

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 the person who filed the original petition)

v.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Respondent.** (Enter full legal name of the person who responded to the original petition)

**Case Number** \_\_\_\_\_  
(Use number on Motion)

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

### Answer to Motion to Modify Child Support

1. My name is: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
2. I understand that by voluntarily entering my appearance and filing this pleading, I am subjecting myself to the jurisdiction of this court, and the court may enter such orders and judgments as are authorized by law, including orders awarding child support. To ask the court to change both custody and child support, see the *Motion to Modify Child Custody and Support*.
3. I admit as true **everything** the other parent stated in the *Motion to Modify Child Support* and incorporate all of those allegations herein **except** the following:

Any statement not specifically denied will be deemed admitted and you may not have the opportunity to disagree with this statement when the case is presented to the court.

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4. Check one of the two boxes.  
 I agree with the changes in support requested in the *Motion*.  
 I disagree with the changes in support requested in the *Motion*. (Check one of the two boxes)  
 I want the court to maintain the support orders currently in place. I do **not** agree with the Form 14 filed by the other parent with their *Motion* and the child support amount requested in their *Motion*. I have prepared a Form 14 attached to this *Answer* as Exhibit \_\_\_\_\_.  
 I want the court to order support in the amount contained in the Form 14 attached to this *Answer* as Exhibit \_\_\_\_\_.

**Unless you file your own motion to modify, the court may not be able to take any requests you may have for changes in the support orders into consideration.**

5. My mailing address is:

The address you provide is the address at which you will receive all mail from the court and the other parent regarding this case. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. If you do not wish to give the address at which you live, you **must** still give the court and the other parent a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

\_\_\_\_\_

(Street)

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

( )

\_\_\_\_\_

(Telephone Number with Area Code) (E-mail Address - Optional)

6. The last four numbers of my social security number are: XXX-XX- \_\_\_\_\_ .

7. Check one of the three boxes.

- I am not on active duty in the armed services of the United States of America.
- I am on active duty in the armed services of the United States of America, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.
- I am on active duty in the armed services of the United States of America and I do **not** waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

8. Do any of the children currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past?  
(Check one of the two boxes)

- Yes  No

**Proof of Service on Other Parties**

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

I certify, under oath that on \_\_\_\_\_ (date) I have sent/given a copy of this *Answer to Motion to Modify Child Support* 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 above and that the facts stated in the *Answer to Motion to Modify Child Support* are true according to his or her best knowledge, information and belief.

▶ \_\_\_\_\_  
(Sign above in the presence of a Notary Public) (Print your name above)

The following information must be completed by a notary public.

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

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

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

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

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

**Attorney Information**

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

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

\_\_\_\_\_  
(Attorney - Sign above) (Missouri Bar Number)

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

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

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

( ) ( )  
(Telephone Number with Area Code) (Fax Number with Area Code) (E-mail Address - Optional)

## FORM NO. 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

<input type="checkbox"/> Respondent / <input type="checkbox"/> Petitioner is the "Parent Paying Support" Total Number of Children: _____	PARENT RECEIVING SUPPORT	PARENT PAYING SUPPORT	COMBINED
1. MONTHLY GROSS INCOME			
1a. Monthly court-ordered maintenance being received			
2. ADJUSTMENTS			
2a. Other monthly child support pursuant to court or administrative order			
2b. Monthly court-ordered maintenance being paid			
2c. Monthly support obligation for other children			
(1) Number of other children primarily residing in each parent's custody			
(2) Each parent's support obligation from support schedule using the parent's Line 1 monthly gross income			
(3) Monthly child support received under court or administrative order for children included in line 2c(1)			
2c. TOTAL adjustment [Line 2c(2) minus Line 2c(3)]			
3. ADJUSTED MONTHLY GROSS INCOME (sum of lines 1 and 1a, minus lines 2a, 2b and 2c).			
4. PROPORTIONATE SHARE OF COMBINED ADJUSTED MONTHLY GROSS INCOME (Each parent's line 3 income divided by combined line 3 income).			
5. BASIC CHILD SUPPORT AMOUNT (From support chart using combined line 3 income).			
6. ADDITIONAL CHILD-REARING COSTS OF PARENTS			
6a. Child Care Costs of Parent Receiving Support			
(1) Reasonable work-related child care costs of the parent receiving support.			
(2) Child Care Tax Credit ( <b>See Form 14 Directions</b> )			
6a. TOTAL adjusted Child Care Costs [Line 6a(1) minus Line 6a(2)]			
6b. Reasonable work-related child care costs of the parent paying support			
6c. Health insurance costs for the children who are subjects of this proceeding			
6d. Uninsured agreed-upon or court-ordered extraordinary medical costs			
6e. Other agreed-upon or court-ordered extraordinary child-rearing costs			
7. TOTAL ADDITIONAL CHILD-REARING COSTS (Enter sum of lines 6a, 6b, 6c, 6d and 6e).			
8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and line 7).			
9. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 8 by each parent's line 4)			
10. CREDIT FOR ADDITIONAL CHILD-REARING COSTS (Line 7 of parent paying support).			
11. ADJUSTMENT FOR A PORTION OF AMOUNTS EXPENDED BY THE PARENT OBLIGATED TO PAY SUPPORT DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. ( <b>See Form 14 Directions</b> ) (Multiply line 5 by _____ %).			
12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).			





Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
26350	2051	2902	3344	3735	4109	4466
26400	2053	2905	3347	3739	4113	4470
26450	2055	2908	3350	3742	4117	4475
26500	2058	2911	3354	3746	4121	4479
26550	2060	2914	3357	3750	4125	4483
26600	2062	2917	3360	3753	4129	4488
26650	2064	2920	3363	3757	4133	4492
26700	2066	2922	3367	3760	4136	4496
26750	2068	2925	3370	3764	4140	4501
26800	2070	2928	3373	3768	4144	4505
26850	2072	2931	3376	3771	4148	4509
26900	2074	2934	3379	3775	4152	4514
26950	2076	2937	3383	3779	4156	4518
27000	2078	2940	3386	3782	4160	4522
27050	2080	2943	3389	3786	4164	4527
27100	2083	2945	3392	3789	4168	4531
27150	2085	2948	3396	3793	4172	4535
27200	2087	2951	3399	3797	4176	4540
27250	2089	2954	3402	3800	4180	4544
27300	2091	2957	3405	3804	4184	4548
27350	2093	2960	3409	3807	4188	4552
27400	2095	2963	3412	3811	4192	4557
27450	2097	2966	3415	3815	4196	4561
27500	2099	2968	3418	3818	4200	4565
27550	2101	2971	3422	3822	4204	4570
27600	2103	2974	3425	3825	4208	4574
27650	2105	2977	3428	3829	4212	4578
27700	2108	2980	3431	3833	4216	4583
27750	2110	2983	3434	3836	4220	4587
27800	2112	2986	3438	3840	4224	4591
27850	2114	2989	3441	3844	4228	4596
27900	2116	2991	3444	3847	4232	4600
27950	2118	2994	3447	3851	4236	4604
28000	2120	2997	3451	3854	4240	4609
28050	2122	3000	3454	3858	4244	4613
28100	2124	3003	3457	3862	4248	4617
28150	2126	3006	3460	3865	4252	4622
28200	2128	3009	3464	3869	4256	4626
28250	2130	3012	3467	3872	4260	4630
28300	2133	3014	3470	3876	4264	4635
28350	2135	3017	3473	3880	4268	4639
28400	2137	3020	3476	3883	4272	4643
28450	2139	3023	3480	3887	4276	4647
28500	2141	3026	3483	3890	4279	4652
28550	2143	3029	3486	3894	4283	4656
28600	2145	3032	3489	3898	4287	4660
28650	2147	3035	3493	3901	4291	4665
28700	2149	3037	3496	3905	4295	4669
28750	2151	3040	3499	3908	4299	4673
28800	2153	3043	3502	3912	4303	4678
28850	2155	3046	3506	3916	4307	4682
28900	2158	3049	3509	3919	4311	4686
28950	2160	3052	3512	3923	4315	4691
29000	2162	3055	3515	3927	4319	4695
29050	2164	3058	3519	3930	4323	4699
29100	2166	3060	3522	3934	4327	4704
29150	2168	3063	3525	3937	4331	4708
29200	2170	3066	3528	3941	4335	4712
29250	2172	3069	3531	3945	4339	4717
29300	2174	3072	3535	3948	4343	4721
29350	2176	3075	3538	3952	4347	4725
29400	2178	3078	3541	3955	4351	4730
29450	2180	3081	3544	3959	4355	4734
29500	2183	3083	3548	3963	4359	4738

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
29550	2185	3086	3551	3966	4363	4742
29600	2187	3089	3554	3970	4367	4747
29650	2189	3092	3557	3973	4371	4751
29700	2191	3095	3561	3977	4375	4755
29750	2193	3098	3564	3981	4379	4760
29800	2195	3101	3567	3984	4383	4764
29850	2197	3104	3570	3988	4387	4768
29900	2199	3106	3573	3992	4391	4773
29950	2201	3109	3577	3995	4395	4777
30000	2203	3112	3580	3999	4399	4781

Gross Monthly Income of Parent Receiving Support	Tax Credit (Percentage)	Maximum Credit for One Child	Maximum Credit for More than One Child
\$0 to \$1250	35	\$88	\$175
\$1251 to \$1416	34	\$85	\$170
\$1417 to 1583	33	\$83	\$165
\$1584 to 1750	32	\$80	\$160
\$1751 to 1916	31	\$78	\$155
\$1917 to 2083	30	\$75	\$150
\$2084 to 2250	29	\$74	\$145
\$2251 to 2416	28	\$70	\$140
\$2417 to 2583	27	\$68	\$135
\$2584 to 2750	26	\$65	\$130
\$2751 to 2916	25	\$63	\$125
\$2917 to 3083	24	\$60	\$120
\$3084 to 3250	23	\$58	\$115
\$3251 to 3416	22	\$55	\$110
\$3417 to 3583	21	\$53	\$105
\$3583 or above	20	\$50	\$100

<sup>1</sup> Form 2441, Internal Revenue Service (2015)

Number of Overnight Periods	Adjustment
Less than 36	0%
36-72	6%
73-91	9%
92-109	10%
110-115	13%
116-119	15%
120-125	17%
126-130	20%
131-136	23%
137-141	25%
142-147	27%
148-152	28%
153-158	29%
159-164	30%
165-170	31%
171-175	32%
176-180	33%
181-183	34%

Area above double line in the first column on the first page is drawn below the income level that represents the self-support reserve.

	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
Self Support Reserve	1400	1700	1900	2100	2350	2550