

ANSWER TO MOTION TO MODIFY CHILD SUPPORT

FORMS

Do not file this document with the court.

ANSWER TO MOTION TO MODIFY CHILD SUPPORT FORMS

(These forms shall be used by a person answering a *Motion to Modify Child 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* (F110). Do not redact the *Confidential Case Filing Information Sheet* (F110) 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 Support \(Form CAFC112-R\)](#)
A Form 14, used to calculate the presumed amount of child support, is included with this form. Directions for using the Form 14 are available at <https://www.courts.mo.gov/file.jsp?id=114614>.
 4. [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.
 5. [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 Support</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 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 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

- 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.
- 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.
- 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.
- 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 Support

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

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

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

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

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).			

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
10050	1259	1866	2195	2452	2697	2932
10100	1263	1873				

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
13550	1497	2192	2543	2841	3125	3397
13600	1500	2195	2547	2844	3129	3401
13650	1502	2198	2550	2848	3133	3405
13700	1505	2202	2553	2852	3137	3410
13750	1508	2205	2556	2855	3141	3414
13800	1510	2208	2559	2859	3145	3418
13850	1513	2212	2563	2862	3149	3423
13900	1518	2218	2570	2871	3158	3433
13950	1523	2226	2579	2881	3169	3444
14000	1527	2233	2587	2890	3179	3456
14050	1532	2240	2596	2900	3190	3467
14100	1537	2248	2605	2909	3200	3479
14150	1542	2255	2613	2919	3211	3490
14200	1547	2262	2622	2929	3221	3502
14250	1552	2270	2630	2938	3232	3513
14300	1557	2277	2639	2948	3243	3525
14350	1562	2284	2648	2957	3253	3536
14400	1567	2291	2656	2967	3264	3548
14450	1572	2299	2665	2977	3274	3559
14500	1577	2306	2674	2986	3285	3571
14550	1582	2313	2682	2996	3296	3582
14600	1587	2321	2691	3006	3306	3594
14650	1591	2328	2699	3015	3316	3605
14700	1596	2334	2707	3023	3326	3615
14750	1600	2341	2714	3032	3335	3625
14800	1605	2347	2722	3040	3345	3635
14850	1609	2354	2730	3049	3354	3646
14900	1613	2360	2737	3057	3363	3656
14950	1618	2367	2745	3066	3373	3666
15000	1622	2373	2752	3074	3382	3676
15050	1626	2380	2760	3083	3391	3686
15100	1631	2386	2768	3091	3401	3696
15150	1635	2393	2775	3100	3410	3707
15200	1639	2399	2783	3108	3419	3717
15250	1644	2406	2791	3117	3429	3727
15300	1648	2412	2798	3125	3438	3737
15350	1653	2418	2806	3134	3447	3747
15400	1657	2425	2813	3143	3457	3757
15450	1661	2431	2821	3151	3466	3768
15500	1666	2438	2829	3160	3475	3778
15550	1670	2444	2836	3168	3485	3788
15600	1674	2451	2844	3177	3494	3798
15650	1679	2457	2851	3185	3504	3808
15700	1683	2464	2859	3194	3513	3818
15750	1687	2470	2867	3202	3522	3829
15800	1692	2477	2874	3211	3532	3839
15850	1696	2482	2880	3217	3539	3847
15900	1699	2487	2885	3222	3545	3853
15950	1703	2491	2890	3228	3551	3859
16000	1706	2496	2894	3233	3556	3866
16050	1710	2500	2899	3238	3562	3872
16100	1713	2505	2904	3244	3568	3878
16150	1717	2510	2909	3249	3574	3885
16200	1720	2514	2913	3254	3579	3891
16250	1723	2519	2918	3259	3585	3897
16300	1727	2523	2923	3265	3591	3904
16350	1730	2528	2927	3270	3597	3910
16400	1734	2533	2932	3275	3603	3916
16450	1737	2537	2937	3280	3608	3922
16500	1741	2542	2942	3286	3614	3929
16550	1744	2546	2946	3291	3620	3935
16600	1748	2551	2951	3296	3626	3941
16650	1751	2556	2956	3301	3632	3948
16700	1755	2560	2960	3307	3637	3954

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
16750	1758	2565	2965	3312	3643	3960
16800	1762	2569	2970	3317	3649	3966
16850	1765	2574	2974	3322	3654	3972
16900	1768	2578	2979	3327	3660	3979
16950	1772	2583	2984	3333	3666	3985
17000	1775	2587	2988	3338	3672	3991
17050	1779	2592	2993	3343	3677	3997
17100	1782	2596	2997	3348	3683	4003
17150	1786	2601	3002	3353	3689	4010
17200	1789	2605	3007	3359	3694	4016
17250	1792	2610	3011	3364	3700	4022
17300	1796	2615	3016	3369	3706	4028
17350	1799	2619	3021	3374	3712	4034
17400	1803	2624	3025	3379	3717	4041
17450	1806	2628	3030	3385	3723	4047
17500	1810	2633	3035	3390	3729	4053
17550	1813	2637	3039	3395	3734	4059
17600	1816	2642	3044	3400	3740	4065
17650	1820	2646	3049	3405	3746	4072
17700	1823	2651	3053	3410	3751	4078
17750	1827	2655	3058	3416	3757	4084
17800	1830	2660	3063	3421	3763	4090
17850	1834	2664	3067	3426	3769	4096
17900	1837	2669	3072	3431	3774	4103
17950	1840	2673	3076	3436	3780	4109
18000	1844	2678	3081	3442	3786	4115
18050	1847	2682	3086	3447	3791	4121
18100	1851	2687	3090	3452	3797	4127
18150	1854	2692	3095	3457	3803	4134
18200	1858	2696	3100	3462	3809	4140
18250	1861	2701	3104	3468	3814	4146
18300	1864	2705	3109	3473	3820	4152
18350	1868	2710	3113	3478	3825	4158
18400	1871	2714	3118	3483	3831	4164
18450	1874	2718	3122	3488	3836	4170
18500	1877	2722	3127	3492	3842	4176
18550	1881	2727	3131	3497	3847	4182
18600	1884	2731	3135	3502	3853	4188
18650	1887	2736	3141	3509	3860	4195
18700	1890	2741	3148	3516	3868	4204
18750	1893	2746	3154	3524	3876	4213
18800	1896	2750	3161	3531	3884	4222
18850	1898	2755	3168	3538	3892	4231
18900	1901	2760	3174	3546	3900	4240
18950	1904	2765	3181	3553	3908	4249
19000	1907	2770	3188	3561	3917	4257
19050	1910	2775	3194	3568	3925	4266
19100	1913	2780	3201	3575	3933	4275
19150	1916	2785	3208	3583	3941	4284
19200	1918	2790	3214	3590	3949	4293
19250	1921	2795	3221	3598	3957	4302
19300	1924	2800	3227	3605	3966	4311
19350	1927	2805	3234	3612	3974	4319
19400	1930	2809	3241	3620	3982	4328
19450	1933	2814	3247	3627	3990	4337
19500	1936	2819	3254	3635	3998	4346
19550	1939	2824	3261	3642	4006	4355
19600	1941	2829	3267	3649	4014	4364
19650	1944	2834	3274	3657	4023	4373
19700	1947	2839	3280	3664	4031	4381
19750	1950	2844	3287	3672	4039	4390
19800	1953	2849	3294	3679	4047	4399
19850	1956	2854	3300	3686	4055	4408
19900	1959	2859	3307	3694	4063	4417

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
19950	1961	2864	3314	3701	4071	4426
20000	1964	2868	3320	3709	4080	4434
20050	1967	2873	3327	3716	4088	4443
20100	1970	2878	3333	3724	4096	4452
20150	1973	2883	3340	3731	4104	4461
20200	1976	2888	3347	3738	4112	4470
20250	1979	2893	3353	3746	4120	4479
20300	1981	2898	3360	3753	4128	4488
20350	1984	2903	3367	3761	4137	4496
20400	1987	2908	3373	3768	4145	4505
20450	1990	2913	3380	3775	4153	4514
20500	1993	2918	3387	3783	4161	4523
20550	1996	2923	3393	3790	4169	4532
20600	1999	2927	3400	3798	4177	4541
20650	2001	2932	3406	3805	4185	4550
20700	2004	2937	3413	3812	4194	4558
20750	2007	2942	3420	3820	4202	4567
20800	2010	2947	3426	3827	4210	4576
20850	2013	2952	3433	3835	4218	4585
20900	2016	2957	3440	3842	4226	4594
20950	2019	2962	3446	3849	4234	4603
21000	2021	2967	3453	3857	4242	4612
21050	2024	2972	3459	3864	4251	4620
21100	2027	2977	3466	3872	4259	4629
21150	2030	2982	3473	3879	4267	4638
21200	2033	2986	3479	3886	4275	4647
21250	2036	2991	3486	3894	4283	4656
21300	2039	2996	3493	3901	4291	4665
21350	2042	3001	3499	3909	4300	4674
21400	2044	3006	3506	3916	4308	4682
21450	2047	3011	3512	3923	4316	4691
21500	2050	3016	3519	3931	4324	4700
21550	2053	3021	3526	3938	4332	4709
21600	2056	3026	3532	3946	4340	4718
21650	2059	3031	3539	3953	4348	4727
21700	2062	3036	3546	3960	4357	4736
21750	2064	3041	3552	3968	4365	4744
21800	2067	3045	3559	3975	4373	4753
21850	2070	3050	3566	3983	4381	4762
21900	2073	3055	3572	3990	4389	4771
21950	2076	3060	3579	3998	4397	4780
22000	2079	3065	3585	4005	4405	4789
22050	2082	3070	3592	4012	4414	4798
22100	2084	3075	3599	4020	4422	4806
22150	2087	3080	3605	4027	4430	4815
22200	2090	3085	3612	4035	4438	4824
22250	2093	3090				

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

	Tax Credit %	Tax Credit For	
		One Child	More than One Child
Gross Monthly Income of Parent Entitled to Receive Support		\$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)

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.)**

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you own a car, truck or motorcycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you own a mobile home, trailer, boat or airplane?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any bank accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any right to receive any pension or retirement benefits other than Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have an IRA or 401(k) or other retirement account?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any furniture, appliances or other household goods worth more than \$100?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any jewelry, clothing or other personal items worth more than \$100?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you own a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you own any stocks or bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any life insurance that could be cashed in?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Does anyone owe you money?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any lawsuits against anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any farm equipment, animals or crops?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any interest in any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have any other asset or property?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe a mortgage on a house or condominium or land?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe money on a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe money on any credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any money to any family or friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any medical or dental bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any other debts?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____