the children is the monthly amount of any premium paid. If the parent's employer deducts the amount of premium from his or her pay, then the cost of medical or dental insurance includes the amount of the premium paid. It does not include the cost of medical or dental insurance for the parent, the parent's spouse, or other children that are not covered by this parenting plan. The cost of medical or dental insurance for the children is included on Line 6c of Form 14.

Form 14 states: "If the amount of the actual health insurance costs for the children who are the subject of this proceeding is not available or cannot be verified, the amount of the health insurance costs attributable to the children who are the subject of this proceeding shall be calculated by dividing the total monthly costs for the policy of health insurance by the total number of persons for whom the costs are paid or to be paid and then multiplying the resulting figure by the number of children insured under the policy who are the subject of this proceeding."

5. Parent Responsible for Medical Insurance

Form 14

You must check one and only one of the following three boxes.

☐ Neither party is required to maintain **medical** insurance for the benefit of the children. A health benefit plan is not available at reasonable cost through either parent's employer or union. No support rights have been assigned to the state of Missouri and the Family Support Division is not providing support enforcement services to either party.

☐ Father shall maintain and pay the cost of **medical** insurance for the benefit of the children.

☐ Mother shall maintain and pay the cost of **medical** insurance for the benefit of the children.

6. Parent Responsible for Dental Insurance

You must check one and only one of the following three boxes.

☐ Neither party is required to maintain **dental** insurance for the benefit of the children. A health benefit plan is not available at reasonable cost through either parent's employer or union. No support rights have been assigned to the state of Missouri and the Family Support Division is not providing support enforcement services to either party.

☐ Father shall maintain and pay the cost of **dental** insurance for the benefit of the children.

☐ Mother shall maintain and pay the cost of **dental** insurance for the benefit of the children.

7. Medical and Dental Insurance for the Children

The total cost of medical and dental insurance paid by Father for the children is _____ per month.
The total cost of medical and dental insurance paid by Mother for the children is _____ per month.
You must enter an amount on both lines, even if you enter "0". These amounts should also be entered on line 6c of Form 14.

In the event either parent is required to maintain medical or dental insurance, the parent providing the health benefit plan shall provide to the other parent an insurance identification card.

If support rights have been assigned to the state of Missouri or the Family Support Division is providing support enforcement services to either party, the person paying support shall notify the Family Support Division regarding the availability of medical insurance coverage through an employer or a group plan, provide the name of the insurance provider when coverage is available, and inform the division of any change in access to such insurance coverage.

Health Expenses Not Covered by Insurance

8. Medical, Dental, Vision, or Psychological Expenses not Covered by Insurance

You must check one and only one of the following four boxes.

☐ The person receiving support will pay all reasonable and necessary medical and dental expenses of the children not covered by insurance and the person paying support will reimburse the person receiving support for _____ percent of all such expenses that are actually paid by the person receiving support and are in excess of $250 per year per child. This does not include the uninsured extraordinary costs set forth in paragraph 9 below. No reimbursement of uncovered medical and dental expenses of the children will be allowed unless the person receiving support submits proof of such expenses to the person paying support in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

Medical and dental expenses are defined by §213(d)(1)(A) of the Internal Revenue Code.

(RSMo. §454.633.3 provides that if you have checked this first box in Paragraph 8 and you have not provided a percentage, then each parent will be responsible for one-half of all reasonable and necessary medical or dental expenses of the children not covered by insurance except as set forth in Paragraph 9 below.)

☐ The person paying support does not have the financial resources to contribute to the payment of medical or dental expenses of the children not covered by insurance. The person receiving support will be responsible for all reasonable and necessary medical or dental expenses of the children not covered by insurance. This does not apply to the medical costs listed in Paragraph 9 below. *RSMo. §454.603.5(2)*

☐ All reasonable and necessary medical or dental expenses of the children are covered by insurance. *RSMo. §454.603.5(1)*

☐ The person receiving support has not substantially complied with the terms of the health benefit coverage. The person receiving support will be responsible for all reasonable and necessary medical or dental expenses of the children not covered by insurance. This does not apply to the medical costs listed in Paragraph 9 below. *RSMo. §454.603.5(3)*

9. Payment of Uninsured Extraordinary Medical Costs

Extraordinary medical costs are predictable and recurring, such as expenses for dental treatment, orthodontic treatment, asthma treatment and physical therapy. These expenses MAY be included in the Form 14 calculation. *(If no extraordinary medical costs are to be included on Form 14, you may leave this information blank.)*

Form 14

Uncovered Extraordinary Medical Costs to be Paid by Father INCLUDED on Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these uncovered extraordinary medical costs of the children is $_____ per month. This amount HAS been included in the child support calculation pursuant to Form 14. *(You must include this amount on Form 14 - Line 6d)*

Paid by Father

Uncovered Extraordinary Medical Costs to be Paid by Mother INCLUDED on Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these uncovered extraordinary medical costs of the children is $_____ per month. This amount HAS been included in the child support calculation pursuant to Form 14. *(You must include this amount on Form 14 - Line 6d)*

Paid by Mother

Child Care Expenses

Child care expenses related to employment are expenses incurred by a parent during periods of time while the parent is working and the children are in his or her physical custody.

10. Work-Related Child Care Costs

You must check one and only one of the following five boxes

☐ There are no reasonable work-related child care expenses incurred by the parties.

☐ The reasonable work-related child care costs of the children to be paid by Father are $_____ per month. This amount has been included in the child support calculation pursuant to Form 14. The reasonable work-related child care costs of the children to be paid by Mother are $_____ per month. This amount has also been included in the child support calculation pursuant to Form 14.

Form 14

(You must include these amounts on Form 14 - Line 6a(1) for the parent receiving support or Line 6b for the parent paying support.)

☐ Mother will pay all reasonable work-related child care expenses. The cost of reasonable work-related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Father will reimburse Mother for _____ percent of all reasonable work-related child care expenses actually paid by Mother. Mother will not be entitled to reimbursement from Father unless said payments are appropriately reported to the Internal Revenue Service. No reimbursement of reasonable work-related child care expenses will be allowed unless Mother submits proof of such expense to Father in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

☐ Father will pay all reasonable work-related child care expenses. The cost of reasonable work-related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Mother will reimburse Father for _____ percent of all reasonable work-related child care expenses actually paid by Father. Father will not be entitled to reimbursement from Mother unless said payments are appropriately reported to the Internal Revenue Service. No reimbursement of reasonable work-related child care expenses will be allowed unless Father submits proof of such expense to Mother in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

☐ Each parent will pay his or her own reasonable work-related child care expenses related to his or her employment. The cost of reasonable work-related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Neither parent will reimburse the other parent for any portion of the child care expenses.

11. Child Care Expenses Unrelated to Employment

Incidental child care costs not related to employment are to be paid by the party with physical custody at the time the child care costs are incurred.

_____

_____

_____

_____

_____

_____

Extraordinary Child-Rearing Costs of the Children Including College Costs

Extraordinary Child-Rearing Costs

Extraordinary child-rearing costs may include, but are not limited to, the following expenses:

- Educational expenses for college or post-secondary education,
- Special, private or parochial elementary and secondary schooling expenses,
- Tutoring sessions,
- Camps,
- Lessons,
- Athletic activities,
- Travel and other activities intended to enhance the athletic, social or cultural development of a child.

12. Educational Expenses for College or Post-Secondary Education

As used herein, educational expenses for college or post-secondary education (also referred to as college expenses) include tuition, fees, books, dormitory cost for room and board. It does not include room and board while residing with either parent. This term shall be the actual cost to the child. In the event the child receives a scholarship or other aid which reduces the tuition, fees, books, or dormitory costs for room and board, then the educational expenses for college or post-secondary education does not include the amount of such scholarship or aid. For this purpose, loans to the student shall not be considered 'scholarship or other aid'.

The maximum educational expenses for college or post-secondary education, as defined herein, shall not exceed the cost for tuition, fees, books, and dormitory costs for room and board at the University of Missouri at Columbia, regardless of what institution the child attends.

Responsibility for educational expenses for college or post-secondary education shall not exceed more than eight semesters at a college or university.

Continued Eligibility for Child Support when Child is in College

RSMo. §452.340.5 provides that "[t]o remain eligible for such continued parental support, at the beginning of each semester the child shall submit to each parent a transcript or similar official document provided by the institution of vocational or higher education which includes the courses the child is enrolled in and has completed for each term, the grades and credits received for each such course, and an official document from the institution listing the courses which the child is enrolled in for the upcoming term and the number of credits for each such course."

The child must carry a minimum number of credit hours each semester.

13. Extraordinary Child-Rearing Costs

Extraordinary child-rearing costs incurred by the parents may be included on Form 14, or the parents may agree to divide these costs on some percentage basis. The extraordinary child-rearing costs are to be paid as set forth in the next paragraph. *(Paragraph 14 of this Parenting Plan)*

14. Payment of Extraordinary Child-Rearing Costs of the Children

a. Extraordinary Child-Rearing Costs INCLUDED on Form 14

Form 14

Extraordinary Child-Rearing Costs Paid by Father INCLUDED on Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these extraordinary child-rearing costs of the children is $_____ per month. This amount HAS been included in the child support calculation pursuant to Form 14. *(You must include this amount on Form 14 - Line 6e)*

Paid by Father

Extraordinary Child-Rearing Costs Paid by Mother INCLUDED on Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these extraordinary child-rearing costs of the children is $_____ per month. This amount HAS been included in the child support calculation pursuant to Form 14. *(You must include this amount on Form 14 - Line 6e)*

Paid by Mother

b. Extraordinary Child-Rearing Costs NOT INCLUDED on Form 14

Extraordinary Child-Rearing Costs Paid by Father NOT INCLUDED on Form 14	Percentage to be Paid by Mother to Father
_____	_____%
_____	_____%
_____	_____%

Mother will reimburse Father for the percentage amount of each of these extraordinary child-rearing costs of the children so long as they are actually paid by Father. No reimbursement of extraordinary child-rearing costs of the children will be allowed unless Father submits proof of such expense to Mother in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

Paid by Father

Extraordinary Child-Rearing Costs Paid by Mother NOT INCLUDED on Form 14	Percentage to be Paid by Father to Mother
_____	_____%
_____	_____%
_____	_____%

Father will reimburse Mother for the percentage amount of each of these extraordinary child-rearing costs of the children so long as they are actually paid by Mother. No reimbursement of extraordinary child-rearing costs of the children will be allowed unless Mother submits proof of such expense to Father in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

Paid by Mother

Form 14 Child Support Calculation

CHILDREN	AGE	CHILDREN	AGE
Child One		**Child Four**	
Child Two		**Child Five**	
Child Three		**Child Six**	

	Parent Receiving Support	Parent Paying Support	Combined
1. MONTHLY GROSS INCOME	$	$	
a. Court ordered maintenance being received.	$	$	
2. ADJUSTMENTS (per month) a. Other court or administratively ordered child support being paid.	($)	($)	
b. Court ordered maintenance being paid.	($)	($)	
c. Support obligation for other children primarily residing in parent's custody.	($)	($)	
3. ADJUSTED MONTHLY GROSS INCOME (Sum of lines 1 and 1a, minus lines 2a, 2b and 2c).	$ Calculated Amount	$ Calculated Amount	$ Calculated Amount
4. PROPORTIONATE SHARE OF COMBINED ADJUSTED MONTHLY GROSS INCOME (Each parent's line 3 income divided by combined line 3 income).	% Calculated Amount	% Calculated Amount	
5. BASIC CHILD SUPPORT AMOUNT (From support chart using combined line 3 income).			$ Calculated Amount
6. ADDITIONAL CHILD-REARING COSTS (per month) Paragraph 10 a. Reasonable work-related child care costs of the parent receiving support ($) less any child care tax credit ($). Calculated Amount	$ Calculated Amount		
b. Reasonable work-related child care costs of the parent paying support. Paragraph 10		$	
c. Health insurance costs for the children who are subjects of this proceeding. Paragraph 7	$	$	
d. Uninsured extraordinary medical costs. (Agreed by parents or ordered by court). Paragraph 9	$	$	
e. Other extraordinary child rearing costs. (Agreed by parents or ordered by court) Paragraph 14a	$	$	
7. TOTAL ADDITIONAL CHILD-REARING COSTS (Sum of lines 6a, 6b, 6c, 6d and 6e).	$ Calculated Amount	$ Calculated Amount	$ Calculated Amount
8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and combined line 7).			$ Calculated Amount
9. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 8 by each parent's line 4)	$ Calculated Amount	$ Calculated Amount	
10. CREDIT FOR ADDITIONAL CHILD-REARING COSTS (Line 7 of parent paying support).		($ Calculated Amount)	
11. ADJUSTMENT FOR A PORTION OF THE AMOUNTS EXPENDED DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. (Multiply line 5 by _____ %).		($ Calculated Amount)	
12**. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).**		$ Calculated Amount	
PREPARED BY:		Income and Expense Statement	

Amount of Child Support

The amounts in Paragraph 15 are automatically calculated for you as you complete Form 14.

15. Presumed Monthly Amount of Child Support

Complete all applicable amounts. The court-ordered support amount is set forth in Part B, Paragraph 17.

The presumed child support amount calculated pursuant to Form 14 for six children is: _____.
The presumed child support amount calculated pursuant to Form 14 for five children is: _____.
The presumed child support amount calculated pursuant to Form 14 for four children is: _____.
The presumed child support amount calculated pursuant to Form 14 for three children is: _____.
The presumed child support amount calculated pursuant to Form 14 for two children is: _____.
The presumed child support amount calculated pursuant to Form 14 for one child is: _____.

16. Should the court order the child support pursuant to Missouri Child Support Guidelines?

*You **must** check one and only one of the following two boxes.*

☐ Yes. The court-ordered child support is the same as the presumed children support amount. The presumed child support amount as calculated herein is not rebutted as being unjust and inappropriate.

☐ No. The court-ordered child support is different than the presumed children support amount. After consideration of all relevant factors pursuant to RSMo. §452.340.8 and Form 14, the child support as calculated herein is rebutted as being unjust and inappropriate.

NOTE: Court-ordered child support will be set at the time of the court proceeding. The court is not bound by the suggestions of the parties and may set an amount greater or lesser than the suggested amounts of court-ordered child support set forth in this parenting plan. If the court approves and adopts this plan, then the support provisions herein will become the order of the court.

17. Court-Ordered Child Support

Form 14

This is the amount of child support that actually will be paid by the parent paying support.

You must check all applicable boxes.

☐ Six or More Children - The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for six or more children covered by this parenting plan.

☐ Five Children - The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for five children covered by this parenting plan.

☐ Four Children – The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for four children covered by this parenting plan.

☐ Three Children - The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for three children covered by this parenting plan.

☐ Two Children - The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for two children covered by this parenting plan.

☐ One Child - The person paying support is to pay to the person receiving support _____ per month when the person receiving support is entitled to support for one child covered by this parenting plan.

NOTE: You should check each box that applies. For example, if this parenting plan pertains to three children, then you should check the boxes for three children, two children and one child. You should also enter an amount of support for three children, two children, and one child respectively. You must attach a Form 14 for each level. For example, if you have three children, then you must attach one Form 14 for three children, one Form 14 for two children, and one Form 14 for one child.

If you check one of the boxes above, you must check all the boxes below it. Once again, if you only check the box for two children and do not check the box for one child, then no support is owed when only one child remains.

18. Starting Date for Child Support

You must check one and only one of the following two boxes if either party is paying child support in Part B, Paragraph 17.

☐ The first child support payment is due on the date of the entry of the judgment.

☐ The first child support payment is due on _____.

Notification by the Person Receiving Support when Child Support Changes

Missouri law provides that "[u]nless otherwise agreed in writing or expressly provided in the judgment, provisions for the support of the child are terminated by emancipation of the child. The parent entitled to receive child support shall have the duty to notify the parent obligated to pay support of the child's emancipation and failing to do so, the parent entitled to receive child support shall be liable to the parent obligated to pay support for child support paid following emancipation of a minor child, plus interest." RSMo. §452.370.4.

Income Tax Considerations

19. Income Tax Dependents

The parties shall be entitled to claim the minor children as dependents for income tax purposes as follows: (Person paying support must be current with all support obligations as of December 31 of the tax year in which the child is to be claimed. Each parent will sign any appropriate documents to allow the other parent to make such claims.)

NOTE: The Form 14 calculation assumes that the person receiving support will claim the children as dependents. If the person paying support is entitled to claim one or more of the children, then the Form 14 guidelines are unjust and inappropriate and the second box in Paragraph 16 should be checked.

If the person claiming the children is not listed below, then the person receiving support shall be entitled to claim the omitted children as dependents in all years.

Name of Child	In odd numbered tax years, this parent will claim this child as a dependent	In even numbered tax years, this parent will claim this child as a dependent

Payment of Child Support and Wage Assignments

Wage Assignment

A wage assignment means that the child support is taken directly out of the paycheck of the person paying support. The amount withheld is sent to the Family Support Payment Center. The Family Support Payment Center will then forward the support to the person receiving support. Child support withheld pursuant to a wage assignment cannot be sent directly to the party receiving support. A record will be kept of all payments.

If a wage assignment is not ordered, then the child support may be paid directly to the person receiving support. The person paying support may also voluntarily send payments to the Family Support Payment Center. If the child support is not paid to the Family Support Payment Center, it is extremely important that each parent keep accurate records of the amount of child support paid. This means that the party paying support may not receive credit for his or her payments if he or she does not have receipts or cancelled checks. Because of this, it is proper to request a receipt from the parent receiving support.

If the person paying support is currently unemployed or self-employed, the wage assignment may still be ordered, but it will not take effect until the person paying support begins receiving regular wages.

20. Method of Payment of Child Support

You must check one and only one of the following five boxes if either party is paying child support in Part B, Paragraph 17.

☐ A wage assignment will not issue because a written agreement has been reached between the parties that provides for an alternative arrangement. Child support shall be paid directly to the person receiving support.

☐ A wage assignment will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate wage withholding would not be in the best interest of the child and the person paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the person receiving support.

☐ A wage assignment will not issue because a written agreement has been reached between the parties that provides for an alternative arrangement. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.

☐ A wage assignment will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate wage withholding would not be in the best interest of the child and the person paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.

☐ A wage assignment will be prepared by the person receiving support and issued by the Circuit Clerk upon the effective date of this judgment. Child support is ordered to be paid to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.

21. Additional Provisions Pertaining to Support of the Children:

_____

_____

_____

_____	_____	_____
Mother	Father	Guardian ad Litem
_____	_____	
Attorney for Mother	Attorney For Father	

2008 Schedule of Basic Child Support Obligation

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
0-1000	50	50	50	50	50	50
1050	62	63	64	64	65	66
1100	98	99	100	101	102	103
1150	134	135	137	138	140	141
1200	170	172	173	175	177	179
1250	206	208	210	212	215	217
1300	241	244	247	249	252	255
1350	277	280	282	286	290	293
1400	306	317	320	324	327	330
1450	316	352	356	360	364	368
1500	325	386	391	395	399	403
1550	334	420	425	430	434	439
1600	344	455	459	464	469	474
1650	353	489	494	499	505	510
1700	362	523	528	534	540	546
1750	371	539	563	569	575	581
1800	380	553	597	604	610	617
1850	389	566	632	638	645	652
1900	398	579	666	673	680	688
1950	407	592	699	708	716	723
2000	416	604	713	743	751	759
2050	425	617	728	778	786	794
2100	434	630	743	812	821	830
2150	443	643	758	847	856	865
2200	452	656	773	864	891	901
2250	461	668	788	880	927	936
2300	470	681	803	897	962	972
2350	479	694	818	914	997	1007
2400	488	707	833	930	102	1043
2450	496	720	848	947	1042	1078
2500	505	732	863	964	1060	1114
2550	514	745	878	980	1078	1149
2600	523	758	893	997	1097	1185
2650	532	771	908	1014	1115	1212
2700	541	783	922	1030	1133	1232
2750	550	796	937	1047	1152	1252
2800	559	809	952	1064	1170	1272
2850	568	822	968	1081	1189	1293
2900	577	835	984	1099	1209	1314
2950	586	849	999	1116	1228	1335
3000	595	862	1015	1134	1247	1355
3050	604	875	1030	1151	1266	1376
3100	613	888	1046	1168	1285	1397
3150	622	901	1062	1186	1304	1418
3200	631	914	1077	1203	1323	1439
3250	641	928	1093	1221	1343	1459
3300	650	941	1108	1238	1362	1480
3350	659	954	1124	1255	1381	1501
3400	668	967	1139	1273	1400	1522
3450	676	979	1154	1289	1417	1541
3500	684	990	1167	1304	1434	1559
3550	692	1002	1181	1319	1451	1577
3600	700	1013	1194	1334	1467	1595
3650	708	1025	1208	1349	1484	1613
3700	715	1036	1221	1364	1501	1631
3750	723	1047	1234	1378	1516	1648
3800	728	1054	1242	1387	1526	1659
3850	733	1061	1250	1396	1536	1670
3900	738	1069	1259	1406	1546	1681
3950	744	1076	1267	1415	1557	1692
4000	749	1083	1275	1424	1567	1703
4050	754	1091	1283	1434	1577	1714
4100	759	1098	1292	1443	1587	1725
4150	765	1105	1300	1452	1597	1736
4200	770	1113	1308	1461	1608	1747
4250	775	1120	1317	1471	1618	1759
4300	780	1127	1325	1480	1628	1770
4350	786	1135	1333	1489	1638	1781
4400	791	1142	1342	1499	1648	1792
4450	796	1149	1350	1508	1659	1803
4500	801	1157	1358	1517	1669	1814
4550	807	1164	1367	1526	1679	1825
4600	812	1171	1375	1536	1689	1836
4650	817	1179	1383	1545	1700	1847
4700	822	1186	1392	1554	1710	1859
4750	828	1193	1400	1564	1720	1870
4800	833	1200	1408	1573	1730	1880
4850	836	1206	1414	1579	1737	1889
4900	840	1211	1420	1586	1745	1897
4950	844	1216	1426	1593	1753	1905
5000	848	1222	1433	1600	1760	1914
5050	852	1227	1439	1607	1768	1922
5100	855	1233	1445	1614	1776	1930
5150	859	1238	1451	1621	1783	1938
5200	863	1243	1458	1628	1791	1947
5250	867	1249	1464	1635	1799	1955
5300	871	1254	1470	1642	1806	1963
5350	874	1260	1476	1649	1814	1972
5400	878	1265	1482	1656	1822	1980
5450	882	1270	1489	1663	1829	1988
5500	886	1276	1495	1670	1837	1997
5550	890	1281	1501	1677	1844	2005
5600	893	1286	1507	1684	1852	2013
5650	897	1292	1514	1691	1860	2022
5700	901	1297	1520	1698	1867	2030
5750	905	1303	1526	1705	1875	2038
5800	909	1308	1532	1712	1883	2046
5850	912	1313	1538	1718	1890	2054
5900	915	1317	1542	1723	1895	2060
5950	918	1321	1547	1728	1900	2066
6000	921	1325	1551	1732	1905	2071
6050	924	1329	1555	1737	1911	2077
6100	927	1333	1559	1741	1916	2082
6150	930	1337	1563	1746	1921	2088
6200	933	1341	1567	1751	1926	2093
6250	936	1345	1572	1755	1931	2099
6300	939	1348	1576	1760	1936	2105
6350	942	1352	1580	1765	1941	2110
6400	945	1356	1584	1769	1946	2116
6450	948	1360	1588	1774	1952	2121
6500	951	1364	1592	1779	1957	2127
6550	954	1368	1597	1783	1962	2132
6600	957	1372	1601	1788	1967	2138
6650	960	1376	1605	1793	1972	2144
6700	963	1380	1609	1797	1977	2149
6750	966	1384	1613	1802	1982	2155
6800	969	1388	1617	1807	1987	2160
6850	972	1392	1622	1811	1993	2166
6900	974	1395	1626	1816	1997	2171
6950	976	1397	1628	1818	2000	2174
7000	977	1399	1629	1820	2002	2176
7050	979	1401	1631	1822	2004	2179
7100	981	1403	1633	1824	2007	2181
7150	982	1405	1635	1826	2009	2184
7200	984	1407	1637	1829	2011	2186
7250	985	1409	1639	1831	2014	2189
7300	986	1410	1641	1833	2016	2191
7350	988	1412	1643	1835	2018	2194
7400	989	1414	1644	1837	2020	2196
7450	991	1416	1646	1839	2023	2199
7500	992	1418	1648	1841	2025	2201
7550	994	1419	1650	1843	2027	2203
7600	995	1421	1652	1845	2029	2206
7650	997	1423	1653	1847	2032	2208
7700	998	1425	1655	1849	2034	2211
7750	1000	1427	1657	1851	2036	2213
7800	1001	1428	1659	1852	2038	2216
7850	1002	1430	1661	1855	2040	2218
7900	1004	1432	1663	1857	2043	2220
7950	1005	1434	1664	1859	2045	2223
8000	1008	1437	1668	1863	2050	2228
8050	1013	1444	1676	1872	2059	2239
8100	1018	1451	1684	1881	2069	2249
8150	1023	1458	1692	1890	2079	2260
8200	1027	1465	1700	1899	2089	2270
8250	1032	1472	1708	1908	2098	2281
8300	1037	1479	1716	1916	2108	2291
8350	1042	1486	1724	1926	2118	2303
8400	1048	1494	1733	1936	2129	2314
8450	1053	1501	1742	1945	2140	2326
8500	1059	1509	1750	1955	2151	2338
8550	1064	1516	1759	1965	2161	2349
8600	1069	1524	1768	1975	2172	2361
8650	1075	1532	1777	1984	2183	2373
8700	1079	1538	1784	1993	2192	2383
8750	1083	1543	1790	1999	2199	2391
8800	1086	1548	1796	2006	2206	2398
8850	1090	1553	1801	2012	2213	2406
8900	1093	1558	1807	2018	2220	2413
8950	1097	1563	1813	2025	2227	2421
9000	1100	1568	1818	2031	2234	2429
9050	1104	1573	1824	2038	2241	2436
9100	1107	1578	1830	2044	2248	2444
9150	1110	1582	1836	2050	2255	2452
9200	1114	1587	1841	2057	2262	2459
9250	1117	1592	1847	2063	2269	2467
9300	1121	1597	1853	2069	2276	2474
9350	1124	1602	1858	2076	2283	2482
9400	1128	1607	1864	2082	2290	2490
9450	1131	1612	1870	2089	2297	2497
9500	1135	1617	1876	2095	2304	2505
9550	1138	1622	1881	2101	2312	2513
9600	1141	1627	1887	2108	2319	2520
9650	1145	1632	1893	2114	2326	2528
9700	1148	1636	1898	2120	2332	2535
9750	1151	1640	1902	2125	2337	2540
9800	1153	1643	1906	2129	2342	2546
9850	1156	1647	1910	2134	2347	2551
9900	1159	1651	1914	2138	2352	2557
9950	1161	1654	1918	2143	2357	2562
10000	1164	1658	1923	2147	2362	2568
10050	1167	1662	1927	2152	2367	2573
10100	1169	1665	1931	2157	2372	2579
10150	1172	1669	1935	2161	2377	2584
10200	1175	1673	1939	2166	2382	2590
10250	1177	1676	1943	2170	2387	2595
10300	1180	1680	1947	2175	2393	2601
10350	1182	1684	1951	2180	2398	2606
10400	1185	1687	1955	2184	2403	2612
10450	1188	1691	1960	2189	2408	2617
10500	1190	1694	1964	2193	2413	2623
10550	1193	1698	1968	2198	2418	2628
10600	1196	1702	1972	2203	2423	2634
10650	1198	1705	1976	2207	2428	2639
10700	1201	1709	1980	2212	2433	2645
10750	1204	1713	1984	2216	2438	2650
10800	1206	1716	1988	2221	2443	2656
10850	1209	1720	1992	2226	2448	2661
10900	1212	1724	1997	2230	2453	2667
10950	1214	1727	2001	2235	2458	2672
11000	1217	1731	2005	2239	2463	2678
11050	1220	1735	2009	2244	2469	2684
11100	1223	1739	2014	2250	2475	2690
11150	1226	1743	2019	2255	2481	2697
11200	1229	1748	2024	2261	2487	2703
11250	1232	1752	2029	2266	2493	2710
11300	1235	1756	2034	2272	2499	2716
11350	1238	1760	2039	2277	2505	2723
11400	1240	1765	2043	2283	2511	2729
11450	1243	1769	2048	2288	2517	2736
11500	1246	1773	2053	2293	2523	2742
11550	1249	1777	2058	2299	2529	2749
11600	1252	1781	2063	2304	2535	2755
11650	1255	1786	2068	2310	2541	2762
11700	1258	1790	2073	2315	2547	2768
11750	1261	1794	2078	2321	2553	2775
11800	1264	1798	2083	2326	2559	2781
11850	1267	1803	2087	2332	2565	2788
11900	1270	1807	2092	2337	2571	2794
11950	1273	1811	2097	2343	2577	2801
12000	1276	1815	2102	2348	2583	2808
12050	1279	1819	2107	2353	2589	2814
12100	1282	1824	2112	2359	2595	2821
12150	1285	1828	2117	2364	2601	2827
12200	1288	1832	2122	2370	2607	2834
12250	1291	1836	2127	2375	2613	2840
12300	1294	1841	2131	2381	2619	2847
12350	1297	1845	2136	2386	2625	2853
12400	1300	1849	2141	2392	2631	2860
12450	1303	1853	2146	2397	2637	2866
12500	1306	1857	2151	2403	2643	2873
12550	1309	1862	2156	2408	2649	2879
12600	1312	1866	2161	2114	2655	2886
12650	1315	1870	2166	2419	2661	2892
12700	1318	1874	2170	2424	2667	2899
12750	1321	1879	2175	2430	2673	2905
12800	1324	1883	2180	2435	2679	2912
12850	1327	1887	2185	2441	2685	2918
12900	1329	1891	2190	2446	2691	2925
12950	1332	1895	2195	2452	2697	2931
13000	1335	1900	2200	2457	2703	2938
13050	1338	1904	2205	2463	2709	2945
13100	1341	1908	2210	2468	2715	2951
13150	1344	1912	2214	2474	2721	2958
13200	1347	1917	2219	2479	2727	2964
13250	1350	1921	2224	2484	2733	2971
13300	1353	1925	2229	2490	2739	2977
13350	1356	1929	2234	2495	2745	2984
13400	1359	1933	2239	2501	2751	2990
13450	1362	1938	2244	2506	2757	2997
13500	1365	1942	2249	2512	2763	3003
13550	1368	1946	2253	2517	2769	3010
13600	1371	1950	2258	2523	2775	3016
13650	1374	1955	2263	2528	2781	3023
13700	1377	1959	2268	2533	2787	3029
13750	1380	1963	2272	2538	2792	3035
13800	1383	1967	2277	2543	2797	3041
13850	1386	1971	2281	2548	2803	3047
13900	1389	1974	2285	2553	2808	3052
13950	1391	1978	2290	2558	2814	3058
14000	1394	1982	2294	2563	2819	3064
14050	1397	1986	2299	2567	2824	3070
14100	1400	1990	2303	2572	2830	3076
14150	1403	1994	2307	2577	2835	3082
14200	1406	1998	2312	2582	2840	3087
14250	1409	2002	2316	2587	2846	3093
14300	1412	2006	2320	2592	2851	3099
14350	1415	2010	2325	2597	2856	3105
14400	1418	2014	2329	2601	2862	3111
14450	1420	2018	2333	2606	2867	3116
14500	1423	2021	2337	2611	2872	3122
14550	1426	2025	2341	2615	2877	3127
14600	1429	2028	2345	2620	2882	3133
14650	1431	2032	2350	2624	2887	3138
14700	1434	2036	2354	2629	2892	3143
14750	1437	2039	2358	2633	2897	3149
14800	1439	2043	2362	2638	2902	3154
14850	1442	2047	2366	2642	2907	3160
14900	1445	2050	2370	2647	2912	3165
14950	1447	3054	2374	2651	2917	3170
15000	1450	2058	2378	2656	2921	3176
15050	1453	2061	2382	2660	2926	3181
15100	1455	2065	2386	2665	2931	3186
15150	1458	2068	2390	2669	2936	3192
15200	1461	2072	2394	2674	2941	3197
15250	1463	2076	2398	2678	2946	3203
15300	1466	2079	2402	2683	2951	3208
15350	1469	2083	2406	2687	2956	3213
15400	1472	2087	2410	2692	2961	3219
15450	1474	2090	2414	2697	2966	3224
15500	1477	2095	2419	2702	2972	3231
15550	1480	2099	2424	2708	2978	3237
15600	1483	2103	2429	2713	2984	3244
15650	1486	2107	2434	2718	2990	3250
15700	1489	2111	2439	2724	2996	3257
15750	1492	2116	2443	2729	3002	3263
15800	1495	2120	2448	2735	3008	3270
15850	1498	2124	2453	2740	3014	3277
15900	1501	2128	2458	2746	3020	3283
15950	1504	2133	2463	2751	3026	3290
16000	1507	2137	2468	2757	3032	3296
16050	1510	2141	2473	2762	3038	3303
16100	1513	2145	2478	2768	3044	3309
16150	1516	2149	2483	2773	3050	3316
16200	1519	2154	2487	2778	3056	3322
16250	1522	2158	2492	2784	3062	3329
16300	1525	2162	2497	2789	3068	3335
16350	1528	2166	2502	2795	3074	3342
16400	1531	2171	2507	2800	3080	3348
16450	1534	2175	2512	2806	3086	3355
16500	1537	2179	2517	2811	3092	3361
16550	1540	2183	2522	2817	3098	3368
16600	1543	2187	2526	2822	3104	3374
16650	1546	2192	2531	2828	3110	3381
16700	1549	2196	2536	2833	3116	3387
16750	1551	2200	2541	2838	3122	3394
16800	1554	2204	2546	2844	3128	3400
16850	1557	2209	2551	2849	3134	3407
16900	1560	2213	2556	2855	3140	3413
16950	1563	2217	2561	2860	3146	3420
17000	1566	2221	2566	2866	3152	3426
17050	1569	2225	2570	2871	3158	3433
17100	1572	2230	2575	2877	3164	3440
17150	1575	2234	2580	2882	3170	3446
17200	1578	2238	2585	2887	3176	3453
17250	1581	2242	2590	2893	3182	3459
17300	1584	2247	2595	2898	3188	3466
17350	1587	2251	2600	2904	3194	3472
17400	1590	2255	2605	2909	3200	3479
17450	1593	2259	2609	2915	3206	3485
17500	1596	2264	2614	2920	3212	3492
17550	1599	2268	2619	2926	3218	3498
17600	1602	2272	2624	2931	3224	3505
17650	1605	2276	2629	2937	3230	3511
17700	1608	2280	2634	2942	3236	3518
17750	1611	2285	2639	2947	3242	3524
17800	1614	2289	2644	2953	3248	3531
17850	1617	2293	2649	2958	3254	3537
17900	1620	2297	2653	2964	3260	3544
17950	1623	2302	2658	2969	3266	3550
18000	1626	2306	2663	2975	3272	3557
18050	1629	2310	2668	2980	3278	3563
18100	1632	2314	2673	2986	3284	3570
18150	1635	2318	2678	2991	3290	3576
18200	1638	2323	2683	2997	3296	3583
18250	1641	2327	2688	3002	3302	3590
18300	1644	2331	2692	3007	3308	3596
18350	1646	2335	2697	3012	3313	3602
18400	1648	2338	2700	3016	3318	3606
18450	1651	2341	2703	3020	3322	3611
18500	1653	2344	2707	3024	3326	3615
18550	1655	2347	2710	3027	3330	3620
18600	1657	2350	2714	3031	3334	3615
18650	1659	2353	2717	3035	3339	3629
18700	1662	2356	2721	3039	3343	3634
18750	1664	2359	2724	3043	3347	3638
18800	1666	2362	2728	3047	3351	3643
18850	1668	2365	2731	3051	3356	3648
18900	1671	2368	2735	3054	3360	3652
18950	1673	2372	2738	3058	3364	3657
19000	1675	2375	2741	3062	3368	3661
19050	1677	2378	2745	3066	3373	3666
19100	1679	2381	2748	3070	3377	3671
19150	1682	2384	2752	3074	3381	3675
19200	1684	2387	2755	3078	3385	3680
19250	1686	2390	2759	3081	3390	3684
19300	1688	2393	2762	3085	3394	3689
19350	1691	2396	2766	3089	3398	3694
19400	1693	2399	2769	3093	3402	3698
19450	1695	2402	2772	3097	3407	3703
19500	1697	2405	2776	3101	3411	3707
19550	1699	2408	2779	3105	3415	3712
19600	1702	2411	2783	3108	3419	3717
19650	1704	2414	2786	3112	3423	3721
19700	1706	2418	2790	3116	3428	3726
19750	1708	2421	2793	3120	3432	3730
19800	1711	2424	2797	3124	3436	3735
19850	1713	2427	2800	3128	3440	3740
19900	1715	2430	2803	3131	3445	3744
19950	1717	2433	2807	3135	3449	3749
20000	1719	2436	2810	3139	3453	3754
20050	1722	2439	2814	3143	3457	3758
20100	1724	2442	2817	3147	3462	3763
20150	1726	2445	2821	3151	3466	3767
20200	1728	2448	2824	3155	3470	3772
20250	1731	2451	2828	3158	3474	3777
20300	1733	2454	2831	3162	3479	3781
20350	1735	2457	2835	3166	3483	3786
20400	1737	2460	2838	3170	3487	3790
20450	1739	2464	2841	3174	3491	3795
20500	1742	2467	2845	3178	3495	3800
20550	1744	2470	2848	3182	3500	3804
20600	1746	2473	2852	3185	3504	3809
20650	1748	2476	2855	3189	3508	3813
20700	1751	2479	2859	3193	3512	3818
20750	1753	2482	2862	3197	3517	3823

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
20800	1755	2485	2866	3201	3521	3827
20850	1757	2488	2869	3205	3525	3832
20900	1759	2491	2872	3209	3529	3836
20950	1762	2494	2876	3212	3534	3841
21000	1764	2497	2879	3216	3538	3846
21050	1766	2500	2883	3220	3542	3850
21100	1768	2503	2886	3224	2546	3855
21150	1771	2506	2890	3228	3551	3859
21200	1773	2510	2893	3232	3555	3864
21250	1775	2513	2897	3235	3559	3869
21300	1777	2516	2900	3239	3563	3873
21350	1779	2519	2903	3243	3567	3878
21400	1782	2522	2907	3247	3572	3882
21450	1784	2525	2910	3251	3576	3887
21500	1786	2528	2914	3255	3580	3892
21550	1788	2531	2917	3259	3584	3896
21600	1791	2534	2921	3262	3589	3901
21650	1793	2537	2924	3266	3593	3905
21700	1795	2540	2928	3270	3597	3910
21750	1797	2543	2931	3274	3601	3915
21800	1799	2546	2934	3278	3606	3919
21850	1802	2549	2938	3282	3610	3924
21900	1804	2553	2941	3286	3614	3929
21950	1806	2556	2945	3289	3618	3933
22000	1808	2559	2948	3293	3623	3938
22050	1811	2562	2952	3297	3627	3942
22100	1813	2565	2955	3301	3631	3947
22150	1815	2568	2959	3305	3635	3952
22200	1817	2571	2962	3309	3639	3956
22250	1819	2574	2966	3312	3644	3961
22300	1822	2577	2969	3316	3648	3965
22350	1824	2580	2972	3320	3652	3970
22400	1826	2583	2976	3324	3656	3975
22450	1828	2586	2979	3328	3661	3979
22500	1831	2589	2983	3332	3665	3984
22550	1833	2592	2986	3336	3669	3988
22600	1835	2595	2990	3339	3673	3993
22650	1837	2599	2993	3343	3678	3998
22700	1839	2602	2997	3347	3682	4002
22750	1842	2605	3000	3351	3686	4007
22800	1844	2608	3003	3355	3690	4011
22850	1846	2611	3007	3359	3695	4016
22900	1848	2614	3010	3363	3699	4021
22950	1850	2617	3014	3366	3703	4025
23000	1853	2620	3017	3370	3707	4030
23050	1855	2623	3021	3374	3712	4034
23100	1857	2626	3024	3378	3716	4039
23150	1859	2629	3028	3382	3720	4044
23200	1862	2632	3031	3386	3724	4048
23250	1864	2635	3034	3390	3728	4053
23300	1866	2638	3038	3393	3733	4057
23350	1868	2641	3041	3397	3737	4062
23400	1870	2645	3045	3401	3741	4067
23450	1873	2648	3048	3405	3745	4071
23500	1875	2651	3052	3409	3750	4076
23550	1877	2654	3055	3413	3754	4080
23600	1879	2657	3059	3416	3758	4085
23650	1882	2660	3062	3420	3762	4090
23700	1884	2663	3066	3424	3767	4094
23750	1886	2666	3069	3428	3771	4099
23800	1888	2669	3072	3432	3775	4103
23850	1890	2672	3076	3436	3779	4108
23900	1893	2675	3079	3440	3784	4113
23950	1895	2678	3083	3443	3788	4117
24000	1897	2681	3086	3447	3792	4122
24050	1899	2684	3090	3451	3796	4127
24100	1902	2687	3093	3455	3800	4131
24150	1904	2691	3097	3459	3805	4136
24200	1906	2694	3100	3463	3809	4140
24250	1908	2697	3103	3467	3813	4145
24300	1910	2700	3107	3470	3817	4150
24350	1913	2703	3110	3474	3822	4154
24400	1915	2706	3114	3478	3826	4159
24450	1917	2709	3117	3482	3830	4163
24500	1919	2712	3121	3486	3834	4168
24550	1922	2715	3124	3490	3839	4173
24600	1924	2718	3128	3493	3843	4177
24650	1926	2721	3131	3497	3847	4182
24700	1928	2724	3134	3501	3851	4186
24750	1930	2727	3138	3505	3856	4191

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
24800	1933	2730	3141	3509	3860	4196
24850	1935	2733	3145	3513	3864	4200
24900	1937	2737	3148	3517	3868	4205
24950	1939	2740	3152	3520	3872	4209
25000	1942	2743	3155	3524	3877	4214
25050	1944	2746	3159	3528	3881	4219
25100	1946	2749	3162	3532	3885	4223
25150	1948	2752	3165	3536	3889	4228
25200	1950	2755	3169	3540	3894	4232
25250	1953	2758	3172	3544	3898	4237
25300	1955	2761	3176	3547	3902	4242
25350	1957	2764	3179	3551	3906	4246
25400	1959	2767	3183	3555	3911	4251
25450	1962	2770	3186	3559	3915	4255
25500	1964	2773	3190	3563	3919	4260
25550	1966	2776	3193	3567	3923	4265
25600	1968	2780	3197	3571	3928	4269
25650	1970	2783	3200	3574	3932	4274
25700	1973	2786	3203	3578	3936	4278
25750	1975	2789	3207	3582	3940	4283
25800	1977	2792	3210	3586	3945	4288
25850	1979	2795	3214	3590	3949	4292
25900	1982	2798	3217	3594	3953	4297
25950	1984	2801	3221	3597	3957	4302
26000	1986	2804	3224	3601	3961	4306
26050	1988	2807	3228	3605	3966	4311
26100	1990	2810	3231	3609	3970	4315
26150	1993	3813	3234	3613	3974	4320
26200	1995	2816	3238	3617	3978	4325
26250	1997	2819	3241	3621	3983	4329
26300	1999	2822	3245	3624	3987	4334
26350	2002	2826	3248	3628	3991	4338
26400	2004	2829	3252	3632	3995	4343
26450	2006	2832	3255	3636	4000	4348
26500	2008	2835	3259	3640	4004	4352
26550	2010	2838	3262	3644	4008	4357
26600	2013	2841	3265	3648	4012	4361
26650	2015	2844	3269	3651	4017	4366
26700	2017	2847	3272	3655	4021	4371
26750	2019	2850	3276	3659	4025	4375
26800	2022	2853	3279	3663	4029	4380
26850	2024	2856	3283	3667	4033	4384
26900	2026	2859	3286	3671	4038	4389
26950	2028	2862	3290	3674	4042	4394
27000	2030	2865	3293	3678	4046	4398
27050	2033	2868	3297	3682	4050	4403
27100	2035	2872	3300	3686	4055	4407
27150	2037	2875	3303	3690	4059	4412
27200	2039	2878	3307	3694	4063	4417
27250	2042	2881	3310	3698	4067	4421
27300	2044	2884	3314	3701	4072	4426
27350	2046	2887	3317	3705	4076	4430
27400	2048	2890	3321	3709	4080	4435
27450	3050	2893	3324	3713	4084	4440
27500	2053	2896	3328	3717	4089	4444
27550	2055	2899	3331	3721	4093	4449
27600	2057	2902	3334	3725	4097	4453
27650	2059	2905	3338	3728	4101	4458
27700	2062	2908	3341	3732	4105	4463
27750	2064	2911	3345	3736	4110	4467
27800	2066	2914	3348	3740	4114	4472
27850	2068	2918	3352	3744	4118	4476
27900	2070	2921	3355	3748	4122	4481
27950	2073	2924	3359	3752	4127	4486
28000	2075	2927	3362	3755	4131	4490
28050	2077	2930	3365	3759	4135	4495
28100	2079	2933	3369	3763	4139	4500
28150	2082	2936	3372	3767	4144	4504
28200	2084	2939	3376	3771	4148	4509
28250	2086	2942	3379	3775	4152	4513
28300	2088	2945	3383	3778	4156	4518
28350	2090	2948	3386	3782	4161	4523
28400	2093	2951	3390	3786	4165	4527
28450	2095	2954	3393	3790	4169	4532
28500	2097	2957	3396	3794	4173	4536
28550	2099	2960	3400	3798	4178	4541
28600	2102	2964	3403	3802	4182	4546
28650	2104	2967	3407	3805	4186	4550
28700	2106	2970	3410	3809	4190	4555
28750	2108	2973	3414	3813	4194	4559

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
28800	2110	2976	3417	3817	4199	4564
28850	2113	2979	3421	3821	4203	4569
28900	2115	2982	3424	3825	4207	4573
28950	2117	2985	3428	3829	4211	4578
29000	2119	2988	3431	3832	4216	4582
29050	2122	2991	3434	3836	4220	4587
29100	2124	2994	3438	3840	4224	4592
29150	2126	2997	3441	3844	4228	4596
29200	2128	3000	3445	3848	4233	4601
29250	2130	3003	3448	3852	4237	4605
29300	2133	3006	3452	3856	4241	4610
29350	2135	3010	3455	3859	4245	4615
29400	2137	3013	3459	3863	4250	4619
29450	2139	3016	3462	3867	4254	4624
29500	2142	3019	3465	3871	4258	4628
29550	2144	3022	3469	3875	4262	4633
29600	2146	3025	3472	3879	4266	4638
29650	2148	3028	3476	3882	4271	4642
29700	2150	3031	3479	3886	4275	4647
29750	2153	3034	3483	3890	4279	4651
29800	2155	3037	3486	3894	4283	4656
29850	2157	3040	3490	3898	4288	4661
29900	2159	3043	3493	3902	4292	4665
29950	2161	3046	3496	3906	4296	4670
30000	2164	3049	3500	3909	4300	4674

Area above double line in the first column on the first page is drawn below the income level which represents the self-support reserve.

	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
Self-Support Reserve	1350	1700	1900	2100	2300	2600

Child Care Tax Credit Table

Gross Monthly Income of Parent Receiving Support	Tax Credit (Percentage)	Maximum Credit for One Child	Maximum Credit for more than One Child
$0 to $1250	35	$88	$175
1251 to 1416	34	$85	$170
1417 to 1583	33	$83	$165
1584 to 1750	32	$80	$160
1751 to 1916	31	$78	$155
1917 to 2083	30	$75	$150
2084 to 2250	29	$74	$145
2251 to 2416	28	$70	$140
2417 to 2583	27	$68	$135
2584 to 2750	26	$65	$130
2751 to 2916	25	$63	$125
2917 to 3083	24	$60	$120
3084 to 3250	23	$58	$115
3251 to 3416	22	$55	$110
3417 to 3583	21	$53	$105
3583 or above	20	$50	$100

Line 11 Adjustment

Percentage of Year	Number of Overnight Periods	Adjustment
Less than 10%	Less than 36	0%
10% to 20%	36 to 72	6%
20% to 25%	73 to 91	9%
25% to 30%	92 to 109	10%
More than 30%	More than 109	10% to 34%

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Form CAFC150 - Income and Expense Statement

For use in Motions to Modify

Information shown in blue on this form does not print.

In what Missouri county was the custody or support judgment entered?

In the Circuit Court of MISSOURI

What is the case number of the custody or support judgment?

Case Number

Division Number

Answer all questions on this form completely.

Your Information

My current full name is:

_____ _____ _____ _____

(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

☐ I filed the original case. (Petitioner/Plaintiff)
☐ I did not file the original case. (Respondent/Defendant)

☐ I am the Mother
☐ I am the Father

Other Party's Information

The current full name of the other party is:

_____ _____ _____ _____

(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

Monthly Income Information

Form 14

	Mother	Father
1. Monthly Gross Income from Salaries, Wages and Commissions including Bonuses	_____	_____
2. Monthly Self-Employment Income	_____	_____
3. Imputed Monthly Income	_____	_____
4. Monthly Social Security Benefits not including Supplemental Security Income (SSI)	_____	_____
5. Monthly Retirement Benefits	_____	_____
6. Monthly Pension Income	_____	_____
7. Monthly Interest Income	_____	_____
8. Monthly Trust and Annuity Income	_____	_____
9. Monthly Income from Dividends and Partnership Distributions	_____	_____
10. Monthly Unemployment Compensation Benefits	_____	_____
11. Monthly Severance Pay	_____	_____
12. Monthly Worker's Compensation Benefits	_____	_____

Monthly Income Information (Continued)

13. Monthly Disability Insurance Benefits	_____	_____
14. Monthly Veterans Disability Benefits	_____	_____
15. Monthly Military Allowances for Subsistence and Quarters	_____	_____
16. Total Monthly Gross Income from Paragraphs 1 through 15 (Also enter on Form 14 – Line 1)	_____	_____

These numbers are automatically calculated for you as you fill in this form.

17. Monthly Supplemental Security Income Benefits (SSI)	_____	_____
18. Monthly Payments of Temporary Assistance for Needy Families (TANF)	_____	_____
19. Monthly Medicaid Benefits	_____	_____
20. Food Stamps	_____	_____
21. Number of unemancipated children who are NOT the subject of this proceeding that primarily reside with each parent (also enter on Form 14 – Line 2c(1))	_____	_____
Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are NOT the subject of this proceeding that primarily reside with each parent (Also enter on Form 14 – Line 2c(3))	_____	_____
22. Monthly Maintenance Received in THIS case	_____	_____
23. Monthly Maintenance Received in OTHER cases	_____	_____
24. Total Monthly court ordered maintenance being received. Add lines 22 and 23. (Form 14 – Line 1a)	_____	_____

These numbers are automatically calculated for you as you fill in this form.

Monthly Expense Information

Form 14

	Mother	Father
25. Monthly court or administratively ordered child support being paid for children who are NOT the subject of this Proceeding (Form 14 – Line 2a)	_____	_____
26. Monthly Maintenance Paid in THIS case	_____	_____
27. Monthly Maintenance Paid in OTHER cases	_____	_____
28. Total Monthly Court Ordered Maintenance being Paid. Add lines 26 and 27. (Form 14 – Line 2b)	_____	_____

These numbers are automatically calculated for you as you fill in this form.

29. Reasonable work-related child care costs of the each parent for the children who are the subject of this proceeding (Form 14 – Line 6a and Line 6b)	_____	_____	Paragraph 10
30. Health insurance costs for the children who are the subject of this proceeding (Form 14 – Line 6c)	_____	_____	Paragraph 7
31. Uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 – Line 6d)	_____	_____	Paragraph 9
32. Other extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14- Line 6e)	_____	_____	Paragraph 14a
33. All Other Expenses of each Parent (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 30, etc.)	_____	_____	

I certify under oath that I have given the other party a copy of this Income and Expense Statement pursuant to Missouri Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following four boxes)*

☐ Mailing a copy to the other party or his or her attorney on _____ *(Date)* at the following address:

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

☐ Handing a copy to the other party or his or her attorney on _____*(Date)*.

☐ Sending a copy to the other party or his or her attorney by fax to _____ *(fax number)* on _____ *(Date)* at _____ *(Time)*.

☐ *(To be used only by written consent of the party filed with the court)* Sending a copy via electronic mail to the other party or his or her attorney at _____ *(Email Address)* on _____ *(Date)*.

Instructions: The following information MUST be filled in before a notary public. This Income and Expense Statement is required to be verified before a notary public. The "Affiant" is the person that is completing this document.

COUNTY OF _____)
) ss.
STATE OF _____)

Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Income and Expense Statement are true according to his or her best knowledge and belief.

► _____ _____
Affiant – SIGN HERE Affiant – PRINT YOUR NAME HERE

Subscribed and sworn to on _____.

Sign here in front of a Notary Public

_____
Notary Public

My Commission Expires: _____

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Form CAFC140 - Property and Debt Statement

For use in Motions to Modify

Information shown in blue on this form does not print.

In what Missouri county was the custody or support judgment entered?

In the Circuit Court of MISSOURI

What is the case number of the custody or support judgment?

Case Number

Division Number

Answer all questions on this form completely.

Your Information

My current full name is:

_____ _____ _____ _____

(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

☐ I filed the original case. (Petitioner/Plaintiff)
☐ I did not file the original case. (Respondent/Defendant)

☐ I am the Mother
☐ I am the Father

Other Party's Information

The current full name of the other party is:

_____ _____ _____ _____

(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

Property Owned by You

Item of Property	Present Fair Market Value (Do not deduct amount owed from this value)	Monthly Income from Property	Amount Owed on Property? (List Debt in Table 2)
Property is anything you own or you are in the process of buying. Anything you consider yours is property that should be listed. This includes anything that you might own with another person.			
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Property Owned by You (Continued)

Item of Property	Present Fair Market Value (Do not deduct amount owed from this value)	Monthly Income from Property	Amount Owed on Property? (List Debt in Table 2)
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Debts Owed by You

Creditor	Current Balance	Monthly Payment on Loan	Security for Loan *(This property should be listed in Table 1)*
A debt is anything that you owe or that someone claims you owe.			

I certify under oath that I have given the other party a copy of this Property and Debt Statement pursuant to Missouri Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following four boxes)*

☐ Mailing a copy to the other party or his or her attorney on _____ *(Date)* at the following address:

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

☐ Handing a copy to the other party or his or her attorney on _____*(Date)*.

☐ Sending a copy to the other party or his or her attorney by fax to _____ *(fax number)* on _____ *(Date)* at _____ *(Time)*.

☐ *(To be used only by written consent of the party filed with the court)* Sending a copy via electronic mail to the other party or his or her attorney at _____ *(Email Address)* on _____ *(Date)*.

Instructions: The following information MUST be filled in before a notary public. This Property and Debt Statement is required to be verified before a notary public. The "Affiant" is the person that is completing this document.

COUNTY OF _____)
) ss.
STATE OF _____)

Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Property and Debt Statement are true according to his or her best knowledge and belief.

► _____ _____
Affiant – SIGN HERE Affiant – PRINT YOUR NAME HERE

Subscribed and sworn to on _____.

_____
Notary Public

Sign here in front of a Notary Public

My Commission Expires: _____

Clear All Forms | Print Answer | Table of Contents

Form CAFC112 - Answer to Motion to Modify Child Support

Information shown in blue on this form does not print.

In what Missouri county was the support judgment entered?

In the Circuit Court of MISSOURI

What is the case number of the support judgment?

Case Number

Division Number

Answer all questions on this form completely.

Your Information

This "Answer to Motion to Modify" should be filled in by the the other party if appropriate

1. My current full name is:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. ☐ I filed the original case. (Petitioner/Plaintiff)
   ☐ I did not file the original case. (Respondent/Defendant)

3. ☐ I am the Mother
   ☐ I am the Father

4. The last four numbers of my Social Security Number are: XXX-XX-_____

5. My mailing address is:

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

_____ _____
(Telephone Number) *(E-Mail Address)*

Other Party's Information

6. The current full name of the other party is:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

Military Information

7. ☐ I am NOT on active duty in the United States military.
   ☐ I am on active duty in the United States military, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

Important Information

8. I understand that by voluntarily entering my appearance and filing this pleading, I am subjecting myself to the jurisdiction of this court, and the court may enter such orders and judgments as are authorized by law, including orders awarding or changing any provisions that relate to child support and attorney's fees.

Agree or Disagree with Motion

9. I admit as true EVERYTHING the other party stated in his or her Motion to Modify Child Support and incorporate all of those allegations herein EXCEPT the following:
_____
_____
_____

I certify under oath that I have given the other party a copy of this Answer to Motion to Modify Child Support pursuant to Missouri Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following four boxes)*

☐ Mailing a copy to the other party or his or her attorney on _____ *(Date)* at the following address:

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

☐ Handing a copy to the other party or his or her attorney on _____*(Date)*.

☐ Sending a copy to the other party or his or her attorney by fax to _____ *(fax number)* on _____ *(Date)* at _____ *(Time)*.

☐ *(To be used only by written consent of the party filed with the court)* Sending a copy via electronic mail to the other party or his or her attorney at _____ *(Email Address)* on _____ *(Date)*.

☐ Petitioner/Plaintiff ☐Respondent/Defendant, of lawful age, being duly sworn on his or her oath, states that he or she is the party named above and that the facts stated in this Answer to Motion to Modify Child Support are true according to his or her best knowledge and belief.

▶ _____ _____
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to on _____.

_____
Notary Public

My Commission Expires: _____

Sign here in front of a Notary Public

This should only be completed if a lawyer helped you with this form

ATTORNEY INFORMATION *(To be completed by your attorney)*

_____ _____
Attorney – SIGN HERE *Missouri Bar Number*

_____
PRINT YOUR ATTORNEY'S NAME HERE

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

_____ _____ _____
(Telephone Number) *(Fax Number)* *(Email Address)*

Do not enter any information here if you are filing this pleading without the assistance of a lawyer.

This information should be completed by your attorney.

☐ *I have assisted the above named party in the preparation of these pleadings, but I am not entering my appearance on his or her behalf.*

Clear All Forms | Print Judgment | Table of Contents

Approved for Use in Uncontested Cases Only

IN THE CIRCUIT COURT OF _____, MISSOURI

_____ _____ _____ _____
(First) (Middle) (Last) (Jr./Sr./III)
Petitioner/Plaintiff,

-and-

_____ _____ _____ _____
(First) (Middle) (Last) (Jr./Sr./III)
Respondent/Defendant.

Case No. _____

Division No. _____

Modification Judgment

Parties

1. Appearances *(Check all that apply)*
   - ☐ Petitioner/Plaintiff appears in person.
   - ☐ Petitioner/Plaintiff appears by attorney.
   - ☐ Guardian ad Litem appears in person.
   - ☐ Respondent/Defendant appears in person.
   - ☐ Respondent/Defendant appears by attorney.
   - ☐ Cause submitted upon affidavit of Petitioner/Plaintiff.
   - ☐ Third Party _____ appears in person.
   - ☐ Third Party _____ appears by attorney.
   - ☐ Cause submitted upon affidavit of Respondent/Defendant.

2. The last four digits of Petitioner/Plaintiff's Social Security Number are _____ and the last four digits of Respondent/Defendant's Social Security Number are _____.

Judgment(s)

3. The initial judgment herein was entered on _____.
4. ☐ There have been no modifications of the initial judgment since it was entered.
   ☐ The initial judgment has been modified most recently on _____.

Children

This Judgment is applicable to how many children? ☐

5. This judgment pertains to the following unemancipated child(ren) hereinafter referred to as "minor child(ren):"

Name of Child	Child's Age

Child Custody

6. ☐ No change in child custody or visitation was requested by the parties.

☐ Visitation - A modification of visitation is necessary to serve the best interests of the minor child(ren).

The court has jurisdiction over the visitation arrangements of the minor child(ren) pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, RSMo. §452.700 et seq.

The court approves the provisions of Part A of the parenting plan marked exhibit _____ pertaining to the visitation arrangements of the minor child(ren) and finds that the visitation arrangements contained in said parenting plan are in the best interests of the minor child(ren).

Therefore, the court orders the provisions of Part A of the said parenting plan pertaining to the visitation arrangements of the minor child(ren) and incorporates by reference all of the terms and conditions pertaining to the visitation arrangements of the minor child(ren) set forth in Part A of said parenting plan as if fully set forth herein.

The sheriff or other law enforcement officers shall enforce the rights of any person to custody or visitation pursuant to RSMo. §452.425.

☐ Custody - A change in circumstances has occurred regarding the minor child(ren) or the minor child(ren)'s custodian which makes a modification necessary to serve the best interests of the minor child(ren).

The court has jurisdiction over the custody arrangements of the minor child(ren) pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, RSMo. §452.700 et seq.

The court approves the provisions of Part A of the parenting plan marked exhibit _____ pertaining to the custodial arrangements of the minor child(ren) and finds that the custodial arrangements contained in said parenting plan are in the best interests of the minor child(ren).

Therefore, the court orders the provisions of Part A of the said parenting plan pertaining to the custodial arrangements of the minor child(ren) and incorporates by reference all of the terms and conditions pertaining to the custodial arrangements of the minor child(ren) set forth in Part A of said parenting plan as if fully set forth herein.

The sheriff or other law enforcement officers shall enforce the rights of any person to custody or visitation pursuant to RSMo. §452.425.

☐ No change in circumstances has occurred regarding the minor child(ren) or the minor child(ren)'s custodian which makes a modification necessary to serve the best interests of the minor child(ren).

☐ The court does NOT have jurisdiction over the custody arrangements of the minor child(ren) pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, RSMo. §452.700 et seq. and therefore enters no further orders with respect to the custodial arrangements of the minor child(ren).

Child Support

7. ☐ No change in child support was requested by the parties.

☐ A substantial and continuing change in circumstances has occurred which makes the terms concerning child support unreasonable. The court orders the provisions of Part B of the parenting plan marked exhibit _____ , pertaining to the support of the minor child(ren) and incorporates by reference all of the terms and conditions set forth in Part B of said parenting plan as if fully set forth herein.

☐ No substantial and continuing change in circumstances has occurred which makes the terms concerning child support unreasonable.

☐ The court does not have jurisdiction to enter any orders with respect to the support of the minor child(ren).

Maintenance

8. ☐ No change in maintenance was requested by the parties.
   ☐ A substantial and continuing change in circumstances has occurred which makes the terms concerning maintenance unreasonable.
   _____ is ordered to pay to _____ the sum of _____ per month as and for maintenance commencing _____.
   ☐ No substantial and continuing change in circumstances has occurred which makes the terms concerning maintenance unreasonable.
   ☐ The court does not have jurisdiction to enter any orders with respect to maintenance of the parties.
9. Wage Assignment for Maintenance *(If maintenance is to be paid by either party)*
   ☐ Income withholding shall be prepared by the obligee and issued by the Circuit Clerk upon the effective date of this order.
   ☐ Income withholding shall not issue for the following reason(s):
   _____.

Attorney's Fees

10. ☐ Petitioner/Plaintiff shall pay to _____ the sum of _____ as and for Respondent/Defendant's attorney's fees herein.
    ☐ Respondent/Defendant shall pay to _____ the sum of _____ as and for Petitioner/Plaintiff's attorney's fees herein.
11. ☐ Petitioner/Plaintiff shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.
    ☐ Respondent/Defendant shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.

Other Orders

12. ☐ Other orders are as per the attached Exhibit Number_____, which is incorporated by reference as if fully set forth herein.
    _____
    _____
    _____

Court Costs

13. ☐ Court costs are to be paid from the court cost deposit(s) previously posted.
    ☐ Court costs are waived.

Waiver of Right to Rehearing *(If case is heard by a Commissioner pursuant to RSMo. §487.010 et. seq.)*

☐ We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner, and waive the right to file a motion for rehearing in this case.

(If heard by a Family Court Judge)

_____ _____
Judge Date

(If heard by a Family Court Commissioner)
Findings and Recommendations of Commissioner:

_____ _____
Commissioner Date

Approved and Adopted as Judgment of the Court:

_____ _____
Judge Date

A certified copy of this judgment is to be mailed to the following person(s): *(Check all applicable boxes)*

☐ Petitioner/Plaintiff's Attorney

_____
(Signature of Attorney)
_____
(Street)
_____ _____ _____
(City) *(State)* *(Zip)*
_____
(Telephone Number)

☐ Respondent/Defendant's Attorney

_____
(Signature of Attorney)
_____
(Street)
_____ _____ _____
(City) *(State)* *(Zip)*
_____
(Telephone Number)

☐ Guardian ad Litem

_____
(Signature of Guardian ad Litem)
_____
(Street)
_____ _____ _____
(City) *(State)* *(Zip)*
_____
(Telephone Number)

☐ Petitioner/Plaintiff

_____
(Signature of Petitioner/Plaintiff)
_____
(Street)
_____ _____ _____
(City) *(State)* *(Zip)*
_____
(Telephone Number)

☐ Respondent/Defendant

_____
(Signature of Respondent/Defendant)
_____
(Street)
_____ _____ _____
(City) *(State)* *(Zip)*
_____
(Telephone Number)

☐ Third Party

_____
(Signature of Third Party)
_____
(Street)
_____ _____ _____
(City) *(State)* *(Zip)*
_____
(Telephone Number)

Clear All Forms | Print Information Sheet | Table of Contents

Case Number (For Court Use Only) _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – DOMESTIC RELATIONS CASES

Required at Case Initiation and with Responsive Filings

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The **full** Social Security Number (SSN) is ***required*** pursuant to Section 509.520 RSMo if the party is a person.

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
(i.e. Petitioner v. Respondent)

Case Type Code: _____ Case Type Description: _____

HELP

Petitioner/Plaintiff Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last)_____(First) _____(Middle)_____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

HELP

Respondent/Defendant Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last)_____(First) _____(Middle)_____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Case Number (For Court Use Only) _____

Employer Information

Petitioner/Plaintiff Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Respondent/Defendant Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

The following information regarding children is required. Complete this section for any child subject to the action of this case.

*MACSS – Missouri Automated Child Support System

Children: This Filing Information Sheet is applicable to how many children? ☐

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

☐ Check if more than ten children and attach additional sheet

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown on previous page): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.

Instructions to Clerk

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.

Form CAFC721 – Notice of Hearing

Notice must be sent to every party in this case

In what Missouri county is this case pending?

In the Circuit Court of MISSOURI

What is the case number in the pending case?

Case Number

Division Number

Information shown in blue on this form does not print.

Parties

1. Petitioner or Plaintiff is: _____.
   (Full Name of Petitioner/Plaintiff)
2. Respondent or Defendant is: _____.
   (Full Name of Respondent/Defendant)

Information about the Hearing

(What, When, Where)

3. Type of matter to be heard: Motion to Modify Child Support
4. Date and Time of Hearing: _____ at _____ a.m./p.m.
   (Date of Hearing) *(Time of Hearing)*

The hearing will be held promptly at the Courthouse in the above County and Division.

Party Giving Notice

► _____ _____ _____
SIGN HERE PRINT YOUR NAME HERE BAR NUMBER

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

_____ _____ _____
(Telephone Number) *(Fax Number)* *(Email Address)*

Proof of Service

I certify under oath that I have given _____ a copy of this Notice of Hearing pursuant to Missouri Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following four boxes)*

☐ Mailing a copy to the other party or his or her attorney on _____ *(Date)* at the following address:

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

☐ Handing a copy to the other party or his or her attorney on _____*(Date)*.

☐ Sending a copy to the other party or his or her attorney by fax to _____ *(fax number)* on _____ *(Date)* at _____ *(Time)*.

☐ *(To be used only by written consent of the party filed with the court)* Sending a copy via electronic mail to the other party or his or her attorney at _____ *(Email Address)* on _____ *(Date)*.

Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Notice of Hearing are true according to his or her best knowledge and belief.

►_____ _____
Affiant – SIGN HERE Affiant – PRINT YOUR NAME HERE

Subscribed and sworn to on _____.

_____ My Commission Expires: _____
Notary Public