

MOTHER'S ANSWER TO PRESUMED FATHER'S PETITION FOR DECLARATION OF NON-PATERNITY FORMS

Do not file this document with the court.

MOTHER'S ANSWER TO PRESUMED FATHER'S PETITION FOR DECLARATION OF NON-PATERNITY FORMS

(These forms shall be used by mothers in response to *Presumed Father's Petition for Declaration of Non-Paternity*.)

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 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 Respondent. The man who filed *Presumed Father's Petition for Declaration of Non-Paternity* is the Petitioner.

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. **Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313-R)**
You will complete this form in response to *Presumed Father's Petition for Declaration of Non-Paternity*. By signing this form, you agree to allow the court to decide your case. You may use this form to agree or disagree with statements in Petitioner's *Petition*.
 4. **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.
 5. **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.

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	Redacted Version (if applicable)
<i>Confidential Case Filing Information Sheet</i>	x	
<i>Redaction Certification</i>	x	
<i>Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity</i>	x	x
<i>Statement of Income and Expenses (For use in Presumed Father's Non-Paternity Action)</i>	x	x
<i>Statement of Property and Debt (For use in Presumed Father's Non-Paternity Action)</i>	x	x
<i>Certificate of completion of Litigant Awareness Program</i>	x	

4. You must provide a copy of *Mother's Answer to Presumed Father's Petition for Declaration of Non-Paternity*, except the Confidential Case Filing Information Sheet, to Petitioner.
5. You should also keep a copy of these forms for your records.
6. 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 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 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: _____

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 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 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.

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))

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: _____