URT OF , MISSOURI (County where court is located. City of Saint Louis is considered a county.)

In r	e the Marriage of:	•	)
•	itioner, (Enter your spouse's full legal name above)	(Jr./Sr./III)	Case Number (Use number on Petition)
-an	d-		Division
•	(Middle Name) (Last Name)  spondent. (Enter your full legal name above)	(Jr./Sr./III)	Number (Use number on Petition)
	Respondent's Answer to Petition	on for Disso	olution of Marriage
This	form shall be filled out by the Respondent who is	responding to th	ne Petition for Dissolution of Marriage.
1.	I am answering the following pleading (Check on The first petition my spouse filed in this case The second petition my spouse filed in this case The third petition my spouse filed in this case	(Original petition ase (First amend (Second amen	n) ded petition) ided petition)
2.	I understand that by voluntarily entering my apper myself to the jurisdiction of this court, and the co- authorized by law, including orders awarding ma- custody, parenting time/visitation, division of prop	urt may enter su intenance (form	uch orders and judgments as are erly alimony), child support, child
3.	I admit as true <b>everything</b> my spouse stated in hand incorporate all of those allegations herein <b>ex</b>		
	Any statement not specifically denied will be deemed admitthis statement when the case is presented to the court.	tted and you may r	not have the opportunity to disagree with
	- CETA		
	5		

	e public.  reet)						
(0							~O <sup>2</sup>
(Cit	ty)	(State	e)	(Zip)	_		
( (Te	) elephone Number with A	Area Code) (E-mail A	ddress - Optio	nal)			0
	What are the last four numbers of your social security number?						
	ne last four numbers of	•		-	2.2. RSMo.		
	(X-XX	,				,5	
^^	· · · · · · · · · · · · · · · · · · ·				OF		
6. Ch	neck one of the thre	e boxes.					
	<ul> <li>I am not on active duty in the armed services of the United States of America.</li> <li>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.</li> </ul>						
	I am on active dut rights pursuant to	•				a and I do <b>n</b> o	<b>ot</b> waive my
. Wł	What are the last four numbers of your spouse's social security number?						
Th	The last four numbers of your spouse's social security number are required by §452.312.2, RSMo.						
XX	(X-XX						
		, (					
nform	nation about Chil	dren of the Mar	riage				
wh spo spo chi	elow list the names, no were (a) born after ouse and later adopouse before this maildren born to you (in a result of sexual in	er the date of your oted by the other s arriage as a result f you are female)	r marriage; ( spouse, or a of sexual in or your spo	b) adopted ir dopted by bo tercourse, or use (if they au	ncluding child oth parties; (d artificial inse re female) af	dren born to c) born to yo emination; o ter the date	you or your u and your r (d) of marriage
(Fir	rst Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	(Child's Age)	(Last 4 digits
(Fir	rst Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	(Child's Age)	(Last 4 digits
(Fir	rst Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	(Child's Age)	(Last 4 digits
(Fir	rst Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	(Child's Age)	(Last 4 digits
(Fir	rst Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	(Child's Age)	(Last 4 digits
(Eir	rst Name)	(Middle Name)	(Last Name)			(Child's Age)	(I ast 4 digits

What is your mailing address?

If you listed children in response to Question 8, you must answer questions 9 through 13. If there are no living children born of the marriage, you may skip to the Request for Relief on Page 4.

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
(Street)			S
(City)	(State)	(Zip)	I MO
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
(Street)			02
(City)	(State)	(Zip)	
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
(Street)			
(City)	(State)	(Zip)	
	have custody or visitat	our spouse who has physicion rights with respect to a	
one of the two boxe  Yes  No			
one of the two boxe  ☐ Yes ☐ No Do you have inform	BILL	ustody proceeding concern cone of the two boxes)	ing any of the children per
one of the two boxe  ☐ Yes ☐ No  Do you have inform in a court of this or ☐ Yes ☐ No  Have you participat	nation about any other coany other state? (Check		

## Request for Relief I want the court to do the following: (Check all that apply) Grant a dissolution of my marriage Grant custody of the child(ren) of the marriage as stated herein (if applicable) Enter appropriate orders with respect to the support of the child(ren) (if applicable) Divide the marital property and debts Award maintenance to me Award maintenance to my spouse Change my name to my former name of (First Name) (Middle Name) (Last Name) (Jr./Sr./III Other (Please state the other request(s)) **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. (date) I have sent/given a copy of this Respondent's I certify, under oath that on \_ Answer to Petition for Dissolution of Marriage to each of the following parties at the address shown: Address: U.S. mail/e-mail/fax number Name

## **Notice**

Some local rules may also require that you file a *Statement of Income and Expenses* and a *Statement of Property and Debt and Proposed Separation Agreement* at the time you file this document. Failure to do so could cause your *Respondent's Answer to Petition for Dissolution of Marriage* to be stricken. Also, if there are any unemancipated children, you are required to file a proposed *Parenting Plan* within 30 days after the date you were served or the date you filed this *Respondent's Answer to Petition for Dissolution of Marriage*. You may file a joint *Parenting Plan* with your spouse. See §452.310.7, RSMo.

## 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 the *Respondent's Answer to Petition for Dissolution of Marriage* are true according to his or her best knowledge, information and belief.

<b>)</b>	
(Sign above in the presence of a Notary Public)	(Print your name above)
The following information must be completed by a n	otary public.
STATE OF) SS	<b>,</b> 0.
COUNTY OF)	
	, 20, before me personally appeared 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 has State aforesaid, the day and year first above written	
	, Notary Public
	County, State of Missour
My commission expires:	
O	
Attorney Information	
This information may be completed by your attorney. Do not el assistance of an attorney.	nter any information here if you are filing this case without the
	nese pleadings, but I am not entering my appearance
(Attorney - Sign above)	(Missouri Bar Number)
(Attorney - Print your name above)	
(Street)	
(Sireel)	
(City) (State)	
( )	
(Telephone Number with Area Code) (Fax Number with Area	Code) (E-mail Address - Optional)