

ANSWER TO MOTION TO MODIFY CHILD CUSTODY AND SUPPORT FORMS

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(These forms shall be used by a person responding to *Motion to Modify Child Custody and Support*.)

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*.

The person who filed the original petition in the case you want to change is the Petitioner. The person who was listed as the Respondent in the original petition in the case you want to change is still the Respondent in the Motion to Modify.

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. [Answer to Motion to Modify Child Custody and Support \(Form CAFC111-R\)](#)

You will complete this form in response to *Motion to Modify Child Custody and Support*. 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 the other parent's *Motion*.

4. [Parenting Plan \(Form CAFC501\)](#)

There are two parts to this form, Part A and Part B. Part A deals with custody issues of the children, and Part B deals with support issues of the children.

If you have different custody or support arrangements for some of the children, you must complete a separate *Parenting Plan* for each set of children.

If the parents agree on the *Parenting Plan*, you may both sign and file one plan. This *Parenting Plan* can then be introduced into evidence at your hearing for the court to approve.

5. [Statement of Income and Expenses \(For use in Modification Cases\) \(Form CAFC150\)](#)

This form requires you to list income and expenses for both you and the other parent.

6. [Statement of Property and Debt \(For use in Modification Cases\) \(Form CAFC140\)](#)

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.** You should file the forms in the same circuit court where the original Judgment was entered.

	Original	Redacted Version (if applicable)
<i>Confidential Case Filing Information Sheet</i>	x	
<i>Redaction Certification</i>	x	
<i>Answer to Motion to Modify Child Custody and Support</i>	x	x
<i>Parenting Plan, Part A and B (If you do not agree with other Parent's Parenting Plan)</i>	x	x
<i>Statement of Income and Expenses (For use in Modification Cases)</i>	x	x
<i>Statement of Property and Debt (For use in Modification Cases)</i>	x	x
<i>Certificate of completion of Litigant Awareness Program</i>	x	

You must send a copy of these forms, except the Confidential Case Filing Information Sheet, to the other parent.

4. You should also keep a copy of these forms for your records.
5. You should check with the court clerk where you are filing 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 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 Custody and Support

1. My name is: _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
2. I understand that by voluntarily entering my appearance and filing this pleading, I am subjecting myself to the jurisdiction of this court, and the court may enter such orders and judgments as are authorized by law, including orders awarding child support, child custody, parenting time/visitation, and attorney's fees.

3. I admit as true **everything** the other parent stated in the *Motion to Modify Child Custody and Support* and incorporate all of those allegations herein **except** the following:

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

4. Check one of the three boxes.

- ☐ I want the court to maintain custody, visitation and support orders currently in place.
- ☐ I agree with the *Parenting Plan* filed by the other parent.
- ☐ I do **not** agree with the *Parenting Plan* filed by the other parent and I am filing a separate *Parenting Plan*, attached to this *Answer* as Exhibit _____.
Unless you file your own motion to modify, the court may not be able to take your request into consideration.

5. My mailing address is:

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

(Street)

(City)

(State)

(Zip)

()

(Telephone Number with Area Code) (E-mail Address - 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. Child(ren)'s Residences: List the name of the parent or guardian with whom the children have lived and the address where any of the children have lived during the past five years. Enter the dates at each address. If the child(ren) have lived at more than three addresses in the past five years, attach an additional page to this *Answer* listing the information requested in question 8 for each additional address.

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

(Street)

(City)

(State)

(Zip)

(Dates)

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

(Street)

(City)

(State)

(Zip)

(Dates)

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

(Street)

(City)

(State)

(Zip)

(Dates)

9. Do you know of anyone other than you or the other parent who has physical custody of any of the children or claims to have custody or visitation rights with respect to any of the children? *(Check one of the two boxes)*
☐ Yes ☐ No
10. Do you have information about any other custody proceeding concerning any of the children pending in a court of this or any other state? *(Check one of the two boxes)*
☐ Yes ☐ No
11. Have you participated in other litigation concerning the custody of any of the children in this or any other state? *(Check one of the two boxes)*
☐ Yes ☐ No
12. Have any of the children been a victim of abuse or neglect? *(Check one of the two boxes)*
☐ Yes ☐ No
13. If you answered "Yes" to questions 9, 10, 11 or 12, please explain.

14. Do any of the children currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? *(Check one of the two boxes)*
☐ Yes ☐ No

Proof of Service on Other Parties

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

I certify, under oath that on _____ (date) I have sent/given a copy of this *Answer to Motion to Modify Child Custody and Support* to each of the following parties at the address shown:

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

Notice

Some local rules may also require that you file an income and expense statement at the time you file your *Answer*. Failure to do so could cause your *Answer* to be stricken. Also, if there are any unemancipated children, you are required to file a proposed parenting plan within 30 days after the date you were served or the date you filed this *Answer*. You may file a joint parenting plan with the other parent.

Sign Below in the Presence of a Notary Public

_____, of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in the *Answer to Motion to Modify Child Custody and Support* are true according to his or her best knowledge, information and belief.

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

The following information must be completed by a notary public.

STATE OF _____)
COUNTY OF _____) SS

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

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

_____, Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

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

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

(Attorney - Sign above)

(Missouri Bar Number)

(Attorney - Print your name above)

(Street)

(City)

(State)

(Zip)

()

()

(Telephone Number with Area Code)

(Fax 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,****-and-**_____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)**Respondent.****Case
Number** _____

(Use number from pending case)

**Division
Number** _____

(Use number from pending case)

Parenting Plan**Part A - Custody of the Children****1. Plan Author(s) (Check all applicable boxes)**☐ Both parents wrote this *Parenting Plan*.☐ Petitioner ☐ Respondent wrote this *Parenting Plan*. (Check Petitioner or Respondent if you choose this option)☐ The court wrote this *Parenting Plan*.☐ The Guardian ad Litem wrote this *Parenting Plan*.☐ Other_____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)**2. Names and Ages of Children**Enter the total number of children to whom this *Parenting Plan* applies: _____.

The names and ages of the children (hereinafter referred to simply as "the children") are as follows:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)_____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)_____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)_____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)_____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)_____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

3. Duration of Plan

The terms and conditions set forth in this *Parenting Plan* shall remain in full force and effect until the children are emancipated or until this plan is modified by a court of competent jurisdiction.

If you have questions about emancipation or jurisdiction, please consult an attorney or review the definitions on the Representing Yourself website.

Decisions Concerning the Children

4. Types of Decisions

The three types of decisions that parents must make concerning their children are major decisions, daily or everyday decisions, and emergency decisions.

A. Major Decisions

Major decisions are the important decisions about the children. Major decisions are made by **the parent or parents with legal custody**. The following are examples of major decisions:

- The choice or change of schools, including college or special tutoring,
- The choice or change of doctor, surgeon or dentist,
- Church or religious instruction, training or education,
- Selection of child care (daycare, babysitters, afterschool programs),
- Major medical care, surgery, or any medical procedure requiring hospitalization or out-patient surgery,
- Major dental work and orthodontics,
- Psychological or psychiatric treatment or counseling,
- The choice or change of camps or other special or extracurricular activities, including sports,
- The extent of any travel away from home,
- Part or full-time employment of the children,
- Whether the child gets a driver's license, drives or purchases a motor vehicle,
- Birth control and sex education,
- Actual or potential legal action on behalf of the children.

B. Daily or Everyday Decisions

Daily or everyday decisions are routine decisions like minor medical treatment, bedtimes, homework, chores, selection of clothing and normal daily activities.

Daily decisions shall be made by **the parent having actual physical custody at the time of the decision**. The parents shall work together to create consistent routines for the best interests of the child.

C. Emergency Decisions affecting Health and Safety

Emergency decisions are decisions of an urgent nature. They affect the immediate health and safety of the children and have to be made before it is possible to contact the other parent.

The parent who is with the minor child requiring emergency care may make the emergency decision. The parent making the emergency decision shall advise the other parent of the nature and extent of the emergency as soon as possible.

5. Access to Medical, Dental and Educational Records of the Children

Unless otherwise provided in this *Parenting Plan*, both parents are entitled to access records and information pertaining to the children, including, but not limited to, full and complete medical, dental, and educational records subject to Part A, Paragraph 21.

6. Legal Custody (Check one of the three boxes)

☐ Joint Legal Custody

"Joint legal custody" means that the parents share the decision-making rights, responsibilities, and authority relating to the health, education and welfare of the child, and, unless allocated, apportioned, or decreed, the parents shall confer with one another in the exercise of decision-making rights, responsibilities, and authority. §452.375.1(2), RSMo.

It is in the best interests of the children that the parents have joint legal custody of the children. Major decisions shall be made by both parents together. If they disagree on a major decision they shall resolve their disagreement through the dispute resolution procedure set forth in Paragraph 9.

☐ Sole Legal Custody (Check Petitioner or Respondent if you choose this option)

It is in the best interests of the children that ☐ Petitioner ☐ Respondent has sole legal custody of the children. The parent with sole legal custody shall make all major decisions affecting the children. The parents cannot share joint legal custody because:

Missouri Law requires a statement of the reasons for a request for no shared decision-making. You **must** enter a reason on this line.

☐ Third Party - Sole Legal Custody to Third Party

It is in the best interest of the children that

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

(hereinafter referred to as "Third Party") has sole legal and sole physical custody of the children. Major decisions affecting the children shall be made by Third Party. Both parents are unfit, unsuitable, or unable to be a custodian of the children or the welfare of the children requires that neither parent have legal custody.

7. Communication between Parents (Check each box that is appropriate in your case)

Communication between the parents concerning the children may be by any of the following methods:

- ☐ In person
- ☐ Home telephone
- ☐ Work telephone
- ☐ Mobile telephone
- ☐ Letter via U.S. Postal Service
- ☐ E-mail
- ☐ Using the following third person. This third person will be:

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

The children shall not be used as messengers.

8. Issues not to be Discussed in the Presence of the Children

The parents shall not make negative, derogatory or degrading statements about the other parent in front of the children. Both parents shall exercise their best efforts to promote the respect, love and affection of the children toward the other parent. The parents shall avoid discussing parenting issues, financial issues, and other topics related to these proceedings when the children are present.

The parents should prevent other people from making negative, derogatory or degrading statements about the other parent in the presence of the children.

9. Dispute Resolution Procedure

This is the manner in which the parents will resolve disagreements concerning the children. This includes disagreements on the meaning or interpretation of any provision of this plan. The parents shall present their disagreements to a mediator chosen by them for non-binding mediation. In the event that the parents cannot resolve the dispute by mediation, they may submit the issue to the court through appropriate proceedings.

Additional dispute resolution procedures are as follows:_____

When the Children Will Physically Be with Each Parent

10. Physical Custody (*Check one of the four boxes*)

☐ **Joint Physical Custody** (*Check Petitioner or Respondent if you choose this option*)

"Joint physical custody" means an order awarding each of the parents significant but not necessarily equal, periods of time during which a child resides with or is under the care and supervision of each of the parents. Joint physical custody shall be shared by the parents in such a way as to assure the child of frequent, continuing and meaningful contact with both parents. §452.375.1(3), RSMo.

It is in the best interest of the children that both parents have joint physical custody of the children. Use the address of ☐ Petitioner ☐ Respondent as the address of the children for mailing and educational purposes.

☐ **Sole Physical Custody with Visitation to the Other Parent** (*Check Petitioner or Respondent if you choose this option*)

It is in the best interests of the children that ☐ Petitioner ☐ Respondent has sole physical custody of the children and that the other parent has visitation as set forth herein.

☐ **Sole Physical Custody and Supervised Visitation to the Other Parent** (*Check Petitioner or Respondent if you choose this option*)

It is in the best interests of the children that ☐ Petitioner ☐ Respondent has sole physical custody of the children and that the other parent has supervised visitation as set forth herein.

Unsupervised visitation with ☐ Petitioner ☐ Respondent would endanger the children's physical health or impair their emotional development because:

Visitation will be supervised by _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

☐ **Physical Custody to a Third Party**

It is in the best interest of the children that

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

(hereinafter referred to as "Third Party") has sole physical custody of the children. Both parents are unfit, unsuitable, or unable to be a custodian of the children or the welfare of the children requires that neither parent have physical custody.

11. Residential Schedules

Each exchange should be written on the Weekend and Weekday Exchange Schedule. The parents shall have physical custody of the children as they agree. In the event they do not agree, then the parents shall exchange the children as set forth in the residential schedules.

Each parent shall consider reasonable changes when requested by the other parent or the children. If a significant change is made, either parent may reduce their agreement to writing. All changes are unenforceable unless in writing and signed by both parents.

Sample Page - Do Not File

Sample - Weekday and Weekend Exchange Schedule

This page is a sample to help you understand how to fill out the form. Do not file this sample page with the court.

Enter the parent who is receiving custody and the specified time for each exchange.		
	DAY OF WEEK	EXCHANGES FOR DAY
WEEK ONE	Sunday	Susan
	Monday	Susan
	Tuesday	Susan
	Wednesday	3:30 p.m. Walter picks up children from school
	Thursday	8:00 a.m. Walter drops children off at school 3:30 p.m. Susan picks up children from school
	Friday	5:30 p.m. Walter picks up children from Susan's house
	Saturday	Walter
WEEK TWO	Sunday	7:00 p.m. Susan picks up children from Walter's house
	Monday	Susan
	Tuesday	Susan
	Wednesday	3:30 p.m. Walter picks up children from school
	Thursday	8:00 a.m. Walter drops children off at school 3:30 p.m. Susan picks up children from school
	Friday	Susan
	Saturday	Susan

Sample Page - Do Not File

Weekday and Weekend Exchange Schedule

Enter the parent who is receiving custody and the specified time for each exchange. See previous page of this <i>Parenting Plan</i> for a sample schedule.		
	DAY OF WEEK	EXCHANGES FOR DAY
WEEK ONE	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
WEEK TWO	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

See the following page to determine when each week begins.

Determination of Week One and Week Two

Determination of **week one** or **week two** on the Weekday and Weekend Exchange Schedule

For purposes of this *Parenting Plan*, **week one** is defined as a week that has Sunday on one of the following dates:

January	1	2	3	4	5	6	7	15	16	17	18	19	20	21	29	30	31
February	1	2	3	4	12	13	14	15	16	17	18	26	27	28	29		
March	1	2	3	4	12	13	14	15	16	17	18	26	27	28	29	30	31
April	1	9	10	11	12	13	14	15	23	24	25	26	27	28	29		
May	7	8	9	10	11	12	13	21	22	23	24	25	26	27			
June	4	5	6	7	8	9	10	18	19	20	21	22	23	24			
July	2	3	4	5	6	7	8	16	17	18	19	20	21	22	30	31	
August	1	2	3	4	5	13	14	15	16	17	18	19	27	28	29	30	31
September	1	2	10	11	12	13	14	15	16	24	25	26	27	28	29	30	
October	8	9	10	11	12	13	14	22	23	24	25	26	27	28			
November	5	6	7	8	9	10	11	19	20	21	22	23	24	25			
December	3	4	5	6	7	8	9	17	18	19	20	21	22	23	31		

For purposes of this *Parenting Plan*, **week two** is defined as a week that has Sunday on one of the following dates:

January	8	9	10	11	12	13	14	22	23	24	25	26	27	28			
February	5	6	7	8	9	10	11	19	20	21	22	23	24	25			
March	5	6	7	8	9	10	11	19	20	21	22	23	24	25			
April	2	3	4	5	6	7	8	16	17	18	19	20	21	22	30	31	
May	1	2	3	4	5	6	14	15	16	17	18	19	20	28	29	30	31
June	1	2	3	11	12	13	14	15	16	17	25	26	27	28	29	30	
July	1	9	10	11	12	13	14	15	23	24	25	26	27	28	29		
August	6	7	8	9	10	11	12	20	21	22	23	24	25	26			
September	3	4	5	6	7	8	9	17	18	19	20	21	22	23			
October	1	2	3	4	5	6	7	15	16	17	18	19	20	21	29	30	31
November	1	2	3	4	12	13	14	15	16	17	18	26	27	28	29	30	
December	1	2	10	11	12	13	14	15	16	24	25	26	27	28	29	30	

12. Holidays

A different schedule can apply on holidays. The times each parent will have with the children during the holidays are set forth on the Holiday Exchange Schedule.

Include the name of the parent who will have the holiday and the times to exchange the children.

Holiday Exchange Schedule

Holiday	Even Numbered Years	Odd Numbered Years	Physical Custody	
			From	To
	<i>List name of parent</i>	<i>List name of parent</i>	<i>Time - Include a.m. or p.m.</i>	<i>Time - Include a.m. or p.m.</i>
Martin Luther King Day				
President's Day				
Memorial Day				
Independence Day				
Labor Day				
Thanksgiving				
Halloween				
Christmas Eve				
Christmas Day				
Mother's Day				
Father's Day				
Petitioner's Birthday				
Respondent's Birthday				
Child(ren)'s Birthday(s)				
Other holidays, including school holidays, special occasions (specify)				

13. Vacation Schedule (*Check one of the two boxes*)

- ☐ No specific weeks will be set aside for our vacations.
- ☐ Each parent may designate _____ week(s) each year during which they will have exclusive physical custody of the children and the regular schedules do not apply. However, during this period, the Holiday Schedule still applies. Petitioner shall have first choice of weeks in odd-numbered years. Respondent will have first choice of weeks in even-numbered years. The parent with the first choice of weeks must designate the vacation weeks by March 31 of each year. The parent with the second choice of weeks must designate the weeks by April 15 of each year.

Holidays and vacations do not alter the "Week One" or "Week Two" designation, but they do apply ahead of the regular schedule. If the holiday schedule conflicts with any other schedule, the holiday schedule takes precedence.

Other Provisions Concerning the Children

14. Location of Exchanges (*Check one of the four boxes*)

If a specific location for an exchange is not stated on the schedule, then the exchange shall occur at the following location:

- ☐ All exchanges shall occur at the children's school or child care provider when school or child care is in session. If, or when, school or child care is not in session, all exchanges shall occur at the locations as follows:

- ☐ All exchanges shall occur at ☐ Petitioner's ☐ Respondent's residence. (*Check Petitioner or Respondent if you choose this option*)
- ☐ The parent receiving custody of the children shall pick up the children at the other parent's residence.
- ☐ Exchanges shall occur at the locations as follows:

15. Transportation

Each parent will pay the expenses associated with his or her own transportation to and from the exchange location unless otherwise indicated in this *Parenting Plan*.

16. Notification of Change from Residential Schedule

In the event either parent cannot exercise the scheduled time with the children, he or she should tell the other parent as soon as possible, but not later than 24 hours before the start of the scheduled time with the children. If a parent anticipates that he or she may have to cancel at the last minute, he or she should advise the other parent of the possible last minute conflict. If a parent fails to notify the other as set forth above, he or she shall be responsible for the reasonable costs incurred by the other parent.

17. Telephone Contact with Children (*Check one of the two boxes*)

Each parent may contact the children in a reasonable manner when the children are with the other parent.

☐ Neither parent may contact the children at the other parent's residence earlier than _____ a.m. or later than _____ p.m.

☐ There are no restrictions on the time to contact the children.

Each parent shall provide the other parent with the telephone number at which the children may be contacted. Neither parent shall configure their telephone system in such a manner as to "block" or prevent the other parent from calling.

When a parent travels out of town with the children for at least 24 hours, he or she must notify the other parent of the children's destination. He or she must also provide a telephone number where the children can be reached.

18. Children's Activities

The parent who has the children at the time of the activity is responsible for getting the children to their school or extracurricular activities. Each parent shall not schedule activities that occur primarily when the children are with the other parent without the other parent's consent.

19. Relocation

§452.377, RSMo states, "Absent exigent circumstances as determined by a court with jurisdiction, **you as a party to this action are ordered to notify, in writing by certified mail, return receipt requested, and at least sixty days prior to the proposed relocation**, each party to this action of any proposed relocation of the principal residence of the child, including the following information:

- (1) The intended new residence, including the specific address and mailing address, if known, and if not known, the city;
- (2) The home telephone number of the new residence, if known;
- (3) The date of the intended move or proposed relocation;
- (4) A brief statement of the specific reasons for the proposed relocation of the child; and
- (5) A proposal for a revised schedule of custody or visitation with the child.
- (6) The other party's right, if that party is a parent, to file a motion, pursuant to §452.377, RSMo, seeking an order to prevent the relocation and an accompanying affidavit setting forth the specific good-faith factual basis for opposing the relocation within thirty days of receipt of the notice.

Your obligation to provide this information to each party continues as long as you or any other party by virtue of this order is entitled to custody of a child covered by this order. Your failure to obey the order of this court regarding the proposed relocation may result in further litigation to enforce such order, including contempt of court. In addition, your failure to notify a party of a relocation of the child may be considered in a proceeding to modify custody or visitation with the child. Reasonable costs and attorney fees may be assessed against you if you fail to give the required notice."

The residence of the children may be relocated sixty (60) days after providing notice unless a parent files a motion seeking an order to prevent the relocation within thirty (30) days after receipt of notice. Such motion shall be accompanied by an affidavit setting forth the specific factual bases supporting a prohibition of the relocation.

20. The courts must consider any pattern of domestic violence when it awards custody of the children.
(Check one of the three boxes.)

**Domestic violence is abuse committed against another family or household member.
Missouri law requires the court consider issues related to domestic violence before making
decisions related to the children.**

- ☐ There has been no pattern of domestic violence between the parents.
- ☐ There has been a pattern of domestic violence between the parents, with ☐ Petitioner ☐ Respondent committing violent acts against the other parent or another family or household member. (Check Petitioner or Respondent if you choose this option)
- ☐ There has been a pattern of domestic violence between the parents, with both parents committing violent acts against the other parent or another family or household member.

21. If the court restricts a parent's visitation or custody with a child due to domestic violence, the court may also restrict that parent's access to address information within a child's educational records.
(Check one of the three boxes)

- ☐ There has been no domestic violence by either parent.
- ☐ There has been domestic violence committed by ☐ Petitioner ☐ Respondent against the other parent or one of the children. The educational records of the children **shall not** include the address of the other parent or the children. (Check Petitioner or Respondent if you choose this option)
- ☐ There has been domestic violence committed by ☐ Petitioner ☐ Respondent against the other parent or one of the children. However, the educational records of the children may include the address of the other parent or the children. (Check Petitioner or Respondent if you choose this option)

▶ _____
(Petitioner - Sign above) (Petitioner - Print your name above)

▶ _____
(Attorney for Petitioner - Sign above) (Attorney for Petitioner - Print your name above)

▶ _____
(Respondent - Sign above) (Respondent - Print your name above)

▶ _____
(Attorney for Respondent - Sign above) (Attorney for Respondent - Print your name above)

▶ _____
(Guardian ad Litem - Sign above) (Guardian ad Litem - Print your name above)

(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)

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,**-and-**

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

Respondent.**Case
Number**

(Use number from pending case)

**Division
Number**

(Use number from pending case)

Parenting Plan**Part B - Support of the Children**

1. Plan Author(s) (Check all applicable boxes)

☐ Both parents wrote this *Parenting Plan*.☐ Petitioner ☐ Respondent wrote this *Parenting Plan*. (Check Petitioner or Respondent if you choose this option)☐ The court wrote this *Parenting Plan*.☐ The Guardian ad Litem wrote this *Parenting Plan*.☐ Other _____
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

2. Names and Ages of Children

Enter the total number of children to whom this *Parenting Plan* applies: _____.

The names and ages of the children (hereinafter referred to simply as "the children") are as follows:

 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

Child Support Calculations

Child Support

Child support is an amount of money paid by one parent to the other parent for the support of the children. In addition to a regular monthly child support payment, other expenses of the children may be divided between the parents as child support.

Form 14

The Form 14 is a form used to calculate a presumed amount of child support. The Form 14 is part of this *Parenting Plan* and is found on Part B, Page 8. The court will usually follow the Form 14, however, if the court finds that the child support calculated pursuant to the Form 14 is unjust or inappropriate, it will set child support at a different amount.

Parents must also determine the division and amount of other expenses of the children such as medical and dental insurance, uncovered medical and dental expenses, childcare, and other extraordinary expenses. These expenses are part of the child support obligations of each parent.

Parents may agree on an amount of child support and the division of expenses. The court does not have to accept this agreement and can set different support amounts. Even if the parents have agreed on an amount of child support, **they must still calculate a Form 14 for the court.**

Missouri law further provides that "An award of joint physical custody does not preclude an award of child support pursuant to Section 452.340 and applicable supreme court rules in determining an amount reasonable or necessary for the support of the child." §452.375.12, RSMo. Child support may be appropriate even if both parties have custody of the children an equal amount of time.

3. Parent to Pay Child Support (*Check one of the two boxes*)

One parent must be called the "parent paying support" and the other parent must be called the "parent receiving support." This is true even if no child support is going to be paid.

☐ Petitioner ☐ Respondent will pay regular monthly child support to ☐ Petitioner ☐ Respondent.
(*Check Petitioner or Respondent if you choose this option*)

☐ No regular monthly child support will be paid by either parent. ☐ Petitioner ☐ Respondent will be referred to as "parent paying support" for purposes of the Form 14 calculation only. The other parent will be referred to as "parent receiving support." (*Check Petitioner or Respondent if you choose this option*)

Medical and Dental Insurance for the Children

Cost of Medical or Dental Insurance for the Children

The cost of medical or dental insurance for the children is the monthly amount of any premium paid. If the parent's employer deducts the amount of premium from his or her pay, then the cost of medical or dental insurance includes the amount of the premium paid. It does not include the cost of medical or dental insurance for the parent, the parent's spouse, or other children that are not covered by this *Parenting Plan*. The cost of medical or dental insurance for the children is included on Line 6c of the Form 14.

The Form 14 states: "If the amount of the actual health insurance costs for the children who are the subject of this proceeding is not available or cannot be verified, the amount of the health insurance costs attributable to the children who are the subject of this proceeding shall be calculated by dividing the total monthly costs for the policy of health insurance by the total number of persons for whom the costs are paid or to be paid and then multiplying the resulting figure by the number of children insured under the policy who are the subject of this proceeding."

4. Parent Responsible for Medical Insurance (*Check one of the three boxes*)

- ☐ Neither parent is required to maintain **medical** insurance for the benefit of the children. A health benefit plan is not available at reasonable cost through either parent's employer or union. If the parents receive child support services through the Family Support Division, the parents shall notify the Family Support Division of any changes in employment, whether health insurance is available through their employer, other group plan or the Affordable Care Act, provide the name of the insurance provider when coverage is available, and any other changes in access to health insurance coverage.
- ☐ Petitioner ☐ Respondent shall maintain and pay the cost of **medical** insurance for the benefit of the children.

5. Parent Responsible for Dental Insurance (*Check one of the three boxes*)

- ☐ Neither parent is required to maintain **dental** insurance for the benefit of the children. A health benefit plan is not available at reasonable cost through either parent's employer or union. If the parents receive child support services through the Family Support Division, the parents shall notify the Family Support Division of any changes in employment, whether dental insurance is available through their employer, other group plan or the Affordable Care Act, provide the name of the insurance provider when coverage is available, and any other changes in access to health insurance coverage.
- ☐ Petitioner ☐ Respondent shall maintain and pay the cost of **dental** insurance for the benefit of the children.

6. Medical and Dental Insurance for the Children

You must enter an amount on both lines, even if you enter "0." These amounts should also be entered on line 6c of the Form 14.

The total cost of medical and/or dental insurance paid by Petitioner for the minor children is
\$ _____ per month.

The total cost of medical and/or dental insurance paid by Respondent for the minor children is
\$ _____ per month.

In the event either parent is required to maintain medical or dental insurance, the parent providing the health benefit plan shall provide to the other parent an insurance identification card.

If support rights have been assigned to the state of Missouri or the Family Support Division is providing support enforcement services to either parent, the parent paying support shall notify the Family Support Division regarding the availability of medical insurance coverage through an employer or a group plan, provide the name of the insurance provider when coverage is available, and inform the division of any change in access to such insurance coverage.

Health Expenses Not Covered by Insurance

7. Medical, Dental, Vision, or Psychological Expenses not Covered by Insurance

Any parent who receives a bill for medical, dental, vision or psychological expenses of the children shall submit a copy of that bill to the other parent within 30 days of the receipt of the bill.

(Check one of the three boxes)

- ☐ The parent ☐ receiving support ☐ paying support will pay all reasonable and necessary medical and dental expenses of the children not covered by insurance. Other parent will reimburse the parent paying expenses for _____ percent of all such expenses that are actually paid by the parent paying expenses and are in excess of \$250 per year per child. This does not include the uninsured extraordinary costs set forth in Paragraph 8 below. §454.603.5(2), RSMo. (Check parent "receiving support" or parent "paying support" if you choose this option)

Medical and dental expenses are defined by §213(d)(1)(A) of the Internal Revenue Code.

§454.633.3, RSMo provides that if you have checked this first box in Paragraph 7 and you have not provided a percentage, then each parent will be responsible for one-half of all reasonable and necessary medical or dental expenses of the children not covered by insurance except as set forth in Paragraph 8 below.

- ☐ The parent ☐ receiving support ☐ paying support will be responsible for all reasonable and necessary medical or dental expenses of the children not covered by insurance. The other parent does not have the financial resources to contribute to the payment of medical or dental expenses of the children not covered by insurance. This does not apply to the medical costs listed in Paragraph 8 below. §454.603.5(2), RSMo. (Check parent "receiving support" or parent "paying support" if you choose this option)
- ☐ All reasonable and necessary medical or dental expenses of the children are covered by insurance. §454.603.5(1), RSMo.

8. Payment of Uninsured Extraordinary Medical Costs

Extraordinary medical costs are predictable and recurring, such as expenses for dental treatment, orthodontic treatment, asthma treatment and physical therapy. These expenses **may** be included in the Form 14 calculation.

If no extraordinary medical costs are to be included on the Form 14, you may leave this information blank.

Uncovered Extraordinary Medical Costs to be Paid by Parent Paying Support included on the Form 14	Amount of Expense
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month
The total cost of these uncovered extraordinary medical costs of the children is \$ _____ per month.	
You must include this amount on the Form 14 - Line 6d	

Uncovered Extraordinary Medical Costs to be Paid by Parent receiving Support included on the Form 14	Amount of Expense
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month
The total cost of these uncovered extraordinary medical costs of the children is \$ _____ per month.	
You must include this amount on the Form 14 - Line 6d	

Child Care Expenses

Child care expenses related to employment are expenses incurred by a parent during periods of time while the parent is working and the children are in his or her physical custody.

9. Work-Related Child Care Costs

The work-related child care expenses of the parent receiving support are \$ _____ per month.

The work-related child care expenses of the parent paying support are \$ _____ per month.

(Check one of the four boxes)

- ☐ There are no work-related child care costs incurred by the parents.
- ☐ The work-related child care costs will be included in the child support calculation on the Form 14.

The amount of work-related child care costs for the parent receiving support must be placed on Line 6a(1) of the Form 14.

The amount of work-related child care costs for the parent paying support must be placed on Line 6b of the Form 14.

- ☐ Each parent will pay their own reasonable work-related child care expenses related to his or her employment. The cost of reasonable work-related child care expenses has **not** been included in the child support calculation on the Form 14. Neither parent will reimburse the other parent for any portion of the child care expenses.
- ☐ The parent paying support shall reimburse the parent receiving support for _____ percent of all reasonable work-related child care expenses actually paid by the parent receiving support. The work related child care expenses have **not** been included on the Form 14. To be eligible for reimbursement of work-related child care expenses, the parent receiving support must appropriately report expenses to the Internal Revenue Service.

10. Child Care Expenses Unrelated to Employment

Incidental child care costs not related to employment are to be paid by the parent with physical custody at the time the child care costs are incurred.

Extraordinary Child-Rearing Costs of the Children Including College Costs

Extraordinary Child-Rearing Costs

Extraordinary child-rearing costs may include, but are not limited to, the following expenses:

- Educational expenses for college or post-secondary education,
- Special, private or parochial elementary and secondary schooling expenses,
- Tutoring sessions,
- Camps,
- Lessons,
- Athletic activities,
- Travel and other activities intended to enhance the athletic, social or cultural development of a child.

11. Educational Expenses for College or Post-Secondary Education

As used herein, educational expenses for college or post-secondary education (also referred to as college expenses) include tuition, fees, books, dormitory cost for room and board. It does not include room and board while residing with either parent. This term shall be the actual cost to the child. In the event the child receives a scholarship or other aid which reduces the tuition, fees, books, or dormitory costs for room and board, then the educational expenses for college or post-secondary education does not include the amount of such scholarship or aid. For this purpose, loans to the student shall not be considered 'scholarship or other aid'.

The maximum educational expenses for college or post-secondary education, as defined herein, shall not exceed the cost for tuition, fees, books, and dormitory costs for room and board at the University of Missouri at Columbia, regardless of what institution the child attends.

Responsibility for educational expenses for college or post-secondary education shall not exceed more than eight semesters at a college or university.

Continued Eligibility for Child Support when Child is in College

§452.340.5, RSMo provides that "[t]o remain eligible for such continued parental support, at the beginning of each semester **the child** shall submit to each parent a transcript or similar official document provided by the institution of vocational or higher education which includes the courses the child is enrolled in and has completed for each term, the grades and credits received for each such course, and an official document from the institution listing the courses which the child is enrolled in for the upcoming term and the number of credits for each such course."

The child must carry a minimum number of credit hours each semester.

12. Extraordinary Child-Rearing Costs

Extraordinary child-rearing costs incurred by the parents may be included on the Form 14, or the parents may agree to divide these costs on some percentage basis. The extraordinary child-rearing costs are to be paid as set forth in the next paragraph.

Part B, Page 7, Paragraph 13, of this *Parenting Plan*

13. Payment of Extraordinary Child-Rearing Costs of the Children

a. Extraordinary Child-Rearing Costs **included** on the Form 14

Extraordinary Child-Rearing Costs Paid by Parent Paying Support included on the Form 14	Amount of Expense
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month
The total cost of these extraordinary child-rearing costs of the children is \$ _____ per month.	
You must include this amount on the Form 14 - Line 6e	

Extraordinary Child-Rearing Costs Paid by Parent Receiving Support included on the Form 14	Amount of Expense
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month
The total cost of these extraordinary child-rearing costs of the children is \$ _____ per month.	
You must include this amount on the Form 14 - Line 6e	

b. Extraordinary Child-Rearing Costs **not included** on the Form 14

Extraordinary Child-Rearing Costs Paid by Parent Paying Support not included on the Form 14	Percentage to be Paid by Parent Receiving Support
_____	_____ %
_____	_____ %
_____	_____ %
Parent receiving support will reimburse the other parent the above percentage amount of each of these extraordinary child-rearing costs of the children so long as those expenses are actually paid by the other parent.	

Extraordinary Child-Rearing Costs Paid by Parent Receiving Support not included on the Form 14	Percentage to be Paid by Parent Paying Support
_____	_____ %
_____	_____ %
_____	_____ %
Parent paying support will reimburse the other parent the above percentage amount of each of these extraordinary child-rearing costs of the children so long as those expenses are actually paid by the other parent.	

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 (See Form 14 Directions)			
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. (See Form 14 Directions) (Multiply line 5 by _____ %).			
12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).			

Amount of Child Support

14. Presumed Monthly Amount of Child Support (*Complete all applicable amounts*)

The court-ordered support amount is set forth in Part B, Paragraph 16.

The presumed child support amount calculated pursuant to Form 14 for six children is: \$ _____.

The presumed child support amount calculated pursuant to Form 14 for five children is: \$ _____.

The presumed child support amount calculated pursuant to Form 14 for four children is: \$ _____.

The presumed child support amount calculated pursuant to Form 14 for three children is: \$ _____.

The presumed child support amount calculated pursuant to Form 14 for two children is: \$ _____.

The presumed child support amount calculated pursuant to Form 14 for one child is: \$ _____.

15. Should the court order the presumed monthly amount of child support? (*Check one of the two boxes*)

Court-ordered child support will be set at the time of the court proceeding. The court is not bound by the suggestions of the parents and may set an amount greater or less than the suggested amounts of court-ordered child support set forth in this *Parenting Plan*. If the court approves and adopts this plan, then the support provisions herein will become the order of the court.

- ☐ Yes. The court-ordered child support is the same as the presumed child support amount. The presumed child support amount as calculated herein is not rebutted as being unjust and inappropriate.
- ☐ No. The court-ordered child support is different from the presumed child support amount in the Form 14. After consideration of all statutory and other relevant factors pursuant to §452.340.8, RSMo, the presumed child support amount is rebutted as unjust and inappropriate due to

16. Court-Ordered Child Support (*Check all applicable boxes*)

This is the amount of child support that actually will be paid by the parent paying support.

You should check each box that applies. For example, if this *Parenting Plan* pertains to three children, then you should check the boxes for three children, two children and one child. You should also enter an amount of support for three children, two children, and one child, respectively. You must attach a Form 14 for each level. For example, if you have three children, then you must attach one Form 14 for three children, one Form 14 for two children, and one Form 14 for one child.

If you check one of the boxes below, you must check all the boxes below it. Once again, if you only check the box for two children and do not check the box for one child, then no support is owed when only one child remains.

- ☐ Six or More Children - The parent paying support is to pay to the parent receiving support \$ _____ per month when the parent receiving support is entitled to support for six or more children covered by this *Parenting Plan*.
- ☐ Five Children - The parent paying support is to pay to the parent receiving support \$ _____ per month when the parent receiving support is entitled to support for five children covered by this *Parenting Plan*.
- ☐ Four Children - The parent paying support is to pay to the parent receiving support \$ _____ per month when the parent receiving support is entitled to support for four children covered by this *Parenting Plan*.
- ☐ Three Children - The parent paying support is to pay to the parent receiving support \$ _____ per month when the parent receiving support is entitled to support for three children covered by this *Parenting Plan*.
- ☐ Two Children - The parent paying support is to pay to the parent receiving support \$ _____ per month when the parent receiving support is entitled to support for two children covered by this *Parenting Plan*.
- ☐ One Child - The parent paying support is to pay to the parent receiving support \$ _____ per month when the parent receiving support is entitled to support for one child covered by this *Parenting Plan*.

17. Starting Date for Child Support (Check one of the two boxes if either parent is paying child support in Part B, Paragraph 16)

Notification by the Parent Receiving Support when Child Support Changes

Missouri law provides that "[u]nless otherwise agreed in writing or expressly provided in the judgment, provisions for the support of the child are terminated by emancipation of the child. The parent entitled to receive child support shall have the duty to notify the parent obligated to pay support of the child's emancipation and failing to do so, the parent entitled to receive child support shall be liable to the parent obligated to pay support for child support paid following emancipation of a minor child, plus interest." §452.370.4, RSMo.

- ☐ The first child support payment is due on the date of the entry of the judgment.
- ☐ The first child support payment is due on _____ .

Income Tax Considerations

18. Income Tax Dependents

The Form 14 calculation assumes that the parent receiving support will claim the children as dependents. If the parent paying support is entitled to claim one or more of the children, then the Form 14 guidelines are unjust and inappropriate and the second box in Paragraph 15 should be checked.

The parents shall be entitled to claim the minor children as dependents for income tax purposes as follows:

Name of Child	In odd numbered tax years, this parent will claim this child as a dependent	In even numbered tax years, this parent will claim this child as a dependent

Parent paying support must be current with all support obligations as of December 31 of the tax year in which the child is to be claimed. Each parent will sign any appropriate documents to allow the other parent to make such claims.

Payment of Child Support and Income Withholding

Income Withholding

Income Withholding means that the child support is taken directly out of the paycheck of the parent paying support. These payments could be taken out of money from an employer, or other types of payments like Social Security disability benefits, unemployment compensation benefits or military retirement benefits. The amount withheld is sent to the Family Support Payment Center. The Family Support Payment Center will then forward the support to the parent receiving support. Child support withheld under an income withholding order cannot be sent directly to the parent receiving support. A record will be kept of all payments. If the parent paying support is currently unemployed or self-employed, income withholding may still be ordered, but it will not take effect until the parent paying support begins receiving regular income.

If income withholding is not ordered, then the child support may be paid directly to the parent receiving support. The parent paying support may also voluntarily send payments to the Family Support Payment Center. If the child support is not paid to the Family Support Payment Center, it is extremely important that each parent keep accurate records of the amount of child support paid. This means that the parent paying support may not receive credit for his or her payments if he or she does not have receipts or cancelled checks. Because of this, it is proper to request a receipt from the parent receiving support.

If parents receive Temporary Assistance For Needy Families (TANF) benefits through the Missouri Family Support Division or receive child support enforcement services through the Missouri Family Support Division, child support **must** be paid through the Family Support Payment Center.

Even if the court does not order income withholding right now, the Family Support Division may issue an income withholding order at a later time if the parent paying support fails to make timely child support payments as ordered.

19. Method of Payment of Child Support *(Check one of the five boxes if either parent is paying child support in Part B, Paragraph 16)*

- ☐ Child support shall be paid through income withholding. An application for income withholding for support shall be prepared by the parent receiving support and issued by the circuit clerk upon the effective date of this judgment. Child support is ordered to be paid to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- ☐ Income withholding will not issue because a written agreement has been reached between the parents that provides for an alternative arrangement. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- ☐ Income withholding will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate withholding would not be in the best interest of the child and the parent paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- ☐ Income Withholding will not issue because a written agreement has been reached between the parents that provides for an alternative arrangement. Child support shall be paid directly to the parent receiving support.
- ☐ Income Withholding will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate withholding would not be in the best interest of the child and the parent paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the parent receiving support.

20. Additional Provisions Pertaining to Support of the Children:

▶ _____
(Petitioner - Sign above) (Petitioner - Print your name above)

▶ _____
(Attorney for Petitioner - Sign above) (Attorney for Petitioner - Print your name above)

▶ _____
(Respondent - Sign above) (Respondent - Print your name above)

▶ _____
(Attorney for Respondent - Sign above) (Attorney for Respondent - Print your name above)

▶ _____
(Guardian ad Litem - Sign above) (Guardian ad Litem - Print your name above)

<p>(If heard by a Family Court Judge)</p> <p>_____ (Judge)</p> <p>_____ (Date)</p>	<p>(If heard by a Family Court Commissioner)</p> <p>Findings and Recommendations of Commissioner:</p> <p>_____ (Commissioner)</p> <p>_____ (Date)</p> <p>All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.</p> <p>_____ (Judge)</p> <p>_____ (Date)</p>
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2020 Schedule of Basic Child Support Obligation

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
0 – 1100	60	60	60	60	60	60
1150	91	94	94	95	95	95
1200	122	127	128	129	130	130
1250	153	161	162	164	164	165
1300	184	194	196	198	199	200
1350	215	228	230	233	234	235
1400	246	261	264	267	269	270
1450	277	295	298	302	303	305
1500	306	328	332	336	338	340
1550	315	362	366	371	373	375
1600	324	395	400	405	408	410
1650	333	429	434	440	442	445
1700	342	462	468	474	477	480
1750	350	496	502	509	512	515
1800	359	529	536	543	547	550
1850	368	561	570	578	581	585
1900	377	574	604	612	616	620
1950	386	587	638	647	651	655
2000	394	600	672	681	686	690
2050	403	613	706	716	720	725
2100	411	626	740	750	755	760
2150	420	640	773	785	790	795
2200	429	653	789	819	825	830
2250	437	666	805	854	859	865
2300	446	679	821	888	894	900
2350	455	692	837	923	929	935
2400	463	705	853	952	964	970
2450	472	719	869	970	998	1005
2500	480	732	884	988	1033	1040
2550	489	745	900	1006	1068	1075
2600	498	758	916	1023	1103	1110
2650	506	771	932	1041	1137	1145
2700	515	784	948	1059	1165	1180
2750	524	797	964	1077	1184	1215
2800	532	811	980	1094	1204	1250
2850	541	824	996	1112	1223	1285
2900	550	837	1012	1130	1243	1320
2950	558	850	1028	1148	1263	1355
3000	567	863	1043	1166	1282	1390
3050	575	876	1059	1183	1302	1415
3100	584	889	1075	1201	1321	1436
3150	593	903	1091	1219	1341	1457
3200	601	916	1107	1237	1360	1479
3250	610	929	1123	1254	1380	1500
3300	619	942	1139	1272	1399	1521
3350	627	955	1155	1290	1419	1542
3400	636	967	1169	1306	1436	1561
3450	645	979	1182	1320	1452	1579
3500	653	990	1195	1335	1468	1596
3550	662	1001	1208	1349	1484	1613
3600	670	1013	1221	1364	1500	1631
3650	679	1024	1234	1378	1516	1648
3700	688	1036	1247	1393	1532	1666
3750	696	1047	1260	1408	1548	1683
3800	705	1058	1273	1422	1564	1700
3850	714	1070	1286	1437	1580	1718
3900	722	1081	1299	1451	1596	1735

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
3950	731	1093	1313	1467	1613	1754
4000	738	1106	1328	1484	1632	1774
4050	746	1119	1343	1500	1650	1794
4100	754	1131	1358	1517	1669	1814
4150	762	1144	1373	1534	1687	1834
4200	770	1157	1388	1551	1706	1854
4250	777	1170	1404	1568	1725	1875
4300	785	1182	1419	1585	1743	1895
4350	793	1195	1434	1601	1762	1915
4400	800	1207	1448	1617	1779	1934
4450	807	1218	1461	1632	1795	1951
4500	814	1229	1474	1646	1811	1969
4550	820	1238	1484	1658	1824	1983
4600	825	1246	1494	1669	1836	1996
4650	831	1254	1504	1680	1848	2009
4700	836	1263	1514	1691	1860	2022
4750	842	1271	1523	1702	1872	2035
4800	847	1279	1533	1712	1884	2048
4850	853	1287	1543	1723	1896	2061
4900	858	1296	1553	1734	1908	2074
4950	864	1304	1562	1745	1920	2087
5000	869	1312	1572	1756	1932	2100
5050	875	1320	1582	1767	1944	2113
5100	880	1328	1592	1778	1956	2126
5150	886	1337	1601	1789	1968	2139
5200	890	1342	1608	1796	1975	2147
5250	893	1347	1613	1802	1982	2154
5300	896	1352	1619	1808	1989	2162
5350	900	1357	1624	1814	1996	2169
5400	903	1362	1630	1820	2002	2177
5450	907	1366	1635	1827	2009	2184
5500	910	1371	1641	1833	2016	2191
5550	913	1376	1646	1839	2023	2199
5600	917	1381	1652	1845	2030	2206
5650	920	1386	1657	1851	2036	2213
5700	923	1391	1663	1857	2043	2221
5750	927	1396	1668	1864	2050	2228
5800	930	1401	1674	1870	2057	2236
5850	933	1404	1677	1873	2061	2240
5900	936	1408	1680	1877	2064	2244
5950	939	1411	1683	1880	2068	2248
6000	943	1415	1686	1883	2071	2251
6050	946	1418	1689	1886	2075	2255
6100	949	1422	1691	1889	2078	2259
6150	952	1425	1694	1893	2082	2263
6200	955	1429	1697	1896	2085	2267
6250	958	1432	1700	1899	2089	2271
6300	961	1436	1703	1902	2092	2274
6350	964	1439	1706	1905	2096	2278
6400	967	1443	1709	1909	2099	2282
6450	970	1446	1711	1912	2103	2286
6500	974	1453	1720	1922	2114	2298
6550	978	1460	1730	1932	2125	2310
6600	983	1468	1739	1943	2137	2323
6650	987	1475	1749	1953	2149	2336
6700	991	1482	1758	1964	2160	2348
6750	996	1489	1768	1975	2172	2361
6800	1000	1496	1777	1985	2184	2374
6850	1004	1503	1787	1996	2195	2387
6900	1008	1511	1796	2007	2207	2399
6950	1013	1518	1806	2017	2219	2412
7000	1017	1525	1815	2028	2231	2425
7050	1021	1532	1825	2038	2242	2437
7100	1025	1539	1834	2049	2254	2450

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
7150	1028	1543	1837	2052	2258	2454
7200	1031	1546	1840	2055	2261	2457
7250	1033	1549	1842	2058	2264	2460
7300	1036	1552	1845	2060	2267	2464
7350	1038	1555	1847	2063	2269	2467
7400	1041	1558	1849	2066	2272	2470
7450	1044	1561	1852	2069	2275	2473
7500	1046	1563	1854	2071	2278	2477
7550	1049	1566	1857	2074	2281	2480
7600	1051	1569	1859	2077	2284	2483
7650	1054	1572	1862	2079	2287	2486
7700	1057	1575	1864	2082	2290	2490
7750	1059	1578	1866	2085	2293	2493
7800	1063	1583	1871	2090	2299	2499
7850	1066	1588	1876	2095	2305	2505
7900	1070	1593	1881	2101	2311	2512
7950	1074	1597	1885	2106	2317	2518
8000	1077	1602	1890	2111	2323	2525
8050	1081	1607	1895	2117	2329	2531
8100	1084	1611	1900	2122	2334	2537
8150	1088	1616	1905	2128	2340	2544
8200	1092	1621	1909	2133	2346	2550
8250	1095	1625	1914	2138	2352	2556
8300	1099	1630	1919	2143	2357	2563
8350	1102	1635	1923	2148	2363	2569
8400	1106	1639	1928	2154	2369	2575
8450	1111	1646	1936	2162	2378	2585
8500	1116	1653	1944	2171	2388	2596
8550	1121	1661	1952	2180	2398	2607
8600	1126	1668	1960	2189	2408	2617
8650	1131	1675	1968	2198	2418	2628
8700	1137	1683	1976	2207	2428	2639
8750	1142	1690	1984	2216	2438	2650
8800	1147	1697	1992	2225	2448	2661
8850	1152	1704	2000	2234	2458	2672
8900	1157	1712	2008	2243	2468	2682
8950	1163	1719	2016	2252	2478	2693
9000	1168	1726	2025	2261	2488	2704
9050	1173	1734	2033	2270	2497	2715
9100	1178	1741	2041	2279	2507	2726
9150	1183	1748	2049	2288	2517	2736
9200	1189	1756	2057	2298	2527	2747
9250	1194	1763	2065	2307	2537	2758
9300	1199	1770	2073	2316	2547	2769
9350	1204	1778	2081	2325	2557	2780
9400	1209	1785	2089	2334	2567	2790
9450	1213	1791	2097	2343	2577	2801
9500	1217	1798	2105	2352	2587	2812
9550	1221	1804	2114	2361	2597	2823
9600	1225	1810	2122	2370	2607	2834
9650	1229	1816	2130	2379	2617	2845
9700	1232	1823	2138	2388	2627	2856
9750	1236	1829	2146	2397	2637	2866
9800	1240	1835	2154	2406	2647	2877
9850	1244	1841	2163	2416	2657	2888
9900	1248	1848	2171	2425	2667	2899
9950	1252	1854	2179	2434	2677	2910
10000	1255	1860	2187	2443	2687	2921

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
26350	2328	3493	4162	4649	5114	5559
26400	2331	3498	4169	4657	5122	5568
26450	2333	3503	4175	4664	5130	5577
26500	2336	3508	4182	4671	5139	5586
26550	2339	3513	4189	4679	5147	5594
26600	2342	3517	4195	4686	5155	5603
26650	2345	3522	4202	4694	5163	5612
26700	2348	3527	4209	4701	5171	5621
26750	2351	3532	4215	4708	5179	5630
26800	2353	3537	4222	4716	5187	5639
26850	2356	3542	4229	4723	5196	5648
26900	2359	3547	4235	4731	5204	5656
26950	2362	3552	4242	4738	5212	5665
27000	2365	3557	4248	4745	5220	5674
27050	2368	3562	4255	4753	5228	5683
27100	2371	3567	4262	4760	5236	5692
27150	2373	3572	4268	4768	5244	5701
27200	2376	3576	4275	4775	5253	5710
27250	2379	3581	4282	4783	5261	5718
27300	2382	3586	4288	4790	5269	5727
27350	2385	3591	4295	4797	5277	5736
27400	2388	3596	4301	4805	5285	5745
27450	2391	3601	4308	4812	5293	5754
27500	2393	3606	4315	4820	5301	5763
27550	2396	3611	4321	4827	5310	5772
27600	2399	3616	4328	4834	5318	5780
27650	2402	3621	4335	4842	5326	5789
27700	2405	3626	4341	4849	5334	5798
27750	2408	3631	4348	4857	5342	5807
27800	2411	3635	4354	4864	5350	5816
27850	2413	3640	4361	4871	5359	5825
27900	2416	3645	4368	4879	5367	5834
27950	2419	3650	4374	4886	5375	5842
28000	2422	3655	4381	4894	5383	5851
28050	2425	3660	4388	4901	5391	5860
28100	2428	3665	4394	4908	5399	5869
28150	2431	3670	4401	4916	5407	5878
28200	2434	3675	4408	4923	5416	5887
28250	2436	3680	4414	4931	5424	5896
28300	2439	3685	4421	4938	5432	5904
28350	2442	3690	4427	4945	5440	5913
28400	2445	3694	4434	4953	5448	5922
28450	2448	3699	4441	4960	5456	5931
28500	2451	3704	4447	4968	5464	5940
28550	2454	3709	4454	4975	5473	5949
28600	2456	3714	4461	4982	5481	5958
28650	2459	3719	4467	4990	5489	5966
28700	2462	3724	4474	4997	5497	5975
28750	2465	3729	4480	5005	5505	5984
28800	2468	3734	4487	5012	5513	5993
28850	2471	3739	4494	5019	5521	6002
28900	2474	3744	4500	5027	5530	6011
28950	2476	3749	4507	5034	5538	6020
29000	2479	3753	4514	5042	5546	6028
29050	2482	3758	4520	5049	5554	6037
29100	2485	3763	4527	5057	5562	6046
29150	2488	3768	4533	5064	5570	6055
29200	2491	3773	4540	5071	5578	6064
29250	2494	3778	4547	5079	5587	6073
29300	2496	3783	4553	5086	5595	6081
29350	2499	3788	4560	5094	5603	6090
29400	2502	3793	4567	5101	5611	6099
29450	2505	3798	4573	5108	5619	6108
29500	2508	3803	4580	5116	5627	6117

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
29550	2511	3808	4587	5123	5635	6126
29600	2514	3812	4593	5131	5644	6135
29650	2516	3817	4600	5138	5652	6143
29700	2519	3822	4606	5145	5660	6152
29750	2522	3827	4613	5153	5668	6161
29800	2525	3832	4620	5160	5676	6170
29850	2528	3837	4626	5168	5684	6179
29900	2531	3842	4633	5175	5692	6188
29950	2534	3847	4640	5182	5701	6197
30000	2537	3852	4646	5190	5709	6205

Child Care Tax Credit Table ¹			
		Tax Credit For	
		One Child	More than One Child
		One Child	More than One Child
Gross Monthly Income of Parent Entitled to Receive Support	Tax Credit %	\$250.00	\$500.00
\$0 to 1,250	.35	\$88	\$175
1,251 to 1,416	.34	85	170
1,417 to 1,583	.33	83	165
1,584 to 1,750	.32	80	160
1,751 to 1,916	.31	78	155
1,917 to 2,083	.30	75	150
2,084 to 2,250	.29	74	145
2,251 to 2,416	.28	70	140
2,417 to 2,583	.27	68	135
2,584 to 2,750	.26	65	130
2,751 to 2,916	.25	63	125
2,917 to 3,083	.24	60	120
3,084 to 3,250	.23	58	115
3,251 to 3,416	.22	55	110
3,417 to 3,583	.21	53	105
3,583 or above	.20	50	100

¹ Form 2441, Internal Revenue Service (2015)

Line 11 Adjustment	
Number of Overnights	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

Effective 04/05/2022

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	1450	1800	2100	2350	2650	3000

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** _____

**Statement of Income and Expenses
(For use in Modification Cases)**

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

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	_____	_____
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	_____	_____

Monthly Income Information (Continued)

Petitioner

Respondent

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 food stamps (SNAP)

19. 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))

20. Monthly maintenance received in **this** case

21. Monthly maintenance received in **other** cases

22. **Total monthly court-ordered maintenance received. Add paragraphs 20 and 21.** (Form 14 - Line 1a)

Monthly Expense Information

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

24. Monthly Maintenance

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

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

Total monthly court-ordered maintenance paid. Add paragraphs 24a and 24b. (Form 14 - Line 2b)

25. 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)

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

Monthly Expense Information (Continued)

Petitioner

Respondent

27. Monthly uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)
28. Other monthly extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)
29. 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 26, etc.)
30. **Total monthly expenses. Add paragraphs 23 through 29. (Do not include 24a and 24b. Use the total amounts from 24.)**

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 Modification Cases)* 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 this *Statement of Income and Expenses (For use in Modification Cases)* 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 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 _____

**Statement of Property and Debt
(For use in Modification Cases)**

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

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 Modification Cases)* 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 Modification Cases)* 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 Modification Cases)* 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: _____