IN THE CIRCUIT COURT OF	, MISSOURI
(County where court is locate	ted. City of Saint Louis is considered a county.)
(First Name)     (Middle Name)     (Last Name)       Petitioner, (Enter full legal name of Petitioner above)	(Jr./Sr./III)
v.	Case Number (Use number on Petition)
(First Name) (Middle Name) (Last Name) (Enter full legal name of Mother above)	(Jr./Sr./III)
-and-	
The MINOR CHILD(REN) as listed in question 1 of the <i>Presumed Father's Petition</i> for Declaration of Non-Paternity,	Division Number  (Use number on Petition)
Respondents.	
	sumed 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, (First Name)	(Middle Name)	(Last Name)	, am the mother (Jr./Sr./III)	of
	the minor child(ren) listed in Non-Paternity.	question 1 of	Presumed Fathe	r's Petition for Declaration of	

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.

I admit as true <b>everything</b> <i>Non-Paternity</i> and incorpo				
Any statement not specifically this statement when the case	denied will be deemed adr		-	_
				60
				<b>1</b> 0.
My mailing address is:				
This is the address the court was pending, you must send a lessame as the address at which the court a mailing address. Buthe public.	etter to the court notifying it you live. Even if you do no	of your new address t wish to give the ad	s. This address is r Idress at which you	not necessarily the u live, you <b>must</b> still giv
			12	
(Street)		S		
(City)	(State)	(Zip)		
(Telephone Number with Area (	Code) (E-mail Address - C	)ptional)		
The last four numbers of r	my social security nun	nber are XXX-XX-		<b></b>
Check one of the three bo				
☐ I am not on active duty ☐ I am on active duty in pursuant to the Service	y in the armed service the armed services of	the United State		
I am on active duty in rights pursuant to the				nd I do <b>not</b> waive n
List the name of the parer said children have lived de have lived at more than the Answer listing the information	uring the past five yeanree addresses in the	rs. Enter the dat past five years, a	es at each addi attach an additid	ress. If the child(rer onal page to this
(1) (First Name)	(Middle Neme)	(Loot Nama)		/ In /On /III)
(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)
(Street)				

(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)	
	,	(madio Hamo)	(Last Hame)		(61.0 61.0 11.0)	
	(Street)				1 M	
	(City)	(State)	(Zip)	(Dates)	H	
	ldren or claims to have of the two boxes) Yes ☐ No	e custody or visitation r	ights with respe	ct to any of the c	children? (Check	
		n about any other custods or any other state? <i>(C</i>			the children	
	ve you participated in her state? <i>(Check one</i> Yes   No	n other litigation concern e of the two boxes)	ing the custody	of any of the chi	ldren in this or any	
1. Ha	ve any of the childrer Yes $\square$ No	n been a victim of abuse	or neglect? (Ch	neck one of the t	wo boxes)	
2. If y	If you answered "Yes" to questions 8, 9, 10 or 11 please explain.					
		BL				
	9h					
	,5					
		Division opened a child claration of Non-Paternia				
lf y	es, list the eight digit	IV-D number(s)				
	ves, has the Family S Yes	upport Division issued a	child support or	der? (Check on	e of the two boxes	
Lis	t the judicial case nu	mber(s)				

	Needy Families (TANF) benefits through the Family IF benefits in the past? (Check one of the two boxes)
Request for Relief	
I want the court to find that Petitioner  is  is Presumed Father's Petition for Declaration of Nor	s <b>not</b> the father of the child(ren) listed in question 1 of n-Paternity. (Check "is" or "is not")
I also want the court to do the following: (Check in	f applicable)
Other (Please state the other request(s))	
Proof of Service on Other Parties	
attorney associated with the attorney to be served I certify, under oath that on	y's attorney to be served with a clerk, receptionist or an
Name	Address: U.S. mail/e-mail/fax number
"ILI	
S	
OSM,	
	Notice
Presumed Father's Non-Paternity Action) at the	a Statement of Income and Expenses (For use in etime you file this document. Failure to do so could ner's Petition for Declaration of Non-Paternity to be

## 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 Pul	blic) (Pr	int your name above)
The following information must be com	pleted by a notary	public.
STATE OF) SS		NO.
COUNTY OF)		
		20, before me personally appeared known to be the person described in and who
executed the foregoing instrument and and deed.	l acknowledged that	the/she executed the same as his/her free act
IN WITNESS WHEREOF, I have here State aforesaid, the day and year first		nd affixed my official seal in the County and
	/,	A S
		, Notary Public
		County, State of Missour
	R	
My commission expires:		_
Attorney Information		
This information may be completed by your at assistance of an attorney.	torney. Do not enter an	y information here if you are filing this case without the
	reparation of these p	pleadings, but I am not entering my appearance
, S		
(Attorney - Sign above)		(Missouri Bar Number)
(Attorney - Print your name above)		_
(Street)		
(City)	(State)	(Zip)
(Telephone Number with Area Code) (Fax No	umber with Area Code)	(E-mail Address - Optional)