

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI

(County where court is located. City of Saint Louis is considered a county.)

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

**Petitioner**, (Enter full legal name of Petitioner above)

**v.**

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

(Enter full legal name of Mother above)

**-and-**

The MINOR CHILD(REN) as listed  
in question 1 of the *Presumed Father's Petition*  
for Declaration of Non-Paternity,

**Respondents.**

**Case  
Number** \_\_\_\_\_

(Use number on Petition)

**Division  
Number** \_\_\_\_\_

(Use number on Petition)

**Mother's Answer to Presumed Father's Petition  
for Declaration of Non-Paternity**

A mother may file this *Answer* in response to a presumed father's petition asking the court to find he is not the father of her child(ren). The court will appoint a Guardian ad Litem to represent the child(ren) in this action. The Guardian ad Litem may be an independent attorney hired to represent the interests of children in legal proceedings. The court may order you and/or the presumed father to pay the Guardian ad Litem for their time and expenses in representing the child(ren).

1. I, \_\_\_\_\_, am the mother of  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

the minor child(ren) listed in question 1 of *Presumed Father's Petition for Declaration of Non-Paternity*.

2. 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 for child support, child custody, parenting time/visitation, and attorney's fees.

3. I admit as true **everything** the Petitioner stated in *Presumed Father's Petition for Declaration of Non-Paternity* and incorporate all of those allegations herein **except** the following:

Any statement not specifically denied will be deemed admitted and you may not have the opportunity to disagree with this statement when the case is presented to the court.

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4. My mailing address is:

This is the address the court will use to send information about your case to you. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. Even if you do not wish to give the address at which you live, you **must** still give the court a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

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(Street)

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(City) (State) (Zip)

( )

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(Telephone Number with Area Code) (E-mail Address - Optional)

5. The last four numbers of my social security number are XXX-XX- \_\_\_\_\_ .

6. Check one of the three boxes.

- ☐ I am not on active duty in the armed services of the United States of America.
- ☐ I am on active duty in the armed services of the United States of America, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.
- ☐ I am on active duty in the armed services of the United States of America and I do **not** waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

7. List the name of the parent or guardian with whom the children have lived and the address where said children have lived during the past five years. Enter the dates at each address. If the child(ren) have lived at more than three addresses in the past five years, attach an additional page to this Answer listing the information requested in question 7 for each additional address.

(1) \_\_\_\_\_

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

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(Street)

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(City) (State) (Zip) (Dates)

(2) \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip) (Dates)

(3) \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip) (Dates)

8. Do you know of anyone other than you or the other parent who has physical custody of any of the children or claims to have custody or visitation rights with respect to any of the children? (Check one of the two boxes)  
☐ Yes ☐ No
9. Do you have information about any other custody proceeding concerning any of the children pending in a court of this or any other state? (Check one of the two boxes)  
☐ Yes ☐ No
10. Have you participated in other litigation concerning the custody of any of the children in this or any other state? (Check one of the two boxes)  
☐ Yes ☐ No
11. Have any of the children been a victim of abuse or neglect? (Check one of the two boxes)  
☐ Yes ☐ No
12. If you answered "Yes" to questions 8, 9, 10 or 11 please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the Family Support Division opened a child support case for any child(ren) listed in *Presumed Father's Petition for Declaration of Non-Paternity*? (Check one of the two boxes)

☐ Yes ☐ No

If yes, list the eight digit IV-D number(s). \_\_\_\_\_

If yes, has the Family Support Division issued a child support order? (Check one of the two boxes)

☐ Yes ☐ No

List the judicial case number(s). \_\_\_\_\_

14. Do any of the children listed in *Presumed Father's Petition for Declaration of Non-Paternity* currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? (Check one of the two boxes)
- ☐ Yes ☐ No

### Request for Relief

I want the court to find that Petitioner ☐ is ☐ is **not** the father of the child(ren) listed in question 1 of *Presumed Father's Petition for Declaration of Non-Paternity*. (Check "is" or "is not")

I also want the court to do the following: (Check if applicable)

☐ Other (Please state the other request(s))

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### Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on \_\_\_\_\_ (date) I have sent/given a copy of this *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

### Notice

Some local rules may also require that you file a *Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)* at the time you file this document. Failure to do so could cause your *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity* to be stricken.

## Sign Below in the Presence of a Notary Public

Respondent, of lawful age, being duly sworn on his or her oath, states that he or she is the Respondent named above and that the facts stated in *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity* are true according to his or her best knowledge, information and belief.



\_\_\_\_\_  
(Sign above in the presence of a Notary Public)

\_\_\_\_\_  
(Print your name above)

The following information must be completed by a notary public.

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_ County, State of Missouri

My commission expires: \_\_\_\_\_

## Attorney Information

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

☐ I have assisted Respondent in the preparation of these pleadings, but I am not entering my appearance on behalf of Respondent.

\_\_\_\_\_  
(Attorney - Sign above)

\_\_\_\_\_  
(Missouri Bar Number)

\_\_\_\_\_  
(Attorney - Print your name above)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

( ) \_\_\_\_\_  
(Telephone Number with Area Code)

( ) \_\_\_\_\_  
(Fax Number with Area Code)

\_\_\_\_\_  
(E-mail Address - Optional)