		\			
(First Name) (Mi Petitioner, (Enter your full	ddle Name) (Last Name) legal name above)	(Jr./Sr./III)			
-and-					N
The MINOR CHILD(REI in question 1 of the <i>Moto Custody and Support</i> , By Next Friend,	N) as listed her's Petition for Declara	tion of Paternity,	Case Number _ (Will be ass	igned when o	case is filed)
<b>v.</b>			C		
Respondents shall be liste	d in the order used in ques	tion 6 of this <i>Petition</i> .			
, ,	ddle Name) (Last Name) I legal name of Respondent 1	above)	Division		
-and-		5	Number	igned when d	case is filed)
,	ddle Name) (Last Name) I legal name of Respondent 2	(Jr./Sr./III)			
-and-	regarname of Nespondent 2				
	ddle Name) (Last Name) I legal name of Respondent 3	(Jr./Sr./III) above)			
	BLL				
Mother's Pe	tition for Declarati	on of Paternity,	Custody a	and Sup	port
5	The	•	-	-	
The Parties					
must file a separate Mor	ther to ask the court to de ther's Petition for Declara t this case you will alway ndent(s).	ation of Paternity, Cus	tody and Sup	port for ea	ch father of
_	etermine paternity for the	following child(ren):			
a (First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	(Child's Age)

(County where court is located. City of Saint Louis is considered a county.)

(Middle Name)

(Last Name)

(First Name)

IN THE CIRCUIT COURT OF

(Child's Age)

(Jr./Sr./III)

, MISSOURI

	C.							
	(First Name)	(Middle Nar	ne) (Las	t Name)			(Jr./Sr./III)	(Child's Age)
	d(First Name)	(Middle Nar	ne) (Las	t Name)	)		(Jr./Sr./III)	(Child's Age)
	e(First Name)	(Middle Nar	ne) (Las	t Name)	)		(Jr./Sr./III)	(Child's Age)
	f(First Name)	(Middle Nar	ne) (Las	t Name)	)		(Jr./Sr./III)	(Child's Age)
2.	I ask this court to	find		— <del></del>				0.
	de de e federal et de	(First Name)	- D- <i>(iii</i>		ddle Name)	(Last Name)		(Jr./Sr./III)
	is the father of the	e child(ren) listed in thi	s Petition.				W.	
3.	_	to a man at the time one of the two boxes)	ou becar	ne pre	gnant with	any child(re	en) listed in	this
	If yes, who were	ou married to?						
	, 555,55	(First Na	me)	(	Middle Name,	(Last Name	<i>;)</i>	(Jr./Sr./III)
4.	one of the two bo ☐ Yes ☐ No	,	any of the	childr	en listed in	this <i>Petitior</i>	n were bori	n? (Check
	If yes, who were y	ou married to? First Na)	me)	$\langle \cdot \rangle$	Middle Name	 ) (Last Name	e)	(Jr./Sr./III)
5.	certificate. Did an the hospital or at Yes No	ent of paternity is an a y man sign an acknow any other time? (Chec himself as the father o	ledgment k one of t	of pat he two	ernity for the boxes)	e child(ren)	) listed in th	nis <i>Petition</i> at
	(First Name)	(Middle Name)	(Last Name	·)		Sr./III)		
6.	to this <i>Petition</i> .  If you list more t pages answering	all men you named in han 3 different person the questions 15 through	ns in res	<b>ponse</b> this <i>Pe</i>	e to questic	ons 2, 3, 4 a	<b>and 5,</b> atta al Respon	nch additional dent. You
	must also attach a additional Respor	additional Directions fondent.	r Service	pages	(available	on page 9 (	of this <i>Peti</i>	<i>tion</i> ) for each
	Respondent 1	First Name)	(Middle Na	ame) (	Last Name)		(Jr./Sr./III)	
	Respondent 2	First Name)	(Middle Na	ame) (	Last Name)		(Jr./Sr./III)	
	Respondent 3	First Name)	(Middle Na	ame) (	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 mailing address. Because court actions are a matter of public record, the address you list will be available to the public.    (Street)   (Street)   (State)   (Zip)	Info	rmation about Petition	er			
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 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	(Ente	er your name on the lines)	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
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 mailing address. Because court actions are a matter of public record, the address you list will be available to the public.    (Street)   (City)	7.	What is your mailing addre	ess?			
pending, you must send a letter to the count 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 count mailing address. Because court actions are a matter of public record, the address you list will be available to the public.    (Street)   (City)				on about your case to yo	ou. If you move during	the time this case is
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 mailing address. Because court actions are a matter of public record, the address you list will be available to the public.    (Street)   (Street)   (State)   (Zip)		pending, you must send a lette	er to the court notifying it	of your new address. T	his address is not nece	essarily the same as
(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" of 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)						
(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 country of  City of Saint Louis is considered a country. 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" of 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)		mailing address. Because cou	rt actions are a matter of	public record, the addr	ess you list will be ava	ilable to the public.
(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 country of  City of Saint Louis is considered a country. 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" of 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)						
(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 country of  City of Saint Louis is considered a country. 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" of 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)				
(		(3339)				
(		(0):			_	″O .
8. What are the last four numbers of your social security number?  XXX-XX		(City)	(State)	(∠ıp)		, NI
8. What are the last four numbers of your social security number?  XXX-XX		( )				
Are you over the age of eighteen? (Check one of the two boxes)  Yes No  I live in the United States another country, which is  I live in Missouri another state, which is  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.  What is your current employment status? (Check one of the three boxes)  Employed Unemployed Self-employed  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" of 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)		(Telephone Number with Area (	Code) (E-mail Address	s - Optional)		7
Are you over the age of eighteen? (Check one of the two boxes)  Yes No  I live in the United States another country, which is  I live in Missouri another state, which is  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.  What is your current employment status? (Check one of the three boxes)  Employed Unemployed Self-employed  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" of 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)						
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	8.	What are the last four nun	nbers of your social	security number?	1,5	
<ul> <li>Yes  No</li> <li>10. I live in  the United States  another country, which is</li></ul>		XXX-XX-				
<ul> <li>Yes  No</li> <li>10. I live in  the United States  another country, which is</li></ul>						
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" of 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)	9.	Are you over the age of ei	ghteen? (Check one	e of the two boxes)		
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" of 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)		☐ Yes ☐ No			Q-V	
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" of 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)						
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" of 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)	10.	I live in _ the United Stat	es 🗌 another coun	try, 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" of 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)		_		CV		
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" of 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)	11.	I live in ☐ Missouri ☐ an	other state, which is	S		•
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" of 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)						
<ul> <li>blank.</li> <li>13. What is your current employment status? (Check one of the three boxes)  ☐ Employed ☐ Unemployed ☐ Self-employed</li> <li>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" of the line for the name of your employer. If you are self-employed, you should also enter the address information for your self-employment.</li> <li>(Employer's name or type of self-employment)</li> </ul>	12.	·		<u> </u>		
<ul> <li>13. What is your current employment status? (Check one of the three boxes)  Employed Unemployed Self-employed</li> <li>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" of the line for the name of your employer. If you are self-employed, you should also enter the address information for your self-employment.</li> <li>(Employer's name or type of self-employment)</li> </ul>			ed a county. If you live in	the city of Saint Louis,	you should write "Sain	t Louis city" in the
□ 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" of 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)		blank.		2.		
□ 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" of 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)						
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" of 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)	13.				e boxes)	
If you are self-employed, enter a brief description of the type of work you perform such as "Landscaping" or "Day care" of 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)			oloyed L Self-emp	loyed		
If you are self-employed, enter a brief description of the type of work you perform such as "Landscaping" or "Day care" of 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)						
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)	14.					
(Employer's name or type of self-employment)						
(Employer's name or type of self-employment)			mployer. If you are self-e	employed, you should al	so enter the address ii	ntormation for your
		seir-employment.				
		(Employer's name or type of se	lf-employment)			
(Street)			, ,			
(Street)						
		(Street)				
					_	
(City) (State) (Zip)		(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*.

	t Name) (Miler the full legal name of Respond	ddle Name) (Last Name) ent 1 on the lines above)	(.	Jr./Sr./III)
15.	What is Respondent 1's m	nailing address?		
	•	urt will use to send information		to this Respondent. If you do not know this address.
				~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
	(Street)			
	(City)	(State)		<del>-</del> 1,5×
	( )			
	(Telephone Number with Area C	Code) (E-mail Address - Opti	onal)	
16.	What are the last four num  Do not leave this field blank. If	•		number? rity number, enter "Unknown" in this field.
	XXX-XX		SKI	
17.	Is Respondent 1 over the ☐ Yes ☐ No	age of eighteen? <i>(Check</i>	one of the two	boxes)
18.	Respondent 1 lives in $\Box$ t	he United States 🗌 anot	her country, w	hich is
19.	Respondent 1 lives in	Missouri   another state	e, which is	·
20.	Respondent 1 lives in the City of Saint Louis is considere city" in the blank.	•	lives in the city o	f Saint Louis, you should write "Saint Louis
21.	Respondent 1 is currently (Check one of the four box		oyed 🗌 self-e	mployed
22.	If Respondent 1 is employ	ed or self-employed, whe	ere do they cu	rrently work?
	If this Respondent is self-emple "Day care," on the line for the raddress information for their se	name of the employer. If this Re	of the type of wor espondent is self-	k they perform, such as "Landscaping" or employed you should also enter the
	Str.			
	(Employer's name or type of sea	f-employment)		
	5			
(1)	(Street)			
	(City)	(State)	(Zip)	_
23.	If this Respondent is on active	judgment without this Respor	United States, th	eck "is" or "is not") ne Servicemembers Civil Relief Act (SCRA) ou should contact a lawyer about this

## **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*.

	t Name) er the full legal name of Respo	Middle Name) (Last Name) Indent 2 on the lines above)		(Jr./Sr./III)
24.	What is Respondent 2's	mailing address?		
	This is the address that the	•		ase to this Respondent. If you do not know this own address.
	(Street)			
	(City)	(State)	(Zip)	
	( )			
	(Telephone Number with Are	a Code) (E-mail Address - Ор	otional)	
25.		umbers of Respondent 2's . If you do not know this Respond		urity number? security number, enter "Unknown" in this field.
	XXX-XX		,5	/
26.	Is Respondent 2 over th ☐ Yes ☐ No	e age of eighteen? (Check	k one of the	two boxes)
27.	Respondent 2 lives in [	brack the United States $ brack$ ano	ther country	y, which is
28.	Respondent 2 lives in [	☐ Missouri ☐ another sta	te, which is	·
29.	Respondent 2 lives in the City of Saint Louis is considerity" in the blank.		t lives in the c	ity of Saint Louis, you should write "Saint Louis
30.	Respondent 2 is current (Check one of the four l		oloyed 🗌 se	elf-employed
31.	If Respondent 2 is empl	oyed or self-employed, wh	ere do they	currently work?
	If this Respondent is self-en "Day care," on the line for the address information for their	e name of the employer. If this R	of the type of Respondent is	work they perform, such as "Landscaping" or self-employed you should also enter the
	Pil			
	(Employer's name or type of	self-employment)		
	5			
(1)	(Street)			
	(City)	(State)	(Zip)	
32.	If this Respondent is on acti	g a judgment without this Respo	e United State	Check "is" or "is not") es, the Servicemembers Civil Relief Act (SCRA) ent. You should contact a lawyer about this

## **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*.

	t Name) er the full legal name of Resp	(Middle Name) (Last Name) condent 3 on the lines above)	(Jr./Sr.	<del>/I</del> II)
33.	What is Respondent 3'	s mailing address?		07
	This is the address that the	•		Respondent. If you do not know this ess.
	(Street)			C.A.
	(City)	(State)	(Zip)	1,5 <sup>×</sup>
	( )			0
	(Telephone Number with Ar	rea Code) (E-mail Address - Optio	nal)	
34.	What are the last four	numbers of Respondent 3's s	ocial security num	ber?
	Do not leave this field blan	k. If you do not know this Responde	nt's social security nu	mber, enter "Unknown" in this field.
	XXX-XX		6	
35.	Is Respondent 3 over t ☐ Yes ☐ No	he age of eighteen? (Check	one of the two box	res)
36	Respondent 3 lives in	☐ the United States ☐ anoth	per country, which	ie
	·	_	•	
37.	Respondent 3 lives in	☐ Missouri ☐ another state	, which is	·
38.	Respondent 3 lives in the City of Saint Louis is consicity" in the blank.		ives in the city of Sain	t Louis, you should write "Saint Louis
39.	Respondent 3 is currer (Check one of the four		oyed 🗌 self-emplo	oyed   employment unknown.
40.	If Respondent 3 is emp	bloyed or self-employed, whe	re do they current	y work?
	If this Respondent is self-e "Day care," on the line for the address information for the	the name of the employer. If this Re	f the type of work they spondent is self-emple	perform, such as "Landscaping" or byed you should also enter the
	STI2			
	(Employer's name or type of	f self-employment)		
	5			
	(Street)			
	(City)	(State)	(Zip)	
41.	If this Respondent is on ac	tive duty in the armed forces of the ing a judgment without this Respond	United States, the Ser	vicemembers Civil Relief Act (SCRA)

#### Information about the Children

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./I (Street) (City) (State) (Zip)(Dates) (2)(Last Name) (First Name) (Middle Name) (Jr./Sr./III) (Street) (City) (Dates) (State) (Zip)(3)(Jr./Sr./III) (First Name) (Middle Name) (Last Name) (Street) (City) (Zip)(Dates) (State) 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.

42. List the name of the parent or guardian with whom the children have lived and the address where

attached Parenting Plan marked Exhibit	
declared the father of the child(ren) listed in question 1 of this <i>Petition</i> and the questions 3 through 5 of this <i>Petition</i> be excluded as the father of the children	•
m requesting that (First Name) (Middle Name) (Last Name)	(Jr./Sr./III)
quest for Relief	
benefits in the past? (Check one of the two boxes)  Yes No	received TANF
List the judicial case number(s).	· O <sub>1</sub> .
If yes, has the Family Support Division issued a child support order? (Chec Yes No	k one of the two boxes)
If yes, list the eight digit IV-D number(s).	
	If yes, has the Family Support Division issued a child support order? (Chec. Yes No List the judicial case number(s).  Do any of the children listed in this Petition currently receive Temporary Ass Families (TANF) benefits through the Family Support Division, or have they 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 Mother's of Paternity, Custody and Support and other forms filed with this Petition. In serve the Family Support Division are listed on page 12 of this Petition.  Quest for Relief  In requesting that  (First Name)  (Middle Name)  (Last Name)  declared the father of the child(ren) listed in question 1 of this Petition and the questions 3 through 5 of this Petition be excluded as the father of the children so 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 Plat The custody arrangement that is in the best interests of the minor children is attached Parenting Plan marked Exhibit  Child Support should be as set forth in Part B of the attached Parenting Plan  Child Support should be as set forth in Part B of the attached Parenting Plan

rst Name)	(Middle Name)	(Last Name)	(Jr./Sr./	<del>III</del> )			
ou must fill out letition.	Directions for Se	rvice on each p	oerson listed in I	response to question 6 of this			
neck one of the	following service	options:					
Support, which Support. Ther	n is being filed with efore, do not issue	n the <i>Mother's F</i> e a summons. Answer to Petition	Petition for Declar  of for Declaration of Pa	ration of Paternity, Custody and ration of Paternity, Custody and aternity, Custody and Support at the same of a notary public.			
Respondent 1	should be served	with a summon	s at their home:				
Respondent 1 m served, you mu	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)				<u> </u>			
(City)		(State)	(Zip)	-			
Respondent 1	should be served	with a summon	s at their place of	f employment:			
				. If you are going to have Respondent be served on Respondent 1.			
oor rou, you me	iot mo unotifor copy	or an your accum		ao con tou on neoponuoni n			
(Employer's Nam	ne)	0-1		(Hours of Employment)			
(Street)		, KO,					
		(State)	(Zip)	-			

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.

Firs	st Name)	(Middle Name)	(Last Name)	(Jr./Sr./III	, )	
	u must fill out Dire Fition.	ctions for Sei	vice on each	person listed in re	esponse to question 6 of this	
Che	eck one of the follo	owing service	options:			
	Support, which is I Support. Therefore If you check this box,	peing filed with e, do not issue you must file the	the <i>Mother's I</i> a summons.  Answer to Petition	Petition for Declara	ntion of Paternity, Custody and tion of Paternity, Custody and ernity, Custody and Support at the same of a notary public.	
٦	Respondent 2 sho	uld be served	with a summor	ns 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)			. <	<b>X</b> -	
	(City)		(State)	(Zip)		
7	Respondent 2 sho	uld be served	with a summor	ns at their place of	employment:	
					If you are going to have Respondent 2 e served on Respondent 2.	
	(Employer's Name)		2		(Hours of Employment)	
	(Street)		· <0,			
	(City)		(State)	(Zip)		

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.

rırs	t Name)	(Middle Name)	(Last Name)	(Jr./S	Sr./III)
	ı must fill out Direct ition.	ions for Sei	rvice on each p	erson listed i	n response to question 6 of this
h	eck one of the follow	ving service	options:		
	Support, which is be Support. Therefore,	eing filed with do not issue ou must file the	n the <i>Mother's F</i> e a summons. Answer to Petition	Petition for Dec	elaration of Paternity, Custody and laration of Paternity, Custody and Paternity, Custody and Support at the same front of a notary public.
٦	Respondent 3 shou			·	
J	Respondent 3 must be	served within 3	0 days of the issua	nce of the summo	ons. If you are going to have Respondent to be served on Respondent 3.
	(Street)				- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
	(Street)		(State)	(Zip)	
7	(City)	ld be served	, ,	(C)	e of employment:
	(City)  Respondent 3 shou Respondent 3 must be	served within 3	with a summon 30 days of the issua	s at their place	e of employment: ons. If you are going to have Respondent to be served on Respondent 3.
	(City)  Respondent 3 shou Respondent 3 must be	served within 3	with a summon 30 days of the issua	s at their place	ons. If you are going to have Respondent
	(City)  Respondent 3 shou Respondent 3 must be	served within 3	with a summon 30 days of the issua	s at their place	ons. If you are going to have Respondent
	(City)  Respondent 3 shou Respondent 3 must be served, you must file	served within 3	with a summon 30 days of the issua	s at their place	ons. If you are going to have Respondent to be served on Respondent 3.
	(City)  Respondent 3 shou Respondent 3 must be served, you must file  (Employer's Name)	served within 3	with a summon 30 days of the issua	s at their place	ons. If you are going to have Respondent to be served on Respondent 3.

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 Mother'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 Mother'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** 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.

Mother's Petition for Declaration of Paternity, Custody and Support Form CAFC302 07/01/2018

My commission expires:

, Notary Public

County, State of Missouri

### **Attorney Information**

(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)
	ABILE FOR FREE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF	SELLERY
THIS FORM IS AVAILA		