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)*

(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.

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 that you believe might be important.)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

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" that 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: _____

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.

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" that 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: _____

3b Information about the Second Presumed Father (Defendant)

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.

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" that 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; 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

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.*