

# PRESUMED FATHER'S PETITION FOR DECLARATION OF NON-PATERNITY FORMS

Do not file this document with the court.

## **PRESUMED FATHER'S PETITION FOR DECLARATION OF NON-PATERNITY FORMS**

(These forms shall be used by men who want the court to find they are not the father of children born to their wives during the marriage.)

### **Introduction**

These forms are available to you at no cost on the Representing Yourself website. Some courts may provide paper copies of these forms for a fee. Only a lawyer may charge you a fee for preparing these forms. You are required to complete the Litigant Awareness Program on [selfrepresent.mo.gov](http://selfrepresent.mo.gov) before preparing these forms. Your local court may also have other educational programs available to help you in the preparation of these forms.

### **General Information about Forms**

The forms must be downloaded with Adobe Acrobat Reader or Adobe Acrobat DC to save the information you enter. Adobe Acrobat Reader DC is available for free from the Adobe website. Save the forms before you begin entering information. After you have filled in the forms on your computer, save the information and print the forms to file them with the court.

If you are working on a public computer, **don't save your personal information on the public computer**. Use a USB memory stick or other removable device.

The forms listed below are interactive. If you fill in the forms on your computer, some of the information you enter on one line may automatically transfer to another line. The forms also contain bookmarks that help you to navigate through the forms. In addition, there are "links" embedded in the forms. These links are usually blue and can take you to a related location in the forms or to a related website.

Most documents that are filed with the court can be seen by anyone online. Some information on documents is considered confidential and **must** be removed or hidden.

**► If you are filing a document with the court YOU must be aware of what information is considered confidential.**

#### **What is confidential information?**

Confidential information often used in family court matters can include information listed in Court Operating Rule 2.02(c). This is not a complete list. If you are filing attachments to any forms from this website, confidential information might be on those documents also.

**► YOU are responsible for redacting (removing) information you are filing with the court that is confidential.**

#### **How do I remove information?**

Redact means to remove or hide information listed on a document before you file it with the court. Below are two ways you can redact confidential information:

##### **Option One**

- 1) Fill out your documents completely (including confidential information).
- 2) Make a copy of all documents that have confidential information.
- 3) Go through the copied documents and black out or white out any confidential information.

##### **Option Two**

- 1) Fill out your documents using generic descriptions for any confidential information you do not want to provide. For example, use initials or "Child One" instead of the full name of a child.

If you remove any information, you are required to show the court what you removed when you complete the *Confidential Case Filing Information Sheet* (FI10). Do not redact the *Confidential Case Filing Information Sheet* (FI10) or the *Redaction Certification* form (GN320).

► **YOU must confirm you have followed the rules for redaction**

**How do I do this?**

After you have done option one or two above, confirm you have followed the rules by filling out the *Redaction Certification* form (GN320). You have to fill out this form even if you did not remove any information.

► **YOU must file with the court all unredacted and redacted documents and the *Redaction Certification* form (GN320).**

► **IF you think SOMEONE HAS NOT CORRECTLY REDACTED INFORMATION**, file the *Motion to Correct Redaction* form (GN325) to bring it to the attention of the court. The form is available from the Home page of this website under Approved Court Forms.

**You are the Petitioner. The Mother of the children is the Respondent.**

The court may appoint a Guardian Ad Litem to represent the children in this action. A Guardian Ad Litem is an independent attorney hired to represent the interests of children in legal proceedings. The court may order one or more parties to pay the Guardian Ad Litem for their time and expenses in representing the children.

**What do I need to do?**

1. Complete the Litigant Awareness Program on selfrepresent.mo.gov. Upon completion, print your Certificate of completion of the Litigant Awareness Program.
2. Completely and fully fill out the following forms.
  1. **Confidential Case Filing Information Sheet (Form FI-10)**  
This form is required by most courts to enter the information about your case into the court's computer system.
  2. **Redaction Certification (Form GN320)**  
The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Court Operating Rule 2.
  3. **Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC303)**
  4. **Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313-R)**  
The mother may complete this form in response to your petition. A mother may file this answer with the court if they do not want to be personally served with your petition. By signing this form, the mother is allowing the court to decide your case. The mother may also use this form to disagree with your statements on your forms.
  5. **Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action) (Form CAFC254)**  
This form requires you to list income and expenses for both you and the other parent.
  6. **Statement of Property and Debt (For use in Presumed Father's Non-Paternity Action) (Form CAFC244)**  
This form requires you to list your property and debt.

## 7. Notice of Hearing (Form CAFC721)

In Missouri, the circuit court keeps its schedule of hearings, called the docket. Some circuits require a pretrial hearing, case management, or settlement conference before the final hearing. In some circuits, a litigant will not be placed on the docket automatically, but will need to request a hearing to get on the docket. You should check with your local court to determine how your court schedules its docket.

## 8. Judgment of Non-Paternity (Form CAFC371)

This is the proposed judgment you will offer to the court. Different courts handle the preparation of the judgment in different ways. In some courts, the judge will direct you to prepare a judgment, and in other courts, the judge will prepare the judgment.

3. File the following signed forms with the court. **As shown below, you may need to file more than one copy of certain forms.**

|   | Original | Copy of Original<br>for Other Party | Redacted Version<br>(if applicable) |
|---|----------|-------------------------------------|-------------------------------------|
| <i>Confidential Case Filing Information Sheet</i>   | x        |                                     |                                     |
| <i>Redaction Certification</i>  | x        | x                                   |                                     |
| <i>Presumed Father's Petition for Declaration of Non-Paternity</i>                          | x        | x                                   | x                                   |
| <i>Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)</i> | x        | x                                   | x                                   |
| <i>Statement of Property and Debt (For use in Presumed Father's Non-Paternity Action)</i>   | x        | x                                   | x                                   |
| <i>Family Court Cover Sheet, if it applies</i>  | x        | x                                   | x                                   |
| <i>Notice of Hearing</i>  | x        | x                                   | x                                   |
| <i>Judgment of Non-Paternity</i>  | x        | x                                   | x                                   |
| <i>Certificate of completion of Litigant Awareness Program</i>                              | x        |                                     |                                     |

4. Unless Respondent files *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity* before being served, you must file a copy of all of the forms listed above with the court. The copies will be used to personally serve Respondent (Mother) with the forms.
5. If Respondent files *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity* before being served, you still must provide her with a copy of all the forms, except the Confidential Case Filing Information Sheet.
6. You should also keep a copy of these forms for your records.
7. You must pay the required filing fee. Check with your local court to determine amounts due.
8. You should check with your local court to see if additional forms are required.

**\*\*FOR COURT USE ONLY\*\***
**Confidential Case Filing Information Sheet – Domestic Relations Cases**  
**Required at Time of Filing Petition and with an Answer**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_

(i.e., Petitioner v. Respondent.)

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

**Petitioner Information:**

Party Type Code and Description: (Select one)

A list of party types can be found at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.☐ **PETP** Party Type Description: Petitioner Acting Pro Se (with no attorney)☐ **PET** Party Type Description: Petitioner (with attorney)☐ \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ UnknownRace & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole☐ Another State Agency ☐ Driver's License ☐ UnknownRace & Ethnicity is ☐ self-identified ☐ observed/perceived. (Select one)

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Respondent Information:**

Party Type Code and Description: (Select one)

A list of party types can be found at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.☐ **RESP** Party Type Description: Respondent Acting Pro Se (with no attorney)☐ **RES** Party Type Description: Respondent (with attorney)☐ \_\_\_\_\_ Party Type Description: \_\_\_\_\_Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ UnknownRace & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court  
☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole  
☐ Another State Agency ☐ Driver's License ☐ UnknownRace & Ethnicity is ☐ self-identified ☐ observed/perceived. (Select one)

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Additional Parties:**

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court  
☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole  
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court  
☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole  
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

☐ Check if more than four parties and attach additional sheet.

**Employer Information:**

Petitioner Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Respondent Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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The following information regarding children is required. Complete this section for any child subject to the action of this case.

**Children:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_☐ Check if more than ten children and attach additional sheet

### Instructions

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** If known, the **full** Social Security Number (SSN) is **required** pursuant to section 509.520, RSMo. This is a confidential document due to the SSN and possible confidential addresses. This information is used to open a case in the courts case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address: (if not shown above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*IMPORTANT:** It is the parties' responsibility to keep the court informed of any change of address or employment.\*

### Instructions to Clerk

**This document must be saved in the case management system with a document security level of 6 making this a sealed document.**



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

|                 |                |
|-----------------|----------------|
| Name:           | Case Number:   |
| Address:        | Case Type:     |
|                 | Style of Case: |
| Document Filed: |                |

(Date File Stamp)

### Redaction Certification

**The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Rules 19.10, 55.025, or 84.015.**

#### **COR 2.02**

The responsibility for redacting confidential information rests solely with the counsel, parties, or any other person filing the document. Courts will not review each case document to ensure compliance and will not refuse to accept or file a document on that basis.

On and after the Expanded Remote Access Implementation Date: July 1, 2023

1. All redactions shall be done in a manner that makes it clear that information has been redacted. If necessary to reference the redacted information in a redacted document, filers shall use generic descriptors.
2. When a filer redacts information from a document offered for filing in any court, the filer also must file a confidential redacted information filing sheet that either:
  - has the unredacted version of the document attached; or
  - sets out the information redacted from the document with an explanation referencing where the information was redacted from in the document or the generic descriptors used in the document to reference the redacted information.
3. All filers shall affirmatively certify compliance with the redaction requirements in Rules 19.10, 55.025, and 84.015 when a document is filed. This certification shall be accomplished through an automated process implemented in the electronic filing system for its authorized users or, for filers who are not authorized users of the electronic filing system, by a paper form attached to the document or on the document itself.
4. When a motion is filed alleging a document filed with the court contains insufficiently redacted confidential information, the clerk shall raise the document's security level to a confidential setting. The court shall dispose of the motion within 30 days. If the court determines the document is sufficiently redacted, the clerk shall reset the document's security level to allow for proper public access.

**I HAVE READ AND UNDERSTAND THE ABOVE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Filer's Signature

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)

## 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) (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)

2. The name of the mother of the minor child(ren) is

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

She will be referred to as Respondent.

3. The mother and I were 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).

## Information about Petitioner

(Enter 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 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. What are the last four numbers of your social security number?

XXX-XX- \_\_\_\_\_

### 7. Are you over the age of eighteen? (Check one of the two boxes)

☐ Yes ☐ No

### 8. I live in ☐ the United States ☐ another country, which is \_\_\_\_\_.

### 9. I live in ☐ Missouri ☐ another state, which is \_\_\_\_\_.

### 10. 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.

### 11. What is your current employment status? (Check one of the three boxes)

☐ Employed ☐ Unemployed ☐ Self-employed

### 12. 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" on the line for the name of your employer. If you are self-employed, you should also enter the address information for your self-employment.

(Employer's name or type of self-employment)

(Street)

(City)

(State)

(Zip)

## Information about Mother

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

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter the full legal name of Mother on the lines above)

### 13. What is Mother's mailing address?

This is the address that the court will use to send information about your case to Mother. If you do not know Mother's current address, you should enter Mother's last known address.

\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)  
( )  
(Telephone Number with Area Code) (E-mail Address - Optional)

### 14. What are the last four numbers of Mother's social security number?

Do not leave this field blank. If you do not know Mother's social security number, enter "Unknown" in this field.

XXX-XX- \_\_\_\_\_

### 15. Is Mother over the age of eighteen? (Check one of the two boxes)

☐ Yes ☐ No

### 16. Mother lives in ☐ the United States ☐ another country, which is \_\_\_\_\_.

### 17. Mother lives in ☐ Missouri ☐ another state, which is \_\_\_\_\_.

### 18. Mother lives in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If Mother lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

### 19. Mother is currently ☐ employed ☐ unemployed ☐ self-employed ☐ employment unknown. (Check one of the four boxes)

### 20. If Mother is employed or self-employed, where does she currently work?

If Mother is self-employed, enter a brief description of the type of work she performs, such as "Landscaping" or "Day care," on the line for the name of the employer. If Mother is self-employed you should also enter the address information for her self-employment.

\_\_\_\_\_  
(Employer's name or type of self-employment)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

### 21. Mother ☐ is ☐ is **not** on active duty in the military. (Check "is" or "is not")

If Mother is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without her consent. You should contact a lawyer about this situation prior to filing this *Petition*.

## 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))

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**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 Directions for Service on Mother listed in response to question 2 of this *Petition*.**

**Check one of the following service options:**

- ☐ Mother has signed a verified *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity*, which is being filed with the *Presumed Father's Petition for Declaration of Non-Paternity*. Therefore, do not issue a summons.

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.

- ☐ Mother should be served with a summons at her home:

Mother must be served within 30 days of the issuance of the summons. **If you are going to have Mother served, you must file another copy of all your documents in this case to be served on Mother.**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

- ☐ Mother should be served with a summons at her place of employment:

Mother must be served within 30 days of the issuance of the summons. **If you are going to have Mother served, you must file another copy of all your documents in this case to be served on Mother.**

\_\_\_\_\_  
(Employer's Name) (Hours of Employment)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

- ☐ Mother cannot be served in Missouri. Therefore, service by registered mail is requested. A copy of the *Affidavit for Service by Mail* is attached to this form. See Missouri 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

**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.**

## 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 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 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.)

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

**Petitioner**, (Enter full legal name of Petitioner above)

**v.**

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

(Enter full legal name of Mother above)

**-and-**

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

**Respondents.**

**Case  
Number** \_\_\_\_\_

(Use number on Petition)

**Division  
Number** \_\_\_\_\_

(Use number on Petition)

**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 this statement when the case is presented to the court.

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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 - Optional)

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) \_\_\_\_\_

(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)

8. 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
9. 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
10. 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
11. Have any of the children been a victim of abuse or neglect? (Check one of the two boxes)  
☐ Yes ☐ No
12. If you answered "Yes" to questions 8, 9, 10 or 11 please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the Family Support Division opened a child support case for any child(ren) listed in *Presumed Father's Petition for Declaration of Non-Paternity*? (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). \_\_\_\_\_

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 **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))

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### 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 for Declaration 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 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 Respondent in the preparation of these pleadings, but I am not entering my appearance on behalf of Respondent.

\_\_\_\_\_  
(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.)

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

**Petitioner**, (Enter full legal name of Petitioner above)

**v.**

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

(Enter full legal name of Mother above)

**-and-**

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

**Respondents.**

**Case  
Number** \_\_\_\_\_

(Use number on Petition)

**Division  
Number** \_\_\_\_\_

(Use number on Petition)

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

**Monthly Income Information**

Petitioner

Respondent

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Monthly Income Information (Continued)**

Petitioner

Respondent

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

## Monthly Expense Information

Petitioner

Respondent

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

\_\_\_\_\_

\_\_\_\_\_

25. Monthly Maintenance

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on \_\_\_\_\_ (date) I have sent/given a copy of this *Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)* to each of the following parties at the address shown:

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

**Sign Below in the Presence of a Notary Public**

\_\_\_\_\_, of lawful age, being duly sworn on his or her oath, states that he or she is the person named below and that the facts stated in this *Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)* are true according to his or her best knowledge, information and belief.



*(Sign above in the presence of a Notary Public)*
*(Print your name above)*

The following information must be completed by a notary public.

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared, \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

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

\_\_\_\_\_, Notary Public  
County, State of Missouri

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

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI

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

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

**Petitioner**, (Enter full legal name of Petitioner above)

**v.**

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

(Enter full legal name of Mother above)

**-and-**

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

**Respondents.**

**Case  
Number**

(Use number on Petition)

**Division  
Number**

(Use number on Petition)

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

Statement completed by \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter your full legal name above)

**Your Property (either alone or with anyone else)** (Check "Yes" or "No" for each of the following questions)

Estimated Value

Do you own a house, condominium or other real estate?

☐ Yes ☐ No \_\_\_\_\_

Do you own a car, truck or motorcycle?

☐ Yes ☐ No \_\_\_\_\_

Do you own a mobile home, trailer, boat or airplane?

☐ Yes ☐ No \_\_\_\_\_

Do you have any bank accounts?

☐ Yes ☐ No \_\_\_\_\_

Do you have any right to receive any pension or retirement benefits other than Social Security?

☐ Yes ☐ No \_\_\_\_\_

Do you have an IRA or 401(k) or other retirement account?

☐ Yes ☐ No \_\_\_\_\_

Do you have any furniture, appliances or other household goods worth more than \$100?

☐ Yes ☐ No \_\_\_\_\_

Do you have any jewelry, clothing or other personal items worth more than \$100?

☐ Yes ☐ No \_\_\_\_\_

Do you own a business?

☐ Yes ☐ No \_\_\_\_\_

Do you own any stocks or bond?

☐ Yes ☐ No \_\_\_\_\_

**Your Property (either alone or with anyone else) (Continued)**

Estimated Value

Do you have any life insurance that could be cashed in?

☐ Yes ☐ No

---

Does anyone owe you money?

☐ Yes ☐ No

---

Do you have any lawsuits against anyone?

☐ Yes ☐ No

---

Do you have any farm equipment, animals or crops?

☐ Yes ☐ No

---

Do you have any interest in any trusts?

☐ Yes ☐ No

---

Do you have any other asset or property?

☐ Yes ☐ No

---

**Your Debts (either alone or with anyone else) (Check "Yes" or "No" for each of the following questions)**

Amount Due

Are you currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13)

☐ Yes ☐ No

---

Do you owe a mortgage on a house or condominium or land?

☐ Yes ☐ No

---

Do you owe money on a car?

☐ Yes ☐ No

---

Do you owe money on any credit cards?

☐ Yes ☐ No

---

Do you owe any money to any family or friends?

☐ Yes ☐ No

---

Do you owe any medical or dental bills?

☐ Yes ☐ No

---

Do you owe any student loans?

☐ Yes ☐ No

---

Do you owe any other debts?

☐ Yes ☐ No

---

**What debts should I list on this form?**

All debts owed by you should be listed. You should list all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution. Make sure to list all credit cards and any amounts owed pursuant to any bankruptcy or other repayment plans.

## 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 Property and Debt (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**

Your *Statement of Property and Debt (For use in Presumed Father's Non-Paternity Action)* is required to be verified 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 this *Statement of Property and Debt (For use in Presumed Father's Non-Paternity Action)* are true according to his or her best knowledge, information and belief.



*(Sign above in the presence of a Notary Public)*
*(Print your name above)*

The following information must be completed by a notary public.

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared, \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

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

\_\_\_\_\_, Notary Public  
County, State of Missouri

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

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI

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

In re:

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

**Petitioner**, (Enter your full legal name above)

-and-

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

**Respondent**. (Enter the other party's full legal name above)

**Case**

**Number** \_\_\_\_\_

(Use number from pending case)

**Division**

**Number** \_\_\_\_\_

(Use number from pending case)

## Notice of Hearing

### Information about the Hearing

1. The hearing will be held promptly at the courthouse in the above county and division.

2. Type of matter to be heard: \_\_\_\_\_  
(Write the name of the petition or motion you want the court to hear.)

3. The date of the hearing is: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

4. The time of the hearing is: \_\_\_\_\_ ☐ a.m. ☐ p.m.

### Person Giving Notice

\_\_\_\_\_  
(Sign Above)

\_\_\_\_\_  
(Print First Name Above) (Print Middle Name Above) (Print Last Name Above) (Jr./Sr./III)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

( ) ( )  
(Telephone Number with Area Code) (Fax Number with Area Code)

\_\_\_\_\_  
(E-mail Address - Optional)

## 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, that on \_\_\_\_\_ (date) I have sent/given a copy of this *Notice of Hearing* to each of the following parties at the address shown:

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



\_\_\_\_\_  
(Sign above)

\_\_\_\_\_  
(Print your name above)



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)

☐ \_\_\_\_\_  
(Print Name of Petitioner's Attorney)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone Number with Area Code)

☐ \_\_\_\_\_  
(Print Name of Mother's Attorney)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone Number with Area Code)

☐ \_\_\_\_\_  
(Print Name of Guardian ad Litem)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone Number with Area Code)

☐ \_\_\_\_\_  
*(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)*