Not Approved for use in Contested Cases

IN THE			cated. City of Saint L	, MISSOURI ouis is considered a county.)
In re the Marria	ige of:			
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	Case Number
Petitioner, (Ente	er your full legal name	above)		(Will be assigned when case is filed)
-and-				
				Division Number
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Will be assigned when case is filed)
Respondent. (E	nter your spouse's ful	legal name above))

Judgment and Decree of Dissolution of Marriage

Parties

1.	Appearances (Check all that apply)					
	Petitioner appears in person.		F	Respondent appea	rs in person.	
	Petitioner appears by attorney.		F	Respondent appea	rs by attorney	
	Cause submitted upon affidavit of P	etitioner.		Cause submitted up	oon affidavit o	f Respondent.
	Guardian ad Litem appears in perso	on.				
	Third Party					appears in person.
	(First Name)	(Middle Nan	ie)	(Last Name)	(Jr./Sr./III)	
	Third Party					appears by attorney.
	(First Name)	(Middle Na	me)	(Last Name)	(Jr./Sr./III)	
2	The last four digits of the Patitionar's	Social Sec	urit.	Number are	and	the last four

- The last four digits of the Petitioner's Social Security Number are ______ and the last four Ζ. digits of the Respondent's Social Security Number are _____.
- 3. Check one of the two boxes.
 - Respondent is not on active duty in the armed services of the United States now or any time since the filing of the petition herein.
 - Respondent is on active duty in the armed services of the United States, but has waived his or her rights pursuant to the Servicemembers Civil Relief Act of 2003.

Jurisdiction

- Thirty (30) days have elapsed since the filing of the petition herein. 4.
- 5. Check one of the two boxes.
 - The court has personal jurisdiction over Respondent.
 - The court does not have personal jurisdiction over Respondent.

- 6. Check all that apply.
 - Petitioner has been a resident of the State of Missouri for at least 90 days immediately prior to the filing of the petition herein.
 - Respondent has been a resident of the State of Missouri for at least 90 days immediately prior to the filing of the petition herein.

Marriage

county of ______, in the state of ______.

- 8. The parties continued to live together until ____/ / ____, on or about which date they separated. _______(mm/dd/yyyy)
- 9. There is no reasonable likelihood that the marriage of the parties can be preserved, and the marriage is therefore irretrievably broken.

Children

10. Check all that apply.

Petitioner Respondent is/are not now pregnant.

- 11. Check one of the two boxes.
 - There are no unemancipated children born or adopted of the marriage.
 - There is/are ______ unemancipated living child(ren) born or adopted of the marriage.

The name(s), age(s) and last four digits of the Social Security Number(s) of said child(ren) are:

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)

As used herein, "minor child(ren)" refers to the unemancipated living child(ren) listed above.

It is therefore ordered, adjudged and decreed that:

12. The marriage of Petitioner and Respondent is dissolved.

Maintenance

- 13. Maintenance to Petitioner (Check one of the three boxes)
 - No maintenance is to be paid to Petitioner by Respondent. This order is not subject to modification.
 - Respondent is ordered to pay to Petitioner the sum of ______ per month as and for maintenance. Said maintenance [] is [] is not subject to modification. (Check "is" or "is not" if you choose this option)
 - The court lacks jurisdiction to enter any orders with respect to maintenance of Petitioner.
- 14. Maintenance to Respondent (Check one of the three boxes)
 - No maintenance is to be paid to Respondent by Petitioner. This order is not subject to modification.
 - □ Petitioner is ordered to pay to Respondent the sum of ______ per month as and for maintenance. Said maintenance □ is □ is not subject to modification. (Check "is" or "is not" if you choose this option)
 - The court lacks jurisdiction to enter any orders with respect to maintenance of Respondent.
- 15. Wage Assignment for Maintenance (If maintenance is to be paid by either party) (Check one of the two boxes)

Income withholding shall be prepared by the obligee and issued by the circuit clerk upon the
effective date of this order.

Income withholding shall not issue for the following reason(s):

Child Custody (If there are unemancipated children)

16. Check one of the two boxes.

The court does **not** have "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren) and therefore enters no further orders with respect to the custodial arrangements of the minor child(ren).

The court has "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren).

The court approves the provisions of Part A of the parenting plan marked Exhibit _______ pertaining to the custodial arrangements of the minor child(ren) and finds that the custodial arrangements contained in said parenting plan are in the best interests of the minor child(ren).

Therefore, the court orders the provisions of Part A of said parenting plan pertaining to the custodial arrangements of the minor child(ren) and incorporates by reference all of the terms and conditions pertaining to the custodial arrangements of the minor child(ren) set forth in Part A of said parenting plan as if fully set forth herein.

The sheriff or other law enforcement officers shall enforce the rights of any person to custody or visitation pursuant to §452.425, RSMo.

In the event of noncompliance with this order, the aggrieved party may file a verified motion for contempt. If custody, visitation, or third-party custody is denied or interfered with by a parent or third party without good cause, the aggrieved person may file a family access motion with the court stating the specific facts that constitute a violation of the custody provisions of the judgment of dissolution, legal separation, or judgment of paternity. The circuit clerk will provide the aggrieved party with an explanation of the procedures for filing a family access motion and a simple form for use in filing the family access motion. A family access motion does not require the assistance of legal counsel to prepare and file.

Child Support (If there are unemancipated children)

- 17. Check one of the two boxes.
 - The court does not have jurisdiction to enter any orders with respect to the support of the minor child(ren).
 - ☐ The court orders the provisions of Part B of the parenting plan marked Exhibit ______, pertaining to the support of the minor child(ren) and incorporates by reference all of the terms and conditions set forth in Part B of said parenting plan as if fully set forth herein.

Marital and Non-marital Property and Marital Debt

- 18. Division of Property (Check one of the two boxes)
 - The parties have entered into a separation agreement marked Exhibit _______, which is found to be **not unconscionable**. Said separation agreement is incorporated herein and the parties are ordered to perform the terms and conditions set forth therein as well as such further and other orders contained in this judgment.
 - The parties have **not** entered into a separation agreement. All marital and non-marital property and marital debt are divided in Exhibit _______. Said division is fair and equitable and the parties are ordered to perform the terms and conditions set forth therein.
- 19. Real Property (Check if applicable)
 - The legal description of the real property or properties divided herein is more fully set forth in Exhibit(s) ________, which is/are incorporated into and made a part of this judgment.

20. Pension and Retirement Plans

If this judgment divides any pension or retirement benefits, the court intends its judgment to be a qualified domestic relations order and retains jurisdiction for the purpose of establishing or maintaining this order as a qualified domestic relations order or to revise or conform its terms so as to effectuate the expressed intent of this order.

21.	. Other Orders Concerning Property and Debt (Check if applicable)				
		is ordered to pay to	the sum of		
	as and for				

22. This judgment divides all marital and non-marital property and marital debt. No other marital or non-marital property or marital debt remains to be divided by the court except as set forth herein.

Attorney's Fees

.

23. Check one of the three boxes.
Neither party is awarded attorney's fees from the other party.
Petitioner shall pay to ______ the sum of ______ as and for Respondent's attorney's fees herein.
Respondent shall pay to ______ the sum of ______ as and for Petitioner's attorney's fees herein.

Name Change

- 24. Check all that apply.
 - Petitioner is granted restoration of their (maiden or former) name of

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	
Respondent is granted restoration of their (maiden or former) name of				

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

Other Orders

- 25. Check if applicable.
 - Other orders are as per the attached Exhibit ______, which is incorporated by reference as if fully set forth herein.

Court Costs

- 26. Check one of the two boxes.
 - Court costs are to be paid from the court cost deposit(s) previously posted.
 - Court costs are waived.

Waiver of Right to Rehearing (If case is heard by a Commissioner pursuant to §487.010, RSMo, et seq.)

We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

Signature of Petitioner's Attorney
Signature of Respondent's Attorney
Signature of Guardian ad Litem
Signature of Petitioner
Signature of Respondent
Signature of Third Party

(If heard by a Family Court Judge)	(If heard by a Family Court Commis Findings and Recommendatio	
(Judge)	(Commissioner)	(Date)
(Date)	All orders and these findings an Commissioner are confirmed an court.	d recommendations of the ad adopted as the judgment of the
	(Judge)	(Date)

A certified copy of this judgment is to be mailed to the following person(s): (Check all applicable boxes)

(Print Name of Petitioner's Attorney)	(Print Name of Respondent's Attorney)	(Print Name of Guardian ad Litem)
(Street)	(Street)	(Street)
(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)
(Print Name of Petitioner)	(Print Name of Respondent)	(Print Name of Third Party)
(Street)	(Street)	(Street)
(City, State, Zip) ()	(City, State, Zip)	(City, State, Zip)

Judgment and Decree of Dissolution of Marriage Form CAFC070 07/01/2018 Page 6 of 6 This form is available for free at www.selfrepresent.mo.gov

IN THE CIRCUIT COURT OF

, MISSOURI

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

	\backslash	
(First Name)(Middle Name)(Last Name)Petitioner, (Enter full legal name of Petitioner above)	— (Jr./Sr./III)	
-and-		
The MINOR CHILD(REN) as listed in question 1 of the <i>Petition for Declaration</i> <i>of Paternity, Custody and Support,</i> By Next Friend,		Case Number (Use number on Petition)
v.		
Respondents shall be listed in the order used in question 6 of	the <i>Petition</i> .	
(First Name) (Middle Name) (Last Name) Respondent 1, (Enter full legal name of Respondent 1 above) -and-	(Jr./Sr./III)	Division Number
(First Name) (Middle Name) (Last Name)		(Use number on Petition)
Respondent 2, (Enter full legal name of Respondent 2 above)		
-and-		
(First Name)(Middle Name)(Last Name)Respondent 3.(Enter full legal name of Respondent 3 above)	(Jr./Sr./III)	

Statement of Income and Expenses (For use in Paternity Action)

Мс	onthly 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		

Мо	nthly 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)		

Мо	nthly 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 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 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:

_ , MISSOURI

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

			\mathbf{i}	
(First Name)	(Middle Name) (L	.ast Name)	(Jr./Sr./III)	
Petitioner, (Enter	full legal name of Petitic	oner above)		
v .				Case Number (Use number on Petition)
(First Name) (Enter full legal name	1 / 1	.ast Name)	(Jr./Sr./III)	
-and-				
	- /			Division
	_D(REN) as listed ne Presumed Fathe f Non-Paternity,	r's Petition		Number (Use number on Petition)
Respondents.)	

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

Мс	nthly 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		

Мо	nthly 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)		

Мо	nthly 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 be/che executed the same as bis/ber free

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:

IN THE CIRCUIT COURT OF

, **MISSOURI**

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

	\mathbf{i}	
(First Name)(Middle Name)(Last Name)Petitioner, (Enter your full legal name above)	— (Jr./Sr./III)	
-and-		Case
The MINOR CHILD(REN) as listed in question 1 of the <i>Father's Petition for Declaration of P</i> <i>Custody and Support</i> , By Next Friend,	Paternity,	Number(Will be assigned when case is filed)
v .		
Respondents shall be listed in the order used in question 6 of	this <i>Petition</i> .	
(First Name) (Middle Name) (Last Name) Respondent 1 , (Enter full legal name of Respondent 1 above)	(Jr./Sr./III)	
-and-		Division Number (Will be assigned when case is filed)
(First Name)(Middle Name)(Last Name)Respondent 2, (Enter full legal name of Respondent 2 above)	(Jr./Sr./III)	
-and-		
(First Name) (Middle Name) (Last Name) Respondent 3. (Enter full legal name of Respondent 3 above)	— (Jr./Sr./III)	

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)

	С						
	(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)
		(middle Marrie)	(Last Name)			(01./01./11)	(Onito's Age)
	f	(Middle Name)	(Last Name)			(Jr./Sr./III)	(Child's Age)
2.	The name of the mother of t	he minor child(I	ren) is				
	(First Name) (Mid	ddle Name) (Las	st Name)		r./III)		
3.	Was the mother married to a <i>Petition? (Check one of the</i>		ne she becam	e pregnant	with any ch	nild(ren) lis	sted in this
	If yes, who was she married			<u>/:-/-//- ///</u>	(1 ())		
		(First Name)	(N	liddle Name)	(Last Name)		(Jr./Sr./III)
4.	Was the mother married to a one of the two boxes)	a man at the tim	ne any childre	n listed in tl	his Petition	were borr	ו? (Check
	If yes, who was she married						
		(First Name)	(N	/iddle Name)	(Last Name)		(Jr./Sr./III)
5.	An acknowledgment of pate certificate. Did any man sigr at the hospital or at any othe	an acknowled	gment of pate	ernity for the			
	If yes, who listed himself as (Check one of the two boxes) I did.		e acknowled	gment of pa	ternity or b	irth certific	cate?
	Someone else did.	Name)	(Middle Na	<u>ama)</u> (Last	Name)	<u>/ Ir</u>	:/Sr./III)
	ורווסנ	Name)	(IVIIUUIE IV	ame) (Lasi	name)	(3)	./31./111)
6.	List the names of all persons Respondents to this <i>Petition</i>					ons are th	ıe
	If you list more than 3 difference pages answering the question must also attach additional I additional Respondent.	ons 15 through	23 of this Pet	tition for eac	ch additiona	al Respon	dent. You
	Respondent 1						
	(First Name)	(M	iddle Name) (L	ast Name)	(.	Jr./Sr./III)	

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)

Info	ormation about Petitione	r					
(Ent	er your name on the lines)	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)		
7.	What is your mailing addres	s?					
	This is the address the court will pending, you must send a letter t the address at which you live. Ev a mailing address. Because court	to the court notifying it ven if you do not wish t	of your new address. The give the address at w	his address is not nece hich you live, you mus	essarily the same as t still give the court		
(Street)							
	(City)	(State)	(Zip)	-			
	()						
	(Telephone Number with Area Coo	le) (E-mail Address	: Optional)				
8.	What are the last four numb	ers of your social	security number?				
	XXX-XX-						
9.	Are you over the age of eigl	nteen? (Check one	e of the two boxes)				
10.	I live in 🗌 the United States	s 🗌 another coun	try, which is		·		
11.	I live in 🗌 Missouri 🗌 ano	ther state, which is	S				
12.	I live in the county of City of Saint Louis is considered blank.			you should write "Saint	t Louis city" in the		
13.	What is your current employ			e boxes)			
14.	If you are employed or self-	employed, where	do you currently wo	rk?			
If you are self-employed, enter a brief description of the type of work you perform such as "Landscaping" or "Day car on the line for the name of your employer. If you are self-employed, you should also enter the address information fo your self-employment.					ing" or "Day care" s information for		
	(Employer's name or type of self-	employment)					
	(Street)						
	(City)	(State)	(Zip)	-			

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 Resp	ondent 1 on the lin	nes above)	

15. What is Respondent 1's mailing address?

	(Street)					
	(City)	(State)	(Zip)	_		
	(Telephone Number with Area Code)	(E-mail Address -	Optional)			
16.	What are the last four numbers Do not leave this field blank. If you do	•		y number? urity number, enter "Unknown" in this field.		
	XXX-XX-					
17.	Is Respondent 1 over the age o	f eighteen? (Cl	neck one of the tw	o boxes)		
18.	. Respondent 1 lives in the United States another country, which is					
19.	Respondent 1 lives in Misso	ouri 🗌 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 (<i>Check one of the four boxes</i>)					
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 "Landscapin "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.	If this Respondent is on active duty in	the armed forces	of the United States,	neck "is" or "is not") the Servicemembers Civil Relief Act consent. You should contact a lawyer about		

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 Resp	oondent 2 on the li	nes above)	

24. What is Respondent 2's mailing address?

	(Street)						
	(City)	(State)	(Zip)	_			
	(Telephone Number with Area Code)	(E-mail Address	- Optional)				
25.	What are the last four numbers of Do not leave this field blank. If you do	•		y number? urity number, enter "Unknown" in this field.			
	XXX-XX-						
26.	Is Respondent 2 over the age of	eighteen? (Ch	eck one of the tw	vo boxes)			
27.	Respondent 2 lives in \Box the Un .	ited States 🗌 a	another country,	which is			
28.	Respondent 2 lives in Misso	uri 🗌 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 \Box em (Check one of the four boxes)	ployed 🗌 une	mployed 🗌 self-	employed 🗌 employment unknown.			
31.	If Respondent 2 is employed or a If this Respondent is self-employed, en "Day care," on the line for the name of address information for their self-employed	ork they perform, such as "Landscaping" or					
	(Employer's name or type of self-employment)						
	(Street)						
	(City)	(State)	(Zip)	_			
32.	If this Respondent is on active duty in	the armed forces of a judgment without	of the United States,	neck "is" or "is not") the Servicemembers Civil Relief Act consent. You should contact a lawyer about			

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 Res	pondent 3 on the l	ines above)	

33. What is Respondent 3's mailing address?

	(Street)	
	(City)(State)(Zip)()(Telephone Number with Area Code)(E-mail Address - Optional)	
34.	34. What are the last four numbers of Respondent 3's social security nur Do not leave this field blank. If you do not know this Respondent's social security n	
	XXX-XX-	
35.	 35. Is Respondent 3 over the age of eighteen? (Check one of the two bo Yes No 	xes)
36.	36. Respondent 3 lives in \Box the United States \Box another country, which .	n is
37.	37. Respondent 3 lives in 🗌 Missouri 🗌 another state, which is	·
38.	38. Respondent 3 lives in the county of City of Saint Louis is considered a county. If this Respondent lives in the city of Sai Louis city" in the blank.	
39.	 Respondent 3 is currently employed unemployed self-empl (Check one of the four boxes) 	oyed 🗌 employment unknow
10.	10. If Respondent 3 is employed or self-employed, where do they curren	tly work?
	If this Respondent is self-employed, enter a brief description of the type of work the "Day care," on the line for the name of the employer. If this Respondent is self-emp address information for their self-employment.	y perform, such as "Landscaping" or loyed you should also enter the
	(Employer's name or type of self-employment)	
	(Street)	
	(City) (State) (Zip)	
41.	41. Respondent 3 is is not on active duty in the military. <i>(Check</i> If this Respondent is on active duty in the armed forces of the United States, the Se	

(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)

_

(Firs	t Name)	(Middle Name)	(Last Name)	(Jr./Sr	r./III)		
	ı must fill out Dire <i>ition</i> .	ctions for Ser	vice on each	person listed in	i response to qu	lestion 6 of this	
Che	eck one of the follo	owing service	options:				
	Respondent 1 has Support, which is I Support. Therefore	peing filed with e, do not issue	the <i>Father's</i> a summons.	Petition for Decla	ration of Paternit	ty, Custody and	
	If you check this box, time you file this Peti					nd Support at the same	
	Respondent 1 sho	uld be served	with a summo	ons at their home:			
	•	e served within 3) days of the iss	ance of the summon	ns. If you are going	to have Respondent espondent 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	f Employment)	
	(Street)						
	(City)		(State)	(Zip)			
	Respondent 1 can copy of the <i>Affidav</i> 54.12(b).					ail is requested. A ipreme Court Rule	

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)

(Firs	t Name)	(Middle Name)	(Last Name)	(Jr./Sr./]]])	
	ı must fill out Dire <i>ition</i> .	ctions for Ser	vice on each	person listed in r	response to question	on 6 of this
Che	eck one of the follo	owing service	options:			
	Support, which is the Support. Therefore	peing filed with e, do not issue	the <i>Father's</i> a summons.	Petition for Declara	ration of Paternity, C ation of Paternity, Cu	istody and
				on for Declaration of Pa y Respondent 2 in from	aternity, Custody and Sup nt of a notary public.	oport at the same
	Respondent 2 sho	uld be served	with a summo	ns at their home:		
					. If you are going to hav o be served on Respon	
	(Street) (City)		(State)	(Zip)		
		e served within 3) days of the iss	ance of the summons.	f employment: . If you are going to hav o be served on Respon	
	(Employer's Name)				(Hours of Emplo	oyment)
	(Street)					
	(City)		(State)	(Zip)	-	
	•			•	by registered mail is r See Missouri Suprem	

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)

(Firs	t Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	
	ı must fill out Dire <i>ition</i> .	ctions for Ser	vice on each	person listed in re	esponse to questio	n 6 of this
Che	eck one of the follo	owing service	options:			
	Support, which is the Support. Therefore	peing filed with e, do not issue	the <i>Father's</i> a summons.	Petition for Declarat	ition of Paternity, Cu tion of Paternity, Cu	stody and
				on for Declaration of Pate y Respondent 3 in front	ernity, Custody and Sup of a notary public.	port at the same
\square	Respondent 3 sho	uld be served	with a summo	ns at their home:		
					f you are going to have be served on Respond	
	(Street) (City)		(State)			
	Respondent 3 must b 3 served, you must	e served within 3) days of the issu		f you are going to have be served on Respond	lent 3.
	(Employer's Name)				(Hours of Emplo	yment)
	(Street)					
	(City)		(State)	(Zip)		
	•				registered mail is re e Missouri Supremo	•

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 n	otary public.		
STATE OF)			
) SS COUNTY OF)			
	, 20, before me personally appeared to me known to be the person described in and who		
	ed that he/she executed the same as his/her free act		

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)

IN THE CIRCUIT COURT OF _

, MISSOURI

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

			\mathbf{i}	
(First Name) Petitioner, (Enter	(Middle Name) (Last Nam /our full legal name above)	ne)	(Jr./Sr./III)	
-and-				
The MINOR CHIL in question 1 of th <i>Custody and Sup</i> By Next Friend,	e Mother's Petition for De	claration of Pa	aternity,	Case Number (Will be assigned when case is filed)
v.				
Respondents shall	be listed in the order used in	question 6 of th	nis <i>Petition</i> .	
(First Name) Respondent 1, (First Name)	(Middle Name) (Last Nam Enter full legal name of Respond	,	(Jr./Sr./III)	
-and-				Division Number (Will be assigned when case is filed)
(First Name) Respondent 2, (E	(Middle Name) (Last Nam Enter full legal name of Respond	,	(Jr./Sr./III)	
-and-				
(First Name) Respondent 3. (B	(Middle Name) (Last Nam Enter full legal name of Respond	,	(Jr./Sr./III))

Mother's Petition for Declaration of Paternity, Custody and Support

The Parties

This *Petition* is for a mother to ask the court to determine who is the father of her child(ren). A mother must file a separate *Mother's Petition for Declaration of Paternity, Custody and Support* for each father of her children. 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 determine paternity for the following child(ren):

a	(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 N	lame)	(Last Nam	(Last Name)		(Jr./Sr./III)	(Child's Age)
	d (First Name)	(Middle N	lame)	(Last Nam	e)		(Jr./Sr./III)	(Child's Age)
	e (First Name)	(Middle N	lame)	(Last Nam	e)		(Jr./Sr./III)	(Child's Age)
	f	(Middle N	lame)	(Last Nam	e)		(Jr./Sr./III)	(Child's Age)
2.	I ask this court to	o find		ā	Middle Name)	(Last Name)	(Jr./Sr./III)
	is the father of th	ne child(ren) listed in	this <i>Pe</i>		,	((
3.	-	ed to a man at the tim c one of the two boxe	-	became p	regnant with	any child(re	en) listed in	this
	If yes, who were	you married to?	<u> </u>			<u> </u>		
		(First	Name)		(Middle Name) (Last Name	9 <i>)</i>	(Jr./Sr./III)
4.	Were you marrie one of the two b	ed to a man at the tim oxes)	e any	of the child	dren listed in	this Petitio	n were borr	n? (Check
	If yes, who were	you married to?	N (= =)		(A.4:-1-11 A.1		-)	
		(FIrst	Name)		(Middle Name) (Last Name	9)	(Jr./Sr./III)
5.	certificate. Did a	nent of paternity is ar ny man sign an ackn t any other time? <i>(Ch</i>	owledg	gment of p	aternity for th	•		
	If yes, who listed	himself as the fathe	r on th	e acknowle	edgment of p	paternity or	birth certific	cate?
	(First Name)	(Middle Name)	(Las	t Name)	(Jr./	/Sr./III)		
6.	List the names of to this <i>Petition.</i>	of all men you named	in que	estions 2, 3	6, 4 and 5. Th	nese persor	ns are the F	Respondents
	pages answering	than 3 different per g the questions 15 th additional Directions ondent.	rough 2	23 of this I	Petition for ea	ach additior	al Respon	dent. You
	Respondent 1 -	(First Name)		ddla Nama)	(Last Name)		(Jr./Sr./III)	
	Respondent 2 -	(First Name) (First Name)			(Last Name)		(Jr./Sr./III)	
	Respondent 3 -	(First Name)		ddle Name)	(Last Name)		(Jr./Sr./III)	

Info	ormation about Petition	er				
(Ent	er 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 pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the s the address at which you live. Even if you do not wish to give the address at which you live, you must still give th mailing address. Because court actions are a matter of public record, the address you list will be available to the						
	(Street)					
	(<i>City</i>)	(State)	(Zip)	-		
	(Telephone Number with Area C	code) (E-mail Address	- Optional)			
8.	What are the last four num XXX-XX-	bers of your social s	security number?			
9.	Are you over the age of eig	hteen? (Check one	of the two boxes)			
10.	I live in 🗌 the United State	es 🗌 another count	ry, which is		·	
11.	I live in 🗌 Missouri 🗌 and	other 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" the line for the name of your employer. If you are self-employed, you should also enter the address information for you self-employment.						
	(Employer's name or type of self-employment)					
	(Street)					
	(City)	(State)	(Zip)	-		

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)	
(Enter the full legal name of Resp	ondent 1 on the li	ines above)	

15. What is Respondent 1's mailing address?

	(Street)					
	(City)	(State)	(Zip)	-		
	() (Telephone Number with Area Code)	(E-mail Address -	Optional)			
16.	What are the last four numbers Do not leave this field blank. If you do	•		r number? rity number, enter "Unknown" in this field.		
	XXX-XX-					
17.	Is Respondent 1 over the age of	f eighteen? (Ch	neck one of the two	o boxes)		
18.	Respondent 1 lives in the Un .	ited States	another country, v	/hich is		
19.	Respondent 1 lives in 🗌 Misso	uri 🗌 another	state, which is			
20.	Respondent 1 lives in the count City of Saint Louis is considered a councity" in the blank.	,		 of Saint Louis, you should write "Saint Louis		
21.	. Respondent 1 is currently a employed a unemployed self-employed employment unknown (Check one of the four boxes)					
22.	2. 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.	If this Respondent is on active duty in	the armed forces	of the United States, t	eck "is" or "is not") he Servicemembers Civil Relief Act (SCRA) You should contact a lawyer about this		

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 Resp	oondent 2 on the li	nes above)	

24. What is Respondent 2's mailing address?

	(Street)						
	(City)	(State)	(Zip)	_			
	() (Telephone Number with Area Code)	(E-mail Address	- Optional)				
25.	What are the last four numbers of Do not leave this field blank. If you do not leave this field blank.	-		y number? urity number, enter "Unknown" in this field.			
	XXX-XX-						
26.	Is Respondent 2 over the age of	eighteen? (Cl	heck one of the tw	o boxes)			
27.	Respondent 2 lives in \Box the Uni .	ted States 🗌	another country,	which is			
28.	Respondent 2 lives in 🗌 Missou	uri 🗌 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 "Lar "Day care," on the line for the name of the employer. If this Respondent is self-employed you should also e address information for their self-employment.							
	(Employer's name or type of self-employment)						
	(Street)						
	(City)	(State)	(Zip)	_			
32.	If this Respondent is on active duty in t	he armed forces	of the United States,	<i>beck "is" or "is not")</i> the Servicemembers Civil Relief Act (SCRA) 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*.

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
Enter the full legal name of Res	pondent 3 on the li	ines 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)		tionall			
	(Telephone Number with Area Code)	(E-mail Address - Op	tional)			
34.	What are the last four numbers of Do not leave this field blank. If you do not leave the field blank.	•		number? ty number, enter "Unknown" in this field.		
	XXX-XX-					
35.	Is Respondent 3 over the age of	eighteen? (Chec	k one of the two	boxes)		
36.	Respondent 3 lives in \Box the Uni .	ted States 🗌 and	other country, wh	nich is		
37.	Respondent 3 lives in 🗌 Missou	ıri 🗌 another sta	te, which is			
38.	Respondent 3 lives in the county City of Saint Louis is considered a councity" in the blank.			 Saint Louis, you should write "Saint Louis		
39.	Respondent 3 is currently are employed end of the four boxes)	ployed 🗌 unemp	oloyed 🗌 self-er	nployed 🗌 employment unknown.		
40.	If Respondent 3 is employed or s	self-employed, wh	ere do they curr	ently work?		
	If this Respondent is self-employed, en "Day care," on the line for the name of address information for their self-emplo	the employer. If this F		they perform, such as "Landscaping" or employed you should also enter the		
	(Employer's name or type of self-employment)					
	(Street)					
	(City)	(State)	(Zip)			
41.	Respondent 3 🗌 is 🗌 is not o	n active duty in th	ne military. (Che	ck "is" or "is not")		
	If this Respondent is on active duty in t may prevent you from getting a judgme situation prior to filing this <i>Petition</i> .			e Servicemembers Civil Relief Act (SCRA) ou should contact a lawyer about this		
Math	or's Potition for Doclaration of Paternity	Custody and Suppo	\rt	Page 8 of 16		

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.

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

lf yes, h	has the Family	Support Division	issued a child	d support or	rder? (Check	one of the tv	vo boxes)
🗌 Yes	No 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 *Mother'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

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 of this *Petition* be excluded as the father of the children.

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)

(Firs	t Name)	(Middle Name)	(Last Name)	(Jr./Sr./III))	
	ı must fill out Dire <i>ition</i> .	ctions for Ser	vice on each p	erson listed in re	esponse to question 6 o	f this
Che	eck one of the follo	owing service	options:			
	Support, which is the Support. Therefore	peing filed with e, do not issue	the <i>Mother's F</i> a summons.	Petition for Declarat	tion of Paternity, Custody tion of Paternity, Custody	r and
				Respondent 1 in front	<i>ernity, Custody and Support</i> at of a notary public.	the same
\square	Respondent 1 sho	uld be served	with a summon	s at their home:		
					If you are going to have Resp e served on Respondent 1.	ondent 1
	(Street) (City)		(State)	(Zip)		
	Respondent 1 sho	uld be served	with a summon	s at their place of e	employment:	
					If you are going to have Resp e served on Respondent 1.	oondent 1
	(Employer's Name)				(Hours of Employment))
	(Street)					
	(City)		(State)	(Zip)		
	•				registered mail is reques ee Missouri Supreme Cou	

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

(Firs	t Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)		
	ı must fill out Dire <i>ition</i> .	ections for Ser	vice on each	person listed in res	sponse to question 6 of thi	S
Che	eck one of the foll	owing service	options:			
	Support, which is Support. Therefor	being filed with e, do not issue	the <i>Mother's</i> a summons.	Petition for Declaration	ion of Paternity, Custody and on of Paternity, Custody and	1
				on for Declaration of Pater by Respondent 2 in front of	<i>nity, Custody and Support</i> at the st f a notary public.	ame
	Respondent 2 sho	ould be served	with a summo	ons at their home:		
					you are going to have Responde served on Respondent 2.	ent 2
	(Street)		(State)	(Zip)		
	,	uld be served	, , , , , , , , , , , , , , , , , , ,	ons at their place of er	mploymont:	
	Respondent 2 must	be served within 3	0 days of the iss	uance of the summons. If	you are going to have Responde served on Respondent 2.	ent 2
	(Employer's Name)				(Hours of Employment)	
	(Street)					
	(City)		(State)	(Zip)		
					egistered mail is requested. Missouri Supreme Court R	

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

(Firs	t Name)	(Middle Name)	(Last Name)	(•	(Jr./Sr./III)		
	ı must fill out Dire <i>ition</i> .	ctions for Ser	vice on each	person liste	ed in response	to question 6 of this	
Che	eck one of the follo	wing service	options:				
	Support, which is the Support. Therefore	peing filed with e, do not issue	the <i>Mother's</i> a summons.	Petition for D	Declaration of Pa	aternity, Custody and aternity, Custody and	
	If you check this box, time you file this <i>Petit</i>					<i>tody and Support</i> at the sar / public.	ne
	Respondent 3 sho	uld be served	with a summo	ns at their hc	ome:		
	Respondent 3 must b served, you must file					going to have Responder on Respondent 3.	ıt 3
	(Street)						
	(City)		(State)	(Zip)			
	Respondent 3 should be served with a summons at their place of employment:						
	Respondent 3 must b served, you must file					going to have Responder on Respondent 3.	ıt 3
	(Employer's Name)				(Ho	ours of Employment)	
	(Street)						
	(City)		(State)	(Zip)			
	•			•		ed mail is requested. <i>A</i> uri Supreme Court Rul	

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)	
) SS COUNTY OF)	
•	, 20 , before me personally appeared, to me known to be the person described in and who
	ged that he/she executed the same as his/her free act
IN WITNESS WHEREOF. I have hereunto set my	hand and affixed my official seal in the County and

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.

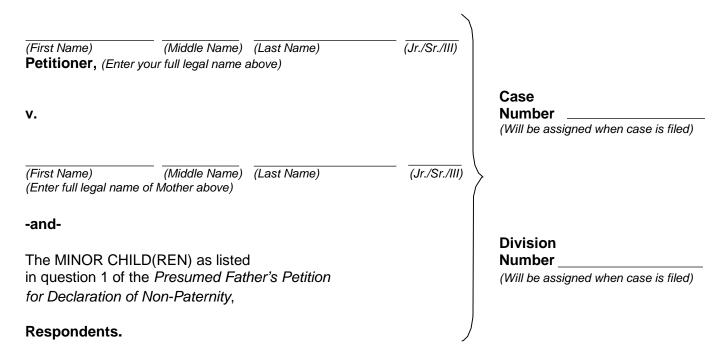
] I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.

(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)	

IN THE CIRCUIT COURT OF

, MISSOURI

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



Presumed Father's Petition for Declaration of Non-Paternity

The Parties

This *Petition* may only be used by men who are presumed to be the father of a child or children due to marriage to the mother. This *Petition* may not be used by men wanting to set aside an order of paternity or to remove their name from a birth certificate after signing an acknowledgment of paternity. Throughout this *Petition*, you will be referred to as Petitioner.

The mother and the minor child(ren) are all Respondents to your *Petition*. 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 Mother to pay the Guardian ad Litem for their time and expenses in representing the child(ren).

1. I ask the court to find I am **not** 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)		(Child's Age)
	(First Name)	(Mildule Marile)	(Last Name)	(01./01./111)	(Child's Age)
	е.				
	(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.	(<i>First Name</i>)	her of the minor child(r 	en) is 		
	She will be referred to	o as Respondent.			
3.	The mother and I we	re married on/	/		
		(Date -	- mm/dd/yyyy)		

- 4. Check all that apply.
 - The mother and I were married within 300 days of the birth of the child(ren) listed above.

The mother and I were married at the time of the birth of the child(ren).

Info	ormation about Petitioner				
(Ente	er your name on the lines)	First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
5.	What is your mailing address	?			
	This is the address the court will us is pending, you must send a letter same as the address at which you the court a mailing address. Becau the public.	to the court notifying it c live. Even if you do not	of your new address. wish to give the add	This address is not neo ress at which you live, y	cessarily the you must still give
	(Street)				
	(City) ()	(State)	(Zip)	-	
	(Telephone Number with Area Code	e) (E-mail Address - C	Optional)		
6.	What are the last four numbe xxx-xx-				
7.	Are you over the age of eight	een? (Check one o	f the two boxes)		
8.	I live in the United States	another country	, which is		
9.	I live in 🗌 Missouri 🗌 anoth	er state, which is $_$			
10.	I live in the county of				
	City of Saint Louis is considered a blank.	county. If you live in the	e city of Saint Louis,	you should write "Saint	Louis city" in the
11.	What is your current employn	·		e boxes)	
12.	If you are employed or self-er	nployed, where do	you currently wo	rk?	
	If you are self-employed, enter a be on the line for the name of your em your self-employment.				
	(Employer's name or type of self-en	nployment)			
	(Street)				
				-	
	(City)	(State)	(Zip)		

Information about Mother

Provide information for Mother as listed in response to question 2 of this Petition.

	t Name) er the full legal name of M		(Last Name)	(Jr.	/Sr./III)
			,		
13.	What is Mother's ma This is the address that current address, you sh	the court will use to s			Mother. If you do not know Mother's
	(Street)				
	(City)	(S;	tate)	(Zip)	
	() (Telephone Number with	Area Code) (E-ma	il Address - Optior	nal)	
14.	What are the last for Do not leave this field b				enter "Unknown" in this field.
	XXX-XX-	_			
15.	Is Mother over the a	ge of eighteen? (Check one of tl	he two boxes)	
16.	Mother lives in \Box th	e United States [another cour	ntry, which is $_$	
17.	Mother lives in 🗌 M	issouri 🗌 anoth	er state, which	is	·
18.	Mother lives in the c City of Saint Louis is co the blank.				s, you should write "Saint Louis city" in
19.	Mother is currently [(Check one of the fo		unemployed	self-employ	ved 🗌 employment unknown.
20.	If Mother is employe	d or self-employe	ed, where does	she currently v	work?
		e name of the employ			rms, such as "Landscaping" or "Day nould also enter the address information
	(Employer's name or typ	e of self-employment)		
	(Street)				
	(City)	(Si	tate)	(Zip)	
21.		s not on active du	•	• •	
					nembers Civil Relief Act (SCRA) may awyer about this situation prior to filing

Presumed Father's Petition for Declaration of Non-Paternity Form CAFC303 07/01/2018

Information about the Children

22. 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 22 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)	

- 23. 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
- 24. 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
- 25. 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
- 26. Have any of the children been a victim of abuse or neglect? *(Check one of the two boxes)* □ Yes □ No
- 27. If you answered "Yes" to questions 23, 24, 25 or 26, please explain.

28. 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).

29. 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 *Presumed Father's Petition for Declaration of Non-Paternity* and other forms filed with this *Petition*. Instructions on how to serve the Family Support Division are listed on page 7 of this *Petition*.

Request for Relief

I am requesting to be declared **not** the father of the child(ren) listed in question 1 of this *Petition*.

I also want the court to do the following: (Check if applicable)

Other (Please state the other request(s))

Directions for Service on Mother (Enter the name of Mother on the lines below)

(First	Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)			
You	must fill out Direct	ions for Servi	ice on Mother listed	l in response to qu	uestion 2 of this <i>Petition</i> .		
Che	ck one of the follo	wing service	options:				
	•	ch is being file	ed with the <i>Presume</i>		etition for Declaration of for Declaration of Non-		
	If you check this box, you must file the Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity at the same time you file this Petition. The Answer must be signed by Mother in front of a notary public.						
\square	Mother should be s	served with a s	summons at her hor	ne:			
			of the issuance of the so cuments in this case t		ing to have Mother served, you er.		
	(Street)						
	(City)		(State)	(Zip)			
	Mother should be s	served with a s	summons at her pla	ce of employment:			
			of the issuance of the so cuments in this case t		ving to have Mother served, you er.		
	(Employer's Name)				(Hours of Employment)		
	(Street)						
	(City)		(State)	(Zip)			
			-	, ,	mail is requested. A copy of Supreme Court Rule 54.12(b).		

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*.

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 Presumed Father's Petition for Declaration of Non-Paternity is required to be verified in the presence of a notary public.

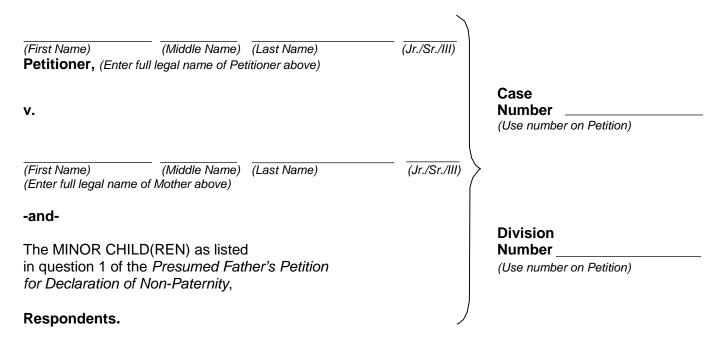
Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in the *Presumed Father's Petition for Declaration of Non-Paternity* are true according to his or her best knowledge, information and belief.

(Sign above in the presence of a Notary Public)	(Print your name above)
The following information must be completed by a no	otary public.
STATE OF)	
STATE OF)) SS COUNTY OF)	
On this day of, t executed the foregoing instrument and acknowledge and deed.	, 20, before me personally appeared to me known to be the person described in and who d that he/she executed the same as his/her free act
IN WITNESS WHEREOF, I have hereunto set my ha State aforesaid, the day and year first above written.	and and affixed my official seal in the County and
	, Notary Public
Mu commission evolution	County, State of Missouri
My commission expires:	
This information may be completed by your attorney. Do not en assistance of an attorney.	ter any information here if you are filing this case without the
I have assisted Petitioner in the preparation of the on behalf of Petitioner.	ese pleadings, but I am not entering my appearance
(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)

IN THE CIRCUIT COURT OF

MISSOURI

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



Mother's Answer to Presumed 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,				, am the mother of
	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)

the minor child(ren) listed in question 1 of *Presumed Father's Petition for Declaration of Non-Paternity*.

2. 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.

3. I admit as true **everything** the Petitioner stated in *Presumed Father's Petition for Declaration of Non-Paternity* 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 his statement when the case is presented to the court.

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 - Optiona	al)

- 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)	lame)	(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)	
8.	chi one	you know of anyone o ldren or claims to have e of the two boxes) Yes 🗌 No				
9.		you have information and ing in a court of this Yes 🗌 No				the children
10.		ve you participated in o her state? <i>(Check one o</i> Yes 🗌 No		ing the custody	of any of the child	dren in this or any
11.	_	ve any of the children l Yes 🗌 No	been a victim of abuse	e or neglect? (Ch	neck one of the tv	vo boxes)
12.	lf y	ou answered "Yes" to	questions 8, 9, 10 or 1	1 please explair	l.	
13.	Fa	s the Family Support D ther's Petition for Decla Yes 🗌 No				sted in <i>Presumed</i>
	lf y	es, list the eight digit I	/-D number(s)			
	•	res, has the Family Sup Yes 🗌 No	oport Division issued a	child support or	der? (Check one	of the two boxes)
	Lis	t the judicial case num	ber(s).			

14. Do any of the children listed in *Presumed Father's Petition for Declaration of Non-Paternity* 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

Request for Relief

I want the court to find that Petitioner is is is **not** the father of the child(ren) listed in question 1 of *Presumed Father's Petition for Declaration of Non-Paternity. (Check "is" or "is not")*

I also want the court to do the following: (Check if applicable)

	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 *Mother's Answer* to *Presumed Father's Petition of Non-Paternity* to each of the following parties at the address shown:

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

Notice

Some local rules may also require that you file a *Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)* at the time you file this document. Failure to do so could cause your *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity* to be stricken.

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 Public)	(Print your name above)
The following information must be completed by a	
STATE OF)) SS	
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 acknowled and deed.	dged that he/she executed the same as his/her free act
IN WITNESS WHEREOF, I have hereunto set my State aforesaid, the day and year first above writt	y hand and affixed my official seal in the County and ten.
	, Notary Public
	County, State of Missour
My commission expires:	
Attorney Information	
This information may be completed by your attorney. Do no assistance of an attorney.	ot enter any information here if you are filing this case without the
I have assisted Respondent in the preparation of on behalf of Respondent.	of these pleadings, but I am not entering my appearance
(Attorney - Sign above)	(Missouri Bar Number)
(monitoy eign abovo)	
(Attorney - Print your name above)	
(Attorney - Print your name above)	= =) <u>(Zip)</u>
(Attorney - Print your name above) (Street)	>) (Zip)

, **MISSOURI**

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

			\backslash	
(First Name) Petitioner, (Enter fu	(Middle Name) Il legal name of Pe	,	(Jr./Sr./III)	
-and-				Case
The MINOR CHILE in question 1 of the of Paternity, Custo By Next Friend,	e Petition for De	claration		Use number on Petition)
v.				
Respondents shall be	e listed in the ord	ler used in question 6 of	the <i>Petition</i> .	
(First Name) Respondent 1, (Er	(Middle Name) (Middle Name) hter full legal name	(Last Name) of Respondent 1 above)	(Jr./Sr./III)	
-and-				Division Number (Use number on Petition)
(First Name) Respondent 2, (Er	(Middle Name) (Middle Name) hter full legal name	(Last Name) of Respondent 2 above)		
-and-				
(First Name) Respondent 3. (Er		(Last Name) of Respondent 3 above)		

Answer to Petition for Declaration of Paternity, Custody and Support

This form may be used by a Respondent answering the *Petition for Declaration of Paternity, Custody and Support.*

1. My name is _

(First Name)

(Middle Name) (Last Name)

(Jr./Sr./III)

2. 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.

3.	I admit as true everything the Petitioner stated in <i>Petition for Declaration of Paternity,</i> <i>Custody and Support</i> 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.				
4.	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 will file a separate Parenting Plan. 				
5.	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)				
6.	The last four numbers of my social security number are XXX-XX-				
7.	 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.				

8. 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 8 for each additional address.

(1) <i>(F</i>	irst Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	
<u>(</u> S	treet)					
(C	ity)	(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)	
9.	chil one	you know of anyone other the Idren or claims to have custo e of the two boxes) Yes 🗌 No				
10.		you have information about nding in a court of this or any Yes 🗌 No	2		0,	children
11.		ve you participated in other I er state? <i>(Check one of the</i> Yes	•	ng the custody of	f any of the children	in this or any
12.	_	ve any of the children been a Yes 🗌 No	a victim of abuse	or neglect? (Che	ck one of the two b	oxes)
13.	lf y	ou answered "Yes" to questi	ons 9, 10, 11 or 1	2, please explair	٦.	
14.	Pe	s the Family Support Divisio <i>tition? (Check one of the two</i> Yes 🗌 No		support case for	any child(ren) listed	in the
	lf y	es, list the eight digit IV-D nu	umber(s)			
	•	es, has the Family Support I Yes 🔲 No	Division issued a	child support ord	er? (Check one of t	he two boxes)
	List	t the judicial case number(s)	·			
15.	Far ber	any of the children listed in milies (TANF) benefits throug nefits in the past? <i>(Check on</i> Yes 🔲 No	gh the Family Sup	oport Division, or		

Request for Relief

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

Find that	(Middle Name)	(Last Name)	(Jr./Sr./III)	is the father of
the minor child(ren). Grant custody of the minor child(Child support should be as set fo Enter appropriate orders with res Other (Please state the other req	rth in Part B of pect to the sup	the attached Par	•	ed Exhibit

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 *Answer to Petition for Declaration of Paternity, Custody and Support* to each of the following parties at the address shown:

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

Notice

Some local rules may also require that you file a *Statement of Income and Expenses (For use in Paternity Action)* at the time you file this document. Failure to do so could cause your *Answer to Petition for Declaration of Paternity, Custody and Support* to be stricken. Also, if there are any unemancipated children, you are required to file a proposed *Parenting Plan* within 30 days after the date you were served or the date you filed this *Answer to Petition for Declaration of Paternity, Custody and Support*. You may file a joint *Parenting Plan* with the other parent.

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 the *Answer to 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	
The following information must be completed by a	
STATE OF)) SS	
) 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 acknowledge and deed.	ged that he/she executed the same as his/her free act
IN WITNESS WHEREOF, I have hereunto set my I State aforesaid, the day and year first above writte	hand and affixed my official seal in the County and n.
	, Notary Public
	County, State of Missour
My commission expires:	
Attorney Information	
This information may be completed by your attorney. Do not assistance of an attorney.	enter any information here if you are filing this case without the
I have assisted Respondent in the preparation of on behalf of Respondent.	these pleadings, but I am not entering my appearance
(Attorney - Sign above)	(Missouri Bar Number)
(Attorney - Print your name above)	
(Street)	
(City) (State)	
()	
(Telephone Number with Area Code) (Fax Number with Are	a Code) (E-mail Address - Optional)

Not Approved for use in Contested Cases

IN THE CIRCUIT COURT OF(County where court is located.	, MISSOURI	
(County where court is located. (
(First Name) (Middle Name) (Last Name) Petitioner, (Enter your full legal name above)	— (Jr./Sr./III)	
-and-		
The MINOR CHILD(REN) as listed in question 1 of the <i>Petition for Declaration</i> <i>of Paternity, Custody and Support</i> , By Next Friend,		Case Number
ν.		
Respondents shall be listed in the order used in question 6 of	the Petition.	\geq
(First Name) (Middle Name) (Last Name) Respondent 1, (Enter full legal name of Respondent 1 above)	(Jr./Sr./III)	Division
-and-		Number (Will be assigned when case is filed)
(First Name) (Middle Name) (Last Name) Respondent 2, (Enter full legal name of Respondent 2 above)		
-and-		
(First Name) (Middle Name) (Last Name) Respondent 3. (Enter full legal name of Respondent 3 above)	- (Jr./Sr./III)	

Judgment of Paternity

1.	As used herein, "Moth	ner" refers to					
		(First Na	me)	(Middle Name)	(Last Name)		(Jr./Sr./III)
	and "Father" refers to	(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	
2.	Appearances (Check	all that apply)					
		condents fail to appea	r and remain in	default as to	the pleading	s:	
	(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)		
	(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)		
	(First Name)	(Middle Name)	(Last Name)				
	gment of Paternity					0	e 1 of 6
⊦orm	CAFC370 07/01/2018			i his form is a	vailable for free at	www.seifreprese	nt.mo.gov

	 Mother appears in person Mother appears by attorn Guardian ad Litem appear 	ey.	-
	Third Party(<i>First Name</i>)	(Middle Name) (Last Name)	appears in person. (Jr./Sr./III)
	 Third Party	(Middle Name) (Last Name)	appears by attorney. (Jr./Sr./III)
	(First Name)	(Middle Name) (Last Name)	(Jr./Sr./III)
	(First Name)	(Middle Name) (Last Name)	(Jr./Sr./III)
3.		other's social security number are security number are	and the last four
4.	any time since the filing	t on active duty in the armed services o	f the United States now or
	Respondent (First Name)	(Middle Name) (Last Name)) (Jr./Sr./III)
	-	armed services of the United States, but nembers Civil Relief Act of 2003.	has waived his or her rights

Children

5. This judgment pertains to the following child(ren) hereinafter referred to as "minor child(ren):"

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

Paternity

6. Check all that apply.

The court finds that there is/are no previous legal finding(s) of paternity for the minor child(ren).

A legal finding of paternity may be a court judgment or an acknowledgment of paternity, which is an affidavit signed by the parents to get the father's name on a child's birth certificate. Genetic (DNA) testing or an administrative child support order done by the Family Support Division are **not** legal findings of paternity.

The court finds that	(Middle Name)	(Last Name)	
is the father of the minor child(ren).			
The court finds that <i>(First Name)</i>	(Middle Name)	(Last Name)	
is not the father of the minor child(re	n).		
Other			

Child Custody

- 7. Check one of the two boxes.
 - The court does **not** have "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren) and therefore enters no further orders with respect to the custodial arrangements of the minor child(ren).
 - The court has "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren).

The court approves the provisions of Part A of the *Parenting Plan* marked Exhibit _______ pertaining to the custodial arrangements of the minor child(ren) and finds that the custodial arrangements contained in said *Parenting Plan* are in the best interests of the minor child(ren).

Therefore, the court orders the provisions of Part A of said *Parenting Plan* pertaining to the custodial arrangements of the minor child(ren) and incorporates by reference all of the terms and conditions pertaining to the custodial arrangements of the minor child(ren) set forth in Part A of said *Parenting Plan* as if fully set forth herein.

The sheriff or other law enforcement officers shall enforce the rights of any person to custody or visitation pursuant to §452.425, RSMo.

In the event of noncompliance with this order, the aggrieved party may file a verified motion for contempt. If custody, visitation, or third-party custody is denied or interfered with by a parent or third party without good cause, the aggrieved person may file a family access motion with the court stating the specific facts that constitute a violation of the custody provisions of the judgment of dissolution, legal separation, or judgment of paternity. The circuit clerk will provide the aggrieved party with an explanation of the procedures for filing a family access motion and a simple form for use in filing the family access motion. A family access motion does not require the assistance of legal counsel to prepare and file.

Child Support

- 8. Check one of the two boxes.
 - The court does not have jurisdiction to enter any orders with respect to the support of the minor child(ren).

☐ The court orders the provisions of Part B of the *Parenting Plan* marked Exhibit ______, pertaining to the support of the minor child(ren) and incorporates by reference all of the terms and conditions set forth in Part B of said *Parenting Plan* as if fully set forth herein.

9. Check if applicable.

☐ The State of Missouri has provided public assistance under the TANF program for the minor child(ren) herein. The total amount due as authorized by law and the guidelines is ______ and judgment is entered against

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	and in favor of
the State of Missouri for	said amount.			

Guardian Ad Litem Fees

10. Check all that apply.

Mother shall pay to	the sum of as and
for Guardian ad Litem fees in addition to the sum of	previously ordered.
Father shall pay to	the sum of as and
for Guardian ad Litem fees in addition to the sum of	previously ordered.
Guardian ad Litem fees previously ordered to be paid by	
have been satisfied.	

Other Orders

11. Change(s) of Names of the Minor Child(ren)

a.	The name of	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
	is changed to	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
b.	The name of	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
	is changed to	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)

c.	The name of				
		(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
	is changed to				
	5	(First Name)	(Middle Name)	(Last Name)	
d.	The name of				
		(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
	is changed to				
	0	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
e.	The name of				
		(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
	is changed to				
	0	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
f.	The name of				
		(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
	is changed to				
	U U	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)

12. Check all that apply.

Some or all of the children named above were born in the State of Missouri. The Missouri Bureau of Vital Records shall amend the birth record of the minor child(ren) pursuant to §210.841 and §210.849, RSMo, to reflect that Father is the biological father of the minor child(ren) as stated above and to remove any biographical information of any father currently listed on the birth record(s). A certified copy of this judgment shall be sent to the Missouri Bureau of Vital Records.

Some or all of the children were not born in the State of Missouri. It is the responsibility of the parties to apply to the applicable state's department of vital records for amendment of the birth certificate(s).

13. Check if applicable.

Other orders are as per the attached Exhibit _____, which is incorporated by reference as if fully set forth herein.

Court Costs

14. Check one of the two boxes.

- Court costs are to be paid from the court cost deposit(s) previously posted.
- Court costs are waived.

Waiver of Right to Rehearing (If case is heard by a Commissioner pursuant to §487.010, RSMo, et seq.)

We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

	Signature of Petitioner's Attorney	
	Signature of Respondent's Attorney	
	Signature of Guardian ad Litem	
	Signature of Petitioner	
	Signature of Respondent	
	Signature of Third Party/Respondent	
(If P	heard by a Family Court Judge) (If heard by a Family Court Commissioner)	

(in neard by a Family Court Sudge)	Findings and Recommendat	,	
(Judge)	(Commissioner)	(Date)	
(Date)	All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.		
	(Judge)	(Date)	

A certified copy of this judgment is to be mailed to the following person(s): (Check all applicable boxes)

(Print Name of Petitioner's Attorney)	(Print Name of Respondent's Attorney)	(Print Name of Guardian ad Litem)
(Street)	(Street)	(Street)
(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)
Print Name of Petitioner)	(Print Name of Respondent)	(Print Name of Third Party/Respondent)
(Street)	(Street)	(Street)
(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)

IN THE CIRCUIT COURT OF

, MISSOURI

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

	e) (Last Name)	— (Jr./Sr./III)	
Petitioner, (Enter your full legal nam	e above)		
v .			Case Number (Will be assigned when case is filed)
(First Name) (Middle Nam (Enter full legal name of Mother above)	e) (Last Name)	— (Jr./Sr./III)	
-and-			
The MINOR CHILD(REN) as list in question 1 of the Presumed F for Declaration of Non-Paternity,	ather's Petition		Division Number (Will be assigned when case is filed)
Respondents.			
 Appearances (Check all that Mother remains in defaut Mother appears in person Mother appears by attom Guardian ad Litem appears 	ult as to the pleadings. on.	Petitioner appe Petitioner appe	ars by attorney.
☐ Third Party (First Name)	(Middle Name)	(Last Name)	appears in person. (Jr./Sr./III)
 Third Party	(Middle Name) (Last Name)	appears by attorney. (Jr./Sr./III)
(First Name)	(Middle Name) (Last Na	me)	(Jr./Sr./III)
(First Name)	(Middle Name) (Last Na	me)	(Jr./Sr./III)
2. The last four numbers of Pe	titioner's social security	/ number are	and the last four
numbers of Mother's social	-		
 Check one of the two boxes Mother is not on active the filing of the petition I 	duty in the armed servio	ces of the United	d States now or any time since

Mother is on active duty in the armed services of the United States, but has waived her rights pursuant to the Servicemembers Civil Relief Act of 2003.

Judgment of Non-Paternity Form CAFC371 07/01/2018

Children

4. This judgment pertains to the following child(ren) hereinafter referred to as "minor child(ren):"

a	(Middle Name)	(Last Nama)		(Child's Age)
(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)
С.				
(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)
			((1))
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)

Findings and Orders of the Court

5. Check all that apply.

The court finds that there is/are no previous legal finding(s) of paternity for the minor child(ren).

wl ce	legal finding of paternity may be a court judgment or an acknowledgment of paternity, hich is an affidavit signed by the parents to get the father's name on a child's birth ertificate. Genetic (DNA) testing or an administrative child support order done by the Family upport Division are not legal findings of paternity.
	The court finds Petitioner is the presumed legal father of the minor child(ren). The court finds by clear and convincing evidence that Petitioner is not the father of the minor child(ren).
	Genetic testing of the parties, completed in the standards of §210.834, RSMo, shows that Petitioner is excluded as the father of the minor child(ren) with a probability of 98% or higher. Another man has filed an <i>Affidavit Acknowledging Paternity</i> of the minor child(ren).
	Some or all of the children named above were born in the State of Missouri. The Missouri Bureau of Vital Records shall amend the birth record of the minor child(ren) pursuant to §210.841 and §210.849, RSMo, to reflect that Father is the biological father of the minor child(ren) as stated above and to remove any biographical information of any father currently listed on the birth record(s). A certified copy of this judgment shall be sent to the Missouri Bureau of Vital Records.
	Some or all of the children were not born in the State of Missouri. It is the responsibility of the parties to apply to the applicable state's department of vital records for amendment of the birth certificate(s).
	Other
	Other orders are as per the attached Exhibit, which is incorporated by reference a if fully set forth herein.

Guardian Ad Litem Fees

6. Check all that apply.

Mother shall pay to	the sum	of	as and
for Guardian ad Litem fees in addition to the sum of		previously ordere	∋d.
Petitioner shall pay to	the sum	of	as and
for Guardian ad Litem fees in addition to the sum of		previously ordere	∋d.
Guardian ad Litem fees previously ordered to be paid by			
have been satisfied.			

Court Costs

- 7. Check one of the two boxes.
 - Court costs are to be paid from the court cost deposit(s) previously posted.
 - Court costs are waived.

Waiver of Right to Rehearing (If case is heard by a Commissioner pursuant to §487.010, RSMo, et seq.)

We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

Signature of Petitioner's Attorney	
Signature of Mother's Attorney	
Signature of Guardian ad Litem	
Signature of Petitioner	
Signature of Mother	
Signature of Third Party/Respondent	

(If heard by a Family Court Judge)	(If heard by a Family Court Comn Findings and Recommendat	
(Judge)	(Commissioner)	(Date)
(Date)	All orders and these findings a Commissioner are confirmed a court.	and recommendations of the and adopted as the judgment of the
	(Judge)	(Date)

A certified copy of this judgment is to be mailed to the following person(s): (Check all applicable boxes)

Print Name of Petitioner's Attorney)	Print Name of Mother's Attorney)	Print Name of Guardian ad Litem)
(Street)	(Street)	(Street)
(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) (

(Print Name of Petitioner)

(Street)

(City, State, Zip)

(Telephone Number with Area Code)

(Print Name of Mother)

(Street)

(City, State, Zip)

(Telephone Number with Area Code)

(Print Name of Third Party/Respondent)

(Street)

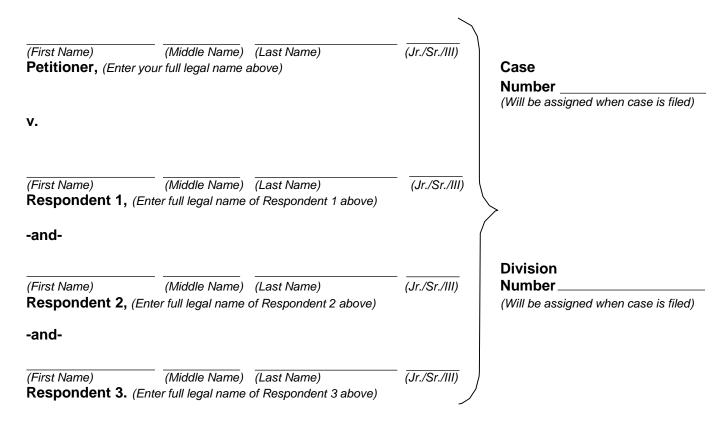
(City, State, Zip)

(Telephone Number with Area Code)

IN THE CIRCUIT COURT OF

MISSOURI

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



Petition, Consent and Order for Appointment as Next Friend in Paternity Action

You are bringing this action on behalf of yourself and your child(ren). An adult must be appointed to represent their interests because they cannot file a case on their own. The court calls that person a "Next Friend."

1. I request that the court appoint (Check one of the two boxes)

Me

Someone else (Enter name below)

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
as Next Friend for th	e following minor 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	(Middle Name)	(Last Name)		(Child's Age)

2. Check one of the three boxes.

The Next Friend is the mother of the child(ren).

The Next Friend is the father of the child(ren).

The Next Friend is not a parent of the child(ren), but currently has legal or physical custody of the child(ren).

3. Next Friend's mailing address is:

4.

(City)	(State)	(Zip)	
()			
(Telephone Number wit	th Area Code) (E-mail Addre	ess - Optional)	
Check one of the tv	vo boxes.		
The child(ren) r	eside(s) with the Next Frie	end	
The child(ren) r	eside(s) with the following	person at the following	address:
		, percent at and reneting	
		, percent at the rene	
	(Middle Name)	(Last Name)	(Jr./Sr./III)
(First Name)			
(First Name)			
(First Name) (Street)	(Middle Name)	(Last Name)	
(First Name) (Street) (City)			

I consent to serving as Next Friend in this matter.

(Next Friend sign above) (Print Next Friend's name above)

/ / (Date - mm/dd/yyyy)

Consent of Children over the Age of Fourteen

Under Missouri law, children age 14 or older must consent to the appointment of a Next Friend.

I, being age 14 or older, consent to the appointment of (Enter the name of Next Friend below)

(Firs	at Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
as i	my Next Friend in this c	ase.		
				/ /
	(Child sign above, if age 14	4 or older)	(Print Child's name above)	(Date - mm/dd/yyyy)
				/ /
	(Child sign above, if age 14	4 or older)	(Print Child's name above)	(Date - mm/dd/yyyy)
				/ /
	(Child sign above, if age 14	4 or older)	(Print Child's name above)	(Date - mm/dd/yyyy)

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 the Petitioner listed above in preparation of these pleadings, but I am not entering my appearance on behalf of the Petitioner listed above.

(Attorney - Sign above)			(Missouri Bar Nu	ımber)
(Attorney - Print your name above)				
(Street)				
(City)		(State)	(Zip)	
() (Telephone Number with Area Code)	(Fax Number	with Area Code)	(E-mail Address - O	ptional)
		ORDER		
(First Name)	(Middle Name)	ORDER		(Jr./Sr./III)
(<i>First Name)</i> is appointed as Next Friend for SO ORDERED:		(Last Name)	bove.	(Jr./Sr./III)