

IN THE CIRCUIT COURT OF _____, MISSOURI

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

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

Petitioner, (Enter your full legal name above)

v.

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

(Enter full legal name of Mother above)

-and-

The MINOR CHILD(REN) as listed
in question 1 of the *Presumed Father's Petition*
for Declaration of Non-Paternity,

Respondents.

**Case
Number** _____

(Will be assigned when case is filed)

**Division
Number** _____

(Will be assigned when case is filed)

Judgment of Non-Paternity

1. Appearances (Check all that apply)

Mother remains in default as to the pleadings.

Mother appears in person.

Petitioner appears in person.

Mother appears by attorney.

Petitioner appears by attorney.

Guardian ad Litem appears in person.

Third Party _____ appears in person.
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

Third Party _____ appears by attorney.
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

Additional appearances:

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

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

2. The last four numbers of Petitioner's social security number are _____ and the last four numbers of Mother's social security number are _____.

3. Check one of the two boxes.

Mother is not on active duty in the armed services of the United States now or any time since the filing of the petition herein.

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.

Children

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

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 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 *Affidavit Acknowledging Paternity* 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 as 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 ordered.
- Petitioner 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.

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)

(Judge)

(Date)

(If heard by a Family Court Commissioner)

Findings and Recommendations of Commissioner:

(Commissioner) _____ *(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)*

- | | | |
|--|--|--|
| <input type="checkbox"/> _____ <i>(Print Name of Petitioner's Attorney)</i> | <input type="checkbox"/> _____ <i>(Print Name of Mother's Attorney)</i> | <input type="checkbox"/> _____ <i>(Print Name of Guardian ad Litem)</i> |
| _____ <i>(Street)</i> | _____ <i>(Street)</i> | _____ <i>(Street)</i> |
| _____ <i>(City, State, Zip)</i> | _____ <i>(City, State, Zip)</i> | _____ <i>(City, State, Zip)</i> |
| (_____) _____ <i>(Telephone Number with Area Code)</i> | (_____) _____ <i>(Telephone Number with Area Code)</i> | (_____) _____ <i>(Telephone Number with Area Code)</i> |

(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)