#### IN THE CIRCUIT COURT OF

**MISSOURI** 

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

| (First Name)<br><b>Petitioner,</b> (Enter ) | (Middle Name)<br>full legal name of th  | 1 /                 | (Jr./Sr./III)<br>e original petition) | Case<br>Number<br>(Use number on Motion) |
|---|---|---------------------|---------------------------------------|--|
| ν.  |   |                     |                                       | Division                                 |
| (First Name)                                | (Middle Name)                           | (Last Name)         | (Jr./Sr./III)                         | Number                                   |
| Respondent. (Ent                            | er full legal name of<br>inal petition) | the person who resp | onded to the                          |  |

# Answer to Motion to Modify Child 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 awarding child support, child custody, parenting time/visitation, and attorney's fees.
- I admit as true everything the other parent stated in the Motion to Modify Child Custody and Support 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 three boxes.
  - I want the court to maintain custody, visitation and support orders currently in place.
  - I agree with the *Parenting Plan* filed by the other parent.

I do not agree with the Parenting Plan filed by the other parent and I am filing a separate Parenting Plan, attached to this Answer as Exhibit \_\_\_\_\_\_.
 Unless you file your own motion to modify, the court may not be able to take your request into consideration.

#### 5. My mailing address is:

The address you provide is the address at which you will receive all mail from the court and the other parent regarding this case. 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. If you do not wish to give the address at which you live, you **must** still give the court and the other parent 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 - Opt | ional) |  |

- 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. Child(ren)'s Residences: List the name of the parent or guardian with whom the children have lived and the address where any of the 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) | (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) |               |

- 9. 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
- 10. 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
- 11. 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
- 12. Have any of the children been a victim of abuse or neglect? *(Check one of the two boxes)* □ Yes □ No
- 13. If you answered "Yes" to questions 9, 10, 11 or 12, please explain.

14. Do any of the children 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

#### **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 Motion to Modify Child 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 an income and expense statement at the time you file your *Answer*. Failure to do so could cause your *Answer* 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*. You may file a joint parenting plan with the other parent.

### 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 above and that the facts stated in the *Answer to Motion to Modify Child Custody and Support* are true according to his or her best knowledge, information and belief.

(Sign above in the presence of a Notary Public)

(Print your name above)

The following information must be completed by a notary public.

STATE OF \_\_\_\_\_) COUNTY OF \_\_\_\_\_) SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared

\_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

, Notary Public County, State of Missouri

My commission expires: \_\_\_\_\_

## **Attorney Information**

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

I have assisted \_\_\_\_\_\_ in the preparation of these pleadings, but I am not entering my appearance on behalf of the person listed above.

| (Attorney - Sign above)            |         |       |                 | (Missouri Bar Number)       |  |
|------------------------------------|---------|-------|-----------------|-----------------------------|--|
| (Attorney - Print your name above) |         |       |                 | -                           |  |
| (Street)                           |         |       |                 | -                           |  |
| (City)                             |         |       | (State)         | (Zip)                       |  |
| ( )                                | (       | )     |                 |                             |  |
| (Telephone Number with Area Code)  | (Fax Nu | ımbeı | with Area Code) | (E-mail Address - Optional) |  |