PRESUMED FATHER'S PETITION FOR DECLARATION OF NON-PATERNITY FORMS

Do not file this page with the court.

PRESUMED FATHER'S PETITION FOR DECLARATION OF NON-PATERNITY

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 "Presumed Father's Petition for Declaration of Non-Paternity," your first name will also appear on the other forms.

These forms are to be used if you are a presumed father of a child or children that were born to Mother. You will use these forms to obtain a legal finding that you are not the father of the child or children.

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 all of the other parties sign an "Answer" so that service of process is not required, then you only have to file one copy of the "Fathers's Petition for Declaration of Non-Paternity. If all of the other parties do not sign an "Answer", then you must file one additional copy of these forms for each of the defendants that has to be served. 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.

Print All Forms

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1. Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC303)
   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. Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313) Copy for Mother
   There are three separate copies of this form in this package. This first copy should be used by the mother of the children. Mother may sign this form if she does not want to be personally served. By signing this form, Mother is allowing the court to decide your case. Mother may also use this form to disagree with your statements on your forms.

3. Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313) Copy for First Presumed Father
   There are three separate copies of this form in this package. This second copy should be used by the person that you are alleging is another presumed father of the children. The First Presumed Father may sign this form if he does not want to be personally served. By signing this form, the First Presumed Father is allowing the court to decide your case. The First Presumed Father may also use this form to disagree with your statements on your forms.

4. Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313) Copy for Second Presumed Father
   There are three separate copies of this form in this package. This third copy should be used by the person that you are alleging is another presumed father of the children. The Second Presumed Father may sign this form if he does not want to be personally served. By signing this form, the Second Presumed Father is allowing the court to decide your case. The Second Presumed Father may also use this form to disagree with your statements on your forms.

5. Paternity Judgment (Form CAFC370)
   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.

6. 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.

Do not file this page with the court.

7. Notice of Hearing (Form CAFC721)

You must use this form to give all other parties notice of any hearings in this case. The court will not consider any issues at any time in your case unless all other parties are property notified using this form.

Clear All Forms | Print Petition | Table of Contents

Form CAFC303 – Presumed Father's Petition for Declaration of Non-Paternity

In what Missouri county will this case be filed?

In the Circuit Court of
MISSOURI

If this is an amended petition, what is the case number of the pending case?

Case Number

Division Number

Answer all questions on this form completely.

The Parties

(1) I am filing this case and I am the PLAINTIFF. My name is:

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

(2) The mother of the child(ren) listed below in (4) is a DEFENDANT in this case and her name is: *(She will be referred to as "Mother" on these forms)*

_____ _____ _____
(Mother's First Name) *(Middle Name)* *(Mother's Last Name)*

(3) The following men are DEFENDANT(S) in this case. Either they -

- were married to the mother of the child(ren) listed below in (4) at the time of each child's birth, or
- were married to the mother of the child(ren) listed below in (4) within 300 days prior to each child's birth, or
- are considered "presumed" fathers of the child(ren) listed below in (4) pursuant to §210.822, RSMo.

(They will be referred to as "First Presumed Father" and "Second Presumed Father" on these forms)

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

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

How many children does Mother have that also have you as a presumed father?

(4) I am NOT the father of the following minor child(ren) who are also DEFENDANT(S) in this case:

a. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) *(mm/dd/yyyy)*

b. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) *(mm/dd/yyyy)*

c. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) *(mm/dd/yyyy)*

d. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) *(mm/dd/yyyy)*

e. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) *(mm/dd/yyyy)*

f. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) *(mm/dd/yyyy)*

① Your Information (Plaintiff)

5. My mailing address is:

_____
(Street)

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

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

6. ☐ This is the first petition I have filed in this case. (Original Petition)
   ☐ This is the second petition I have filed in this case.
   ☐ This is the third petition I have filed in this case.

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

8. I am _____ years old. Your age is automatically calculated based upon your date of birth.

9. I reside in the Country of _____.

10. I reside in the State of _____.

11. I reside in the County of _____-

Additional Allegations

12. ☐ I have NOT signed an affidavit stating that I am the father of the child(ren).
    ☐ I have signed an affidavit stating that I am the father of the child(ren).
    You must attach a copy of the birth certificate and affidavit for each child.

13. I would also state and allege as follows: *(Add any additional information which you believe might be important.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The information on this page is about the mother.

② Mother's Information (Defendant)

14. Mother's mailing address is:

_____
(Street)

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

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

15. The last four numbers of Mother's Social Security Number are:

XXX-XX-_____.

16. Mother is _____ years old.
Mother's age is automatically calculated based upon her date of birth.

17. Mother resides in the Country of _____.

18. Mother resides in the State of _____.

19. Mother resides in the County of _____.

20. ☐ Mother is NOT on active duty in the United States military.
☐ Mother is on active duty in the United States military.

21. ☐ Mother has signed a verified "Answer to Petition for Declaration of Non-Paternity" which is being filed with this petition. Therefore, do not issue a summons.
☐ Mother should be served at her residence.

_____
(Street)

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

☐ Mother should be served at her place of employment.

_____
(Name of Employer)

_____
(Street)

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

☐ Service by publication. I don't know where Mother is and I have no way of locating her. Therefore, I am requesting that she be served by publication.
☐ Other method of service: _____

The information on this page is about the first presumed father.

3a

Information about the First Presumed Father (Defendant)

This is the person named on line 3a on the first page of this petition.

22. First Presumed Father's mailing address is:

_____
(Street)

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

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

23. The last four numbers of First Presumed Father's Social Security Number are:

XXX-XX-_____

24. First Presumed Father is _____ years old.
First Presumed Father's age is automatically calculated based upon his date of birth.

25. First Presumed Father resides in the Country of _____.

26. First Presumed Father resides in the State of _____.

27. First Presumed Father resides in the County of _____.

28. ☐ First Presumed Father is NOT on active duty in the United States military.
☐ First Presumed Father is on active duty in the United States military.

29. ☐ First Presumed Father has signed a verified "Answer to Petition for Declaration of Non-Paternity" which is being filed with this motion. Therefore, do not issue a summons.
☐ First Presumed Father should be served at his residence.

_____
(Street)

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

☐ First Presumed Father should be served at his place of employment.

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

_____
(Street)

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

☐ Service by publication. I don't know where First Presumed Father is and I have no way of locating him. Therefore, I am requesting that he be served by publication. I have filed an Affidavit for Service by Publication and a Notice of Publication.
☐ Other method of service: _____

The information on this page is about the second presumed father.

3b

Information about the Second Presumed Father (Defendant)

HELP

This is the person named on line 3b on the first page of this petition.

30. Second Presumed Father's mailing address is:

_____
(Street)

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

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

31. The last four numbers of Second Presumed Father's Social Security Number are:

XXX-XX-_____

32. Second Presumed Father is _____ years old.
Second Presumed Father's age is automatically calculated based upon his date of birth.

33. Second Presumed Father resides in the Country of _____.

34. Second Presumed Father resides in the State of _____.

35. Second Presumed Father resides in the County of _____-

36. ☐ Second Presumed Father is NOT on active duty in the United States military.
☐ Second Presumed Father is on active duty in the United States military.

37. ☐ Second Presumed Father has signed a verified "Answer to Petition for Declaration of Non-Paternity" which is being filed with this motion. Therefore, do not issue a summons.
☐ Second Presumed Father should be served at his residence.

_____
(Street)

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

☐ Second Presumed Father should be served at his place of employment.

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

_____
(Street)

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

☐ Service by publication. I don't know where Second Presumed Father is and I have no way of locating him. Therefore, I am requesting that he be served by publication. I have filed an Affidavit for Service by Publication and a Notice of Publication.
☐ Other method of service: _____

Family Support Division

38. ☐ The parent receiving support is not receiving public assistance.
☐ I don't know if the parent receiving support is receiving public assistance.
☐ The parent receiving support is receiving public assistance 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

Additional Information about the Children

39. The child(ren) have lived with the following persons at the following address(es) during the past five years. *(State the dates at each address)*

_____

_____

_____

_____

_____

40. *Check all boxes that apply to your case.*

☐ Someone other than me or the other parent has physical custody of one or more of the child(ren) or claims to have custody or visitation rights with respect to one or more of the child(ren).
☐ There are other custody proceeding(s) concerning one or more of the child(ren) pending in a court of this or another state.
☐ I have participated in other litigation concerning the custody of one or more of the child(ren) in this or another other state.
☐ One or more of the child(ren) has been a victim of abuse or neglect.

41. Explanation: *(If you checked any of the boxes in paragraph 40, please explain in detail here.)*

_____

_____

_____

_____

_____

_____

Request for Relief

THEREFORE, I am requesting that the court find and declare that I am not the father of the child(ren) listed in paragraph 4 of this petition. I also request that the court appoint a guardian ad litem for the child(ren).

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)

_____

_____

Plaintiff, being of lawful age and duly sworn on his oath, states that he is the plaintiff named above and that the facts stated in this Petition for Declaration of Non-Paternity are true according to his 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 Plaintiff – 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 Plaintiff in the preparation of these pleadings, but I am not entering my appearance on behalf of Plaintiff.*

Clear All Forms | Print Answer | Table of Contents

Form CAFC313 - Answer to Presumed Father's Petition for Declaration of Non-Paternity

Information shown in blue on this form does not print.

In what Missouri County is this case to be decided?

In the Circuit Court of MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

Answer all questions on this form completely.

The information on this page is about the mother.

Your Information

This "Answer to Father's Petition for Declaration of Paternity" should be filled in by Mother if appropriate. There is another form for the First Presumed Father and another for a Second Presumed Father.

1. I am a DEFENDANT and my full name is:

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

2. ☒ I am the Mother
   ☐ I am a presumed Father

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

4. My mailing address is:

_____
(Street)

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

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

Other Party's Information

5. The full name of Plaintiff is:

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

HELP

Military Information

6. ☐ 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

7. 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 which effect child support, child custody, parenting time/visitation, parentage and attorney's fees.

Agree or Disagree with Petition

8. I admit as true EVERYTHING Plaintiff stated in his Petition for Declaration of Non-Paternity and incorporate all of those allegations herein EXCEPT the following:
_____
_____
_____

I certify under oath that I have given the other parties a copy of this Answer to Petition for Declaration of Non-Paternity 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)*.

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 Petition for Declaration of Non-Paternity 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.*

Form CAFC313 - Answer to Presumed Father's Petition for Declaration of Non-Paternity

In what Missouri County is this case to be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

Answer all questions on this form completely.

The information on this page is about the first presumed father.

Your Information

1. I am a DEFENDANT and my full name is:

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

2. ☐ I am the Mother
   ☒ I am a presumed Father

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

4. My mailing address is:

_____
(Street)

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

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

Other Party's Information

5. The full name of Plaintiff is:

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

HELP

Military Information

6. ☐ 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

7. 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 which effect child support, child custody, parenting time/visitation, parentage and attorney's fees.

Agree or Disagree with Petition

8. I admit as true EVERYTHING Plaintiff stated in his Petition for Declaration of Non-Paternity and incorporate all of those allegations herein EXCEPT the following:
_____
_____
_____

I certify under oath that I have given the other parties a copy of this Answer to Petition for Declaration of Non-Paternity 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)*.

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 Petition for Declaration of Non-Paternity 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.*

Form CAFC313 - Answer to Presumed Father's Petition for Declaration of Non-Paternity

In what Missouri County is this case to be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

Answer all questions on this form completely.

The information on this page is about the second presumed father.

Your Information

1. I am a DEFENDANT and my full name is:

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

2. ☐ I am the Mother
   ☒ I am a presumed Father

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

4. My mailing address is:

_____
(Street)

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

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

Other Party's Information

5. The full name of Plaintiff is:

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

HELP

Military Information

6. ☐ 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

7. 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 which effect child support, child custody, parenting time/visitation, parentage and attorney's fees.

Agree or Disagree with Petition

8. I admit as true EVERYTHING Plaintiff stated in his Petition for Declaration of Non-Paternity and incorporate all of those allegations herein EXCEPT the following:
_____
_____
_____

I certify under oath that I have given the other parties a copy of this Answer to Petition for Declaration of Non-Paternity 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)*.

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 Petition for Declaration of Non-Paternity 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

IN THE CIRCUIT COURT OF _____, MISSOURI

_____

_____

Plaintiff(s),

-v.-

_____

_____

_____

Defendant(s).

Case No. _____

Division No. _____

Paternity Judgment

Parties

1. As used herein, "Mother" refers to _____ and "Father" refers to _____.
2. Appearances *(Check all that apply)*
   - ☐ Defendant(s) remains in default as to the pleadings.
   - ☐ Mother appears in person.
   - ☐ Mother appears by attorney.
   - ☐ Guardian ad Litem appears in person.
   - ☐ Father appears in person.
   - ☐ Father appears by attorney.
   - ☐ Cause submitted upon affidavit of Mother.
   - ☐ Third Party _____ appears in person.
   - ☐ Third Party _____ appears by attorney.
   - ☐ Cause submitted upon affidavit of Father.
   - ☐ Additional Appearances: _____.
3. The last four digits of Mother's Social Security Number are _____ and the last four digits of Father's Social Security Number are _____.
4. ☐ Defendant(s) is/are not on active duty in the armed services of the United States now or any time since the filing of the petition herein.
   ☐ Defendant _____ is on active duty in the armed services of the United States, but has waived his or her rights pursuant to the Servicemembers Civil Relief Act of 2003.

Children

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

How many children does Mother have that also have you as a presumed father?

Name of Child	Birth Date

This form is available for free at www.selfrepresent.mo.gov

Paternity

6. ☐ The court finds that _____ is the father of the minor child(ren).
   ☒ The court finds that _____ is/are NOT the father of the minor child(ren) and all his child support arrears are extinguished.
   _____

Child Custody

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

Child Support

8. ☐ The court does not have jurisdiction to enter any orders with respect to the support of the minor child(ren).
   ☐ 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.
9. _____ is to pay to _____ the sum of _____ as and for reimbursement of necessary child support.
10. ☐ The State of Missouri has provided public assistance under the TANF program for the minor child(ren) herein. The total amount due as authorized by law and the guidelines is _____ and judgment is entered against _____ and in favor of the State of Missouri for said amount.

Attorney's Fees

11. ☐ _____ shall pay to _____ the sum of _____ as and for attorney's fees herein.
12. ☐ Mother shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.
    ☐ Father shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.

Other Orders

13. ☐ The child(ren) named above was/were born in the State of Missouri and the Missouri Bureau of Vital Records shall amend the birth record of the minor child(ren) pursuant to §210.481 and §210.849, RSMo to reflect that Father is the biological father of the minor child(ren) as stated above and to remove any biographical information of any father currently listed on the birth record(s). A certified copy of this judgment shall be sent to the Missouri Bureau of Vital Records.

14. ☐ The Bureau of Vital Records shall change the name on the birth record(s) of the minor child(ren) as follows:

_____

_____

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

_____

Court Costs

16. ☐ 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 §487.010, RSMo 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

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the 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)*

☐ Plaintiff's Attorney

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

☐ 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)

☐ Plaintiff

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

☐ Defendant

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

☐ Third Party/Defendant

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

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: _____

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:_____

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.

Clear All Forms | Print Notice of Hearing | Table of Contents

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

Information shown in blue on this form does not print.

What is the case number in the pending case?

Case Number

Division Number

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: Hearing on Non-Paternity Petition
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