

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)

**Statement of Income and Expenses
(For use in Presumed Father's Non-Paternity Action)**

Monthly Income Information

| | Petitioner | Respondent |
|--|------------|------------|
| 1. Monthly gross income from salaries, wages and commissions including bonuses | _____ | _____ |
| 2. Monthly self-employment income | _____ | _____ |
| 3. Monthly social security benefits not including Supplemental Security Income (SSI) | _____ | _____ |
| 4. Monthly retirement benefits | _____ | _____ |

Monthly Income Information (Continued)

Petitioner

Respondent

- | | | |
|--|-------|-------|
| 5. Monthly pension income | _____ | _____ |
| 6. Monthly interest income | _____ | _____ |
| 7. Monthly trust and annuity income | _____ | _____ |
| 8. Monthly income from dividends and partnership distributions | _____ | _____ |
| 9. Monthly unemployment compensation benefits | _____ | _____ |
| 10. Monthly severance pay | _____ | _____ |
| 11. Monthly workers compensation benefits | _____ | _____ |
| 12. Monthly disability insurance benefits | _____ | _____ |
| 13. Monthly veterans disability benefits | _____ | _____ |
| 14. Monthly military allowances for subsistence and quarters | _____ | _____ |
| 15. Total monthly gross income. Add paragraphs 1 through 14. (Form 14 - Line 1) | _____ | _____ |
| 16. Monthly Supplemental Security Income benefits (SSI) | _____ | _____ |
| 17. Monthly payments of Temporary Assistance for Needy Families (TANF) | _____ | _____ |
| 18. Monthly Medicaid benefits | _____ | _____ |
| 19. Monthly food stamps | _____ | _____ |
| 20. Number of unemancipated children who are not the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(1)) | _____ | _____ |
| Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are not the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(3)) | _____ | _____ |
| 21. Monthly maintenance received in this case | _____ | _____ |
| 22. Monthly maintenance received in other cases | _____ | _____ |
| 23. Total monthly court-ordered maintenance received. Add paragraphs 21 and 22. (Form 14 - Line 1a) | _____ | _____ |

Monthly Expense Information

Petitioner

Respondent

24. Monthly court- or administratively-ordered child support being paid for children who are **not** the subject of this proceeding (Form 14 - Line 2a)

25. Monthly Maintenance

a. Monthly maintenance paid in **this** case

b. Monthly maintenance paid in **other** cases

Total monthly court-ordered maintenance paid. Add paragraphs 25a and 25b. (Form 14 - Line 2b)

26. Reasonable monthly work-related child care costs of each party for the children who are the subject of this proceeding (Form 14 - Line 6a and Line 6b)

27. Monthly health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)

28. Monthly uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)

29. Other monthly extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)

30. All other monthly expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 27, etc.)

31. **Total monthly expenses. Add paragraphs 24 through 30. (Do not include 25a and 25b. Use the total amounts from 25.)**

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 *Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)* to each of the following parties at the address shown:

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

Sign Below in the Presence of a Notary Public

_____, of lawful age, being duly sworn on his or her oath, states that he or she is the person named below and that the facts stated in this *Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)* 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: _____