**IN THE CIRCUIT COURT OF _____ , MISSOURI**
*(County where court is located. City of Saint Louis is considered a county.)*

**Case Number** _____ **Division Number** _____
*(Use number on Petition)* *(Use number on Petition)*

_____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
**Petitioner,** *(Enter the other parent's full legal name above)*

**v.**

_____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
**Respondent.** *(Enter your full legal name above)*

## Respondent's Answer to Petition for Child Custody and Support

1. 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.

2. I admit as true **everything** Petitioner stated in *Petition for Child Custody and Support* 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.

   _____
   _____
   _____
   _____

3. *Check one of the two boxes.*

   ☐ I agree with the *Parenting Plan* filed by the Petitioner.

   ☐ I do **not** agree with the *Parenting Plan* filed by the Petitioner and I am filing a separate *Parenting Plan,* attached to this *Answer* as Respondent's Exhibit _____ .

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV

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.

_____
*(Street)*

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

_____ _____
*(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)*

_____
*(Street)*

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

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

_____
*(Street)*

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

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV

(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 the *Petition*? *(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 the *Petition* 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

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV

## Request for Relief

I want the court to do the following: *(Check all that apply)*

☐ Grant custody of the child(ren) as requested in question 3.

☐ Child support should be as set forth in Part B of the attached *Parenting Plan* marked Exhibit _____ .

☐ Enter appropriate orders with respect to the support of the child(ren).

☐ 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.

I certify, under oath that on _____ (date) I have sent/given a copy of this *Respondent's Answer to Petition for Child Custody and Support* to each of the following parties at the address shown:

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

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV

## Mailing Address of Respondent

This **must** be completed so the court can notify you of court dates and other proceedings in your case. This is the address the court will use to send information concerning 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 reside. Even if you do not wish to disclose the address at which you reside, you **must** still provide the court with a mailing address.

_____
*(Street)*

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

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

## 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 *Respondent's Answer to Petition for Child Custody and Support* 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 _____ )
) SS
COUNTY OF_____)

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: _____

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV

## 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)*

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV