

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 your full legal name above)

-and-

The MINOR CHILD(REN) as listed  
in question 1 of the *Father's Petition for Declaration of Paternity,  
Custody and Support*,  
By Next Friend,

v.

Respondents shall be listed in the order used in question 6 of this *Petition*.

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

**Respondent 1**, (Enter full legal name of Respondent 1 above)

-and-

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

**Respondent 2**, (Enter full legal name of Respondent 2 above)

-and-

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

**Respondent 3**. (Enter full legal name of Respondent 3 above)

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

(Will be assigned when case is filed)

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

(Will be assigned when case is filed)

## Father's Petition for Declaration of Paternity, Custody and Support

### The Parties

This *Petition* is for a father to ask the court to declare him to be the father of a child or children. All of the children listed in this *Petition* must have the same mother. If you want to ask the court to decide paternity of the child(ren) of a different mother, you must file a separate petition. Throughout this case you will always be referred to as the Petitioner. The other parties will be referred to as Respondent(s).

1. I ask the court to find I am the father of the following child(ren):

a. \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

b. \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

- c. \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- d. \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- e. \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- f. \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

2. The name of the mother of the minor child(ren) is

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

3. Was the mother married to a man at the time she became pregnant with any child(ren) listed in this *Petition*? (Check one of the two boxes)

☐ Yes ☐ No

If yes, who was she married to?

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

4. Was the mother married to a man at the time any children listed in this *Petition* were born? (Check one of the two boxes)

☐ Yes ☐ No

If yes, who was she married to?

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

5. An acknowledgment of paternity is an affidavit that the parents sign to put a father on a child's birth certificate. Did any man sign an acknowledgment of paternity for the child(ren) listed in this *Petition* at the hospital or at any other time? (Check one of the two boxes)

☐ Yes ☐ No

If yes, who listed himself as the father on the acknowledgment of paternity or birth certificate?  
(Check one of the two boxes)

☐ I did.

☐ Someone else did.

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

6. List the names of all persons you named in questions 2, 3, 4 and 5. These persons are the Respondents to this *Petition*. Do not list yourself in response to this question.

**If you list more than 3 different persons in response to questions 2, 3, 4 and 5**, attach additional pages answering the questions 15 through 23 of this *Petition* for each additional Respondent. You must also attach additional Directions for Service pages (available on page 9 of this *Petition*) for each additional Respondent.

Respondent 1 -

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

Respondent 2 -

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

Respondent 3 -

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

## Information about Petitioner

(Enter your name on the lines) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Jr./Sr./III)

### 7. What is your mailing address?

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)

### 8. What are the last four numbers of your social security number?

XXX-XX- \_\_\_\_\_

### 9. Are you over the age of eighteen? (Check one of the two boxes)

☐ Yes ☐ No

### 10. I live in ☐ the United States ☐ another country, which is \_\_\_\_\_.

### 11. I live in ☐ Missouri ☐ another state, which is \_\_\_\_\_.

### 12. I live in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If you live in the city of Saint Louis, you should write "Saint Louis city" in the blank.

### 13. What is your current employment status? (Check one of the three boxes)

☐ Employed ☐ Unemployed ☐ Self-employed

### 14. If you are employed or self-employed, where do you currently work?

If you are self-employed, enter a brief description of the type of work you perform such as "Landscaping" or "Day care" on the line for the name of your employer. If you are self-employed, you should also enter the address information for your self-employment.

\_\_\_\_\_  
(Employer's name or type of self-employment)

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

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

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

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

## Information about Respondent 1

Provide information for Respondent 1 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter the full legal name of Respondent 1 on the lines above)

### 15. What is Respondent 1's mailing address?

This is the address that the court will use to send information about your case to this Respondent. If you do not know this Respondent's current address, you should enter this Respondent's last known address.

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

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

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

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

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

### 16. What are the last four numbers of Respondent 1's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- \_\_\_\_\_

### 17. Is Respondent 1 over the age of eighteen? (Check one of the two boxes)

☐ Yes ☐ No

### 18. Respondent 1 lives in ☐ the United States ☐ another country, which is \_\_\_\_\_.

### 19. Respondent 1 lives in ☐ Missouri ☐ another state, which is \_\_\_\_\_.

### 20. Respondent 1 lives in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

### 21. Respondent 1 is currently ☐ employed ☐ unemployed ☐ self-employed ☐ employment unknown. (Check one of the four boxes)

### 22. If Respondent 1 is employed or self-employed, where do they currently work?

If this Respondent is self-employed, enter a brief description of the type of work they perform, such as "Landscaping" or "Day care," on the line for the name of the employer. If this Respondent is self-employed you should also enter the address information for their self-employment.

\_\_\_\_\_  
(Employer's name or type of self-employment)

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

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

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

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

### 23. Respondent 1 ☐ is ☐ is **not** on active duty in the military. (Check "is" or "is not")

If this Respondent is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without this Respondent's consent. You should contact a lawyer about this situation prior to filing this *Petition*.

## Information about Respondent 2

Provide information for Respondent 2 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter the full legal name of Respondent 2 on the lines above)

### 24. What is Respondent 2's mailing address?

This is the address that the court will use to send information about your case to this Respondent. If you do not know this Respondent's current address, you should enter this Respondent's last known address.

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

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

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

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

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

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

### 25. What are the last four numbers of Respondent 2's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- \_\_\_\_\_

### 26. Is Respondent 2 over the age of eighteen? (Check one of the two boxes)

☐ Yes ☐ No

### 27. Respondent 2 lives in ☐ the United States ☐ another country, which is \_\_\_\_\_.

### 28. Respondent 2 lives in ☐ Missouri ☐ another state, which is \_\_\_\_\_.

### 29. Respondent 2 lives in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

### 30. Respondent 2 is currently ☐ employed ☐ unemployed ☐ self-employed ☐ employment unknown. (Check one of the four boxes)

### 31. If Respondent 2 is employed or self-employed, where do they currently work?

If this Respondent is self-employed, enter a brief description of the type of work they perform, such as "Landscaping" or "Day care," on the line for the name of the employer. If this Respondent is self-employed you should also enter the address information for their self-employment.

\_\_\_\_\_  
(Employer's name or type of self-employment)

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

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

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

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

### 32. Respondent 2 ☐ is ☐ is **not** on active duty in the military. (Check "is" or "is not")

If this Respondent is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without this Respondent's consent. You should contact a lawyer about this situation prior to filing this *Petition*.

### Information about Respondent 3

Provide information for Respondent 3 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter the full legal name of Respondent 3 on the lines above)

#### 33. What is Respondent 3's mailing address?

This is the address that the court will use to send information about your case to this Respondent. If you do not know this Respondent's current address, you should enter this Respondent's last known address.

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

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

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

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

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

#### 34. What are the last four numbers of Respondent 3's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- \_\_\_\_\_

#### 35. Is Respondent 3 over the age of eighteen? (Check one of the two boxes)

☐ Yes ☐ No

#### 36. Respondent 3 lives in ☐ the United States ☐ another country, which is \_\_\_\_\_.

#### 37. Respondent 3 lives in ☐ Missouri ☐ another state, which is \_\_\_\_\_.

#### 38. Respondent 3 lives in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

#### 39. Respondent 3 is currently ☐ employed ☐ unemployed ☐ self-employed ☐ employment unknown. (Check one of the four boxes)

#### 40. If Respondent 3 is employed or self-employed, where do they currently work?

If this Respondent is self-employed, enter a brief description of the type of work they perform, such as "Landscaping" or "Day care," on the line for the name of the employer. If this Respondent is self-employed you should also enter the address information for their self-employment.

\_\_\_\_\_  
(Employer's name or type of self-employment)

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

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

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

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

#### 41. Respondent 3 ☐ is ☐ is **not** on active duty in the military. (Check "is" or "is not")

If this Respondent is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without this Respondent's consent. You should contact a lawyer about this situation prior to filing this *Petition*.

## Information about the Children

42. 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 *Petition* listing the information requested in question 42 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)

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

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

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

43. 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

44. 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

45. 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

46. Have any of the children been a victim of abuse or neglect? (Check one of the two boxes)

☐ Yes ☐ No

47. If you answered "Yes" to questions 43, 44, 45 or 46, please explain.

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

48. Has the Family Support Division opened a child support case for any child(ren) listed in this *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). \_\_\_\_\_

49. Do any of the children listed in this *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

If yes, you must serve the Family Support Division with a copy of *Father's Petition for Declaration of Paternity, Custody and Support* and other forms filed with this *Petition*. Instructions on how to serve the Family Support Division are listed on page 12 of this *Petition*.

## Request for Relief

I am requesting to be declared the father of the child(ren) listed in question 1 of this *Petition* and that any other persons listed in questions 3 through 5 be excluded as the father of the child(ren).

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

- ☐ Child Custody should be as set forth in Part A of the attached *Parenting Plan* marked Exhibit \_\_\_\_\_. The custody arrangement that is in the best interests of the minor children is set forth in Part A of the attached *Parenting Plan* marked Exhibit \_\_\_\_\_.  
☐ Child Support should be as set forth in Part B of the attached *Parenting Plan* marked Exhibit \_\_\_\_\_.  
☐ I want to change the child(ren)'s names as follows:

---

---

---

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

---

---

---



**Directions for Service on Respondent 1** (Enter the name of Respondent 1 on the lines below)

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

**You must fill out Directions for Service on each person listed in response to question 6 of this Petition.**

**Check one of the following service options:**

- ☐ Respondent 1 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Father's Petition for Declaration of Paternity, Custody and Support*. Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 1 in front of a notary public.

- ☐ Respondent 1 should be served with a summons at their home:

Respondent 1 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 1 served, you must file another copy of all your documents in this case to be served on Respondent 1.**

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

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

- ☐ Respondent 1 should be served with a summons at their place of employment:

Respondent 1 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 1 served, you must file another copy of all your documents in this case to be served on Respondent 1.**

\_\_\_\_\_  
(Employer's Name) (Hours of Employment)

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

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

- ☐ Respondent 1 cannot be served in Missouri. Therefore, service by registered mail is requested. A copy of the *Affidavit for Service by Mail* is attached to this form. See Missouri Supreme Court Rule 54.12(b).

**If you request a summons to be served outside of the county where you filed this *Petition*, the court will mail the summons to you. You must then deliver the summons to the sheriff of the county where the summons will be served. You must also pay the appropriate service fee to that sheriff.**

**Directions for Service on Respondent 2** (Enter the name of Respondent 2 on the lines below)

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

**You must fill out Directions for Service on each person listed in response to question 6 of this Petition.**

**Check one of the following service options:**

- ☐ Respondent 2 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Father's Petition for Declaration of Paternity, Custody and Support*. Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 2 in front of a notary public.

- ☐ Respondent 2 should be served with a summons at their home:

Respondent 2 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 2 served, you must file another copy of all your documents in this case to be served on Respondent 2.**

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

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

- ☐ Respondent 2 should be served with a summons at their place of employment:

Respondent 2 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 2 served, you must file another copy of all your documents in this case to be served on Respondent 2.**

\_\_\_\_\_  
(Employer's Name) (Hours of Employment)

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

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

- ☐ Respondent 2 cannot be served in Missouri. Therefore, service by registered mail is requested. A copy of the *Affidavit for Service by Mail* is attached to this form. See Missouri Supreme Court Rule 54.12(b).

**If you request a summons to be served outside of the county where you filed this *Petition*, the court will mail the summons to you. You must then deliver the summons to the sheriff of the county where the summons will be served. You must also pay the appropriate service fee to that sheriff.**

**Directions for Service on Respondent 3** (Enter the name of Respondent 3 on the lines below)

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

**You must fill out Directions for Service on each person listed in response to question 6 of this Petition.**

**Check one of the following service options:**

- ☐ Respondent 3 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Father's Petition for Declaration of Paternity, Custody and Support*. Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 3 in front of a notary public.

- ☐ Respondent 3 should be served with a summons at their home:

Respondent 3 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 3 served, you must file another copy of all your documents in this case to be served on Respondent 3.**

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

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

- ☐ Respondent 3 should be served with a summons at their place of employment:

Respondent 3 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 3 served, you must file another copy of all your documents in this case to be served on Respondent 3.**

\_\_\_\_\_  
(Employer's Name) (Hours of Employment)

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

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

- ☐ Respondent 3 cannot be served in Missouri. Therefore, service by registered mail is requested. A copy of the *Affidavit for Service by Mail* is attached to this form. See Missouri Supreme Court Rule 54.12(b).

**If you request a summons to be served outside of the county where you filed this *Petition*, the court will mail the summons to you. You must then deliver the summons to the sheriff of the county where the summons will be served. You must also pay the appropriate service fee to that sheriff.**

## Service on Family Support Division (if necessary)

If any child listed in this *Petition* receives Temporary Assistance for Needy Families (TANF) benefits, you must serve the Family Support Division with a copy of your *Petition* and *Parenting Plan*.

- ☐ The child(ren) receive TANF benefits through the Family Support Division. The Family Support Division shall be served at the following address:

Director, Family Support Division  
615 Howerton Court  
Jefferson City, Missouri 65102

## Sign Below in the Presence of a Notary Public

Your *Father's Petition for Declaration of Paternity, Custody and Support* is required to be verified in the presence of a notary public.

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in the *Father's Petition for Declaration of Paternity, 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 \_\_\_\_\_ )  
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 Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.

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