

PETITIONER'S
DISSOLUTION OF
MARRIAGE

FORMS

Do not file this document with the court.

PETITIONER'S DISSOLUTION OF MARRIAGE FORMS

(These forms shall be used by a person filing for divorce.)

Introduction

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

General Information about Forms

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

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

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

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

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

What is confidential information?

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

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

How do I remove information?

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

Option One

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

Option Two

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

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

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

How do I do this?

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

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

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

You are the Petitioner. Your spouse is the Respondent.

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. [Petition for Dissolution of Marriage \(Form CAFC001\)](#)
 4. [Certificate of Dissolution of Marriage \(Form CAFC065\)](#)
 5. [Statement of Income and Expenses \(Form CAFC050\)](#)
This form requires you to list income and expenses for both you and your spouse.
 6. [Statement of Property and Debt and Proposed Separation Agreement \(Form CAFC040\)](#)
Read the instructions on this form carefully.
If both you and your spouse agree on how you want to dispose of property and debt and all issues concerning maintenance (also known as alimony), you may both sign this form. This *Statement of Property and Debt and Proposed Separation Agreement* can then be introduced into evidence at your hearing.
 7. [Respondent's Answer to Petition for Dissolution of Marriage \(Form CAFC010-R\)](#)
Your spouse may complete this form in response to your petition. Your spouse may file this answer with the court if they do not want to be personally served with your petition. By signing this form, your spouse is allowing the court to decide your case. Your spouse may also use this form to disagree with your statements on your forms.
 8. [Judgment and Decree of Dissolution of Marriage \(Form CAFC070\)](#)
This is the proposed judgment you will offer to the court. Different courts handle the preparation of the judgment in different ways. In some courts, the judge will direct you to prepare a judgment, and in other courts, the judge will prepare the judgment.

9. Parenting Plan (Form CAFC501)

This form is only required if there are unemancipated children of this marriage. If there are no unemancipated children of this marriage, then you do not have to print this form, nor do you have to file this form.

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. You must complete both parts of the *Parenting Plan*.

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 both you and your spouse 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.

10. Notice of Hearing (Form CAFC721)

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

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

	Original	Copy of Original for Other Party	Redacted Version (if applicable)
<i>Confidential Case Filing Information Sheet</i>	x		
<i>Redaction Certification</i>	x	x	
<i>Petition for Dissolution of Marriage</i>	x	x	x
<i>Certificate of Dissolution of Marriage</i>	x	x	x
<i>Statement of Income and Expenses</i>	x	x	x
<i>Statement of Property and Debt and Proposed Separation Agreement</i>	x	x	x
If you and your spouse have child(ren), <i>Parenting Plan</i> , Part A and B	x	x	x
<i>Family Court Cover Sheet</i> , if it applies	x	x	x
<i>Certificate of completion of Litigant Awareness Program</i>	x		

4. Unless your spouse files *Respondent's Answer to Petition for Dissolution of Marriage* found in this set of forms, you must file the original and one copy of the documents with the court. The originals will stay with the court. The other copy will be used to personally serve your spouse notice of this action.
5. If your spouse files *Respondent's Answer to Petition for Dissolution of Marriage* found in this set of forms, you must file the original only of the documents with the court. You must still provide a copy of the documents, except the Confidential Case Filing Information Sheet, to your spouse.
6. You should also keep a copy of these forms for your records.
7. Filing fees are due at the time of filing. Check with your local court to determine amounts due.
8. You should check with your local court to see if additional forms are required.

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

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____

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

Case Type Code: _____ Case Type Description: _____

Petitioner Information:

Party Type Code and Description: (Select one)

A list of party types can be found at www.courts.mo.gov 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.)

In re the Marriage of:

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

Petitioner. (Enter your full legal name above)

-and-

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

Respondent. (Enter your spouse's full legal name above)

**Case
Number** _____

(Will be assigned when case is filed)

**Division
Number** _____

(Will be assigned when case is filed)

Petition for Dissolution of Marriage

Throughout this entire case, you, _____,
(First Name) (Middle Name) (Last Name) (Jr./Sr./III),
will always be the Petitioner.

Your spouse, _____, will always be the
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent.

Information about Petitioner

(Enter your name on the lines) _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

1. How many petitions have you filed in this case? (Check one of the three boxes)

- ☐ This is the first petition I have filed in this case. (Original petition)
☐ This is the second petition I have filed in this case.
☐ This is the third petition I have filed in this case.

2. What is your mailing address?

This is the address the court will use to send information about your case to you. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. Even if you do not wish to give the address at which you live, you **must** still give the court a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

(Street)

(City)

(State)

(Zip)

()

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

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

The last four digits of your social security number are required by §452.312, RSMo.

XXX-XX- _____

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

- ☐ Yes
☐ No

5. I live in ☐ the United States ☐ another country, which is _____.

6. I live in ☐ Missouri ☐ another state, which is _____.

Missouri law requires that one party to a dissolution of marriage proceeding must have been a resident of the State of Missouri for at least 90 days. If the time is less than four months, state the number of days you have lived in the state.

Years Months Days

(Length of time you have lived in this state)

7. In what county do you currently live and for what length of time have you lived there?

City of Saint Louis is considered a county. If you live in the city of Saint Louis, you should enter "Saint Louis city" in the blank.

(County)

Years Months Days

(Length of time you have lived in this county)

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

- ☐ Employed
☐ Unemployed
☐ Self-employed

9. If you are employed or self-employed, where do you currently work?

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

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

(Street)

(City)

(State)

(Zip)

10. What is your total monthly gross income from all sources?

Gross income is the amount of money a person earns before anything such as taxes is deducted. For a more detailed definition of "gross income" see Supreme Court Form No. 14.

(Total monthly gross income)

11. Can you support yourself through the combined income from your employment and income from property that you will receive in the dissolution? (Check one of the two boxes)

This does not include supporting any minor children.

- ☐ Yes
☐ No

Information about Respondent

(Enter your spouse's name on the lines) _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III)

12. What is your spouse's mailing address?

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

(Street)

(City)

(State)

(Zip)

()

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

13. What are the last four numbers of your spouse's social security number?

The last four digits of your spouse's social security number are required by §452.312, RSMo. Do not leave this field blank. If you do not know your spouse's social security number, enter "Unknown" in this field.

XXX-XX- _____

14. Is your spouse over the age of eighteen? (Check one of the two boxes)

☐ Yes

☐ No

15. My spouse lives in ☐ the United States ☐ another country, which is _____.

16. My spouse lives in ☐ Missouri ☐ another state, which is _____.

If the time is less than four months, state the number of days your spouse has lived in the state.

Years Months Days

(Length of time they have lived in this state)

17. In what county does your spouse currently live and for how long has your spouse lived there?

If you do not know in which county your spouse lives and cannot find out this information, then you should enter "Unknown." City of Saint Louis is considered a county.

(County)

Years Months Days

(Length of time they have lived in this county)

18. If your spouse does **not** now live in Missouri, did you and your spouse live together in Missouri during your marriage? (Check one of the three boxes)

If you and your spouse have never lived together in the State of Missouri during your marriage and they do not voluntarily enter their appearance in this proceeding, the court will lack personal jurisdiction over your spouse. **This means that the court cannot award any money judgment to you. It may be better to file this case in the state where your spouse lives. You should consult a lawyer for further information.**

☐ Yes

☐ No

☐ Not Applicable (My spouse currently lives in Missouri)

19. What is your spouse's current employment status? (Check one of the four boxes)

☐ Employed

☐ Unemployed

☐ Self-employed

☐ Unknown

20. If your spouse is employed or self-employed, where do they currently work?

If your spouse is self-employed, enter a brief description of the type of work they perform, such as "Landscaping" or "Day care," on the line for the name of the employer. If your spouse is self-employed you should also enter the address information for their self-employment.

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

(Street)

(City)

(State)

(Zip)

21. What is your spouse's total monthly gross income from all sources?

Gross income is the amount of money a person earns before anything such as taxes is deducted. If you do not know the exact amount of monthly gross income for your spouse, you should enter your best estimate here.

(Total monthly gross income)

22. Can your spouse support themselves through the combined income from their employment and income from property that they will receive in the dissolution? (Check one of the three boxes)

This does not include supporting any minor children born of the marriage.

- ☐ Yes
☐ No
☐ Unknown

23. Is your spouse on active duty in the military? (Check one of the two boxes)

If your spouse is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a dissolution of marriage without your spouse's consent. You should contact a lawyer about this situation prior to filing this *Petition for Dissolution of Marriage*.

- ☐ Yes
☐ No

Information about the Marriage

24. What date were you married? ____/____/____
(mm/dd/yyyy)

25. Where did you get your marriage license? (Check one of the two boxes)

Enter the state, county and country where your marriage is registered. This is not necessarily the same as the county where you were married. City of Saint Louis is considered a county. If your marriage is registered in the city of Saint Louis, enter "Saint Louis city."

- ☐ In the United States, in the State of _____, County of _____.
- ☐ In another country, which is _____.

26. What date did you and your spouse separate? ____/____/____
(mm/dd/yyyy)

27. Is there any reasonable likelihood that your marriage can be preserved? (Check one of the two boxes)

- ☐ Yes
☐ No

28. Is your marriage irretrievably broken? (Check one of the two boxes)

- ☐ Yes
☐ No

29. Are you or your spouse pregnant? (Check all that apply)

- ☐ Yes, I am pregnant.
☐ Yes, my spouse is pregnant.
☐ No, neither me nor my spouse are pregnant.

You **must** enter a number on each line below, even if it is 0. Include children no matter how old they are. Do not include deceased children.

30. How many living children do you and your spouse have together that were born **after** the date of this marriage?

Include in this number all living children born to you and your spouse during this marriage as a result of sexual intercourse or artificial insemination.

(Number of Children)

31. How many living children did you and your spouse **adopt**?

If you have already accounted for this child in paragraph 30, do not count them in this paragraph. Include in this number all living children who were: (a) born to you or your spouse and later adopted by the other spouse; or (b) adopted by both parties.

(Number of Children)

32. How many living children do you and your spouse have together that were born **before** the date of this marriage?

Include in this number all living children born to you and your spouse before this marriage as a result of sexual intercourse or artificial insemination. **You should attach a copy of the birth certificate(s) for these children to your Petition.**

(Number of Children)

33. A. How many living children were born to you (if you are female) with someone other than your spouse during this marriage? (This number includes children born after the parties separated.)

Additional information may be required before the court proceeds with your case.

(Number of Children)

B. How many living children were born to your spouse (if they are female) with someone other than you during this marriage? (This number includes children born after the parties separated.)

Additional information may be required before the court proceeds with your case.

(Number of Children)

34. Enter the total number of children from lines 30, 31, 32 and 33 A and B.

(Total Number of Children)

If line 34 is zero, then go directly to Question 47. If line 34 is one or more, you must answer the following questions.

Information about Children

Question 35 (a-j) represents the information for the first child, Question 36 (a-j) represents the information for the second child, and so on. See the chart below for more information.

You must list the children regardless of age even if they are in someone else's custody. You must answer every part of the question.

Number of children you wrote on line 34	Questions you should answer
1	35 (a-j) and 39-47
2	35 (a-j), 36 (a-j) and 39-47
3	35 (a-j), 36 (a-j), 37 (a-j) and 39-47
4	35 (a-j), 36 (a-j), 37 (a-j), 38 (a-j) and 39-47
More than 4	35 (a-j), 36 (a-j), 37 (a-j), 38 (a-j), attach additional pages answering all the questions asked in 38 (a-j) for each additional child and 39-47

35. Child One

To be answered if the answer to question 34 is **one or more**

35a. What is the full name of this child?

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

35b. What are the last four numbers of this child's Social Security Number? XXX-XX- _____

35c. What is the current address of this child?

(Street)

(City)

(State)

(Zip)

35d. What is this child's age? _____

35e. Check all of the following boxes that apply:

- ☐ This child is married.
- ☐ This child is on active duty in the military.
- ☐ This child is self-supporting.
- ☐ This child is attending high school.
- ☐ This child is attending college or vocational school.

35f. With whom has this child primarily lived during the previous 60 days?

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

35g. Who should have legal custody of this child? (Check one of the four boxes) Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

35h. Who should have physical custody of this child? (Check one of the four boxes) Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

35i. Who are the parents of this child? (Check all that apply) If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

35j. Who are listed as parents on this child's birth certificate? (Check all that apply)

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

36. Child Two

To be answered if the answer to question 34 is **two or more**

36a. What is the full name of this child?

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

36b. What are the last four numbers of this child's Social Security Number? XXX-XX-_____

36c. What is the current address of this child?

(Street)

(City) (State) (Zip)

36d. What is this child's age? _____

36e. Check all of the following boxes that apply:

- ☐ This child is married.
- ☐ This child is on active duty in the military.
- ☐ This child is self-supporting.
- ☐ This child is attending high school.
- ☐ This child is attending college or vocational school.

36f. With whom has this child primarily lived during the previous 60 days?

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

36g. Who should have legal custody of this child? (Check one of the four boxes) Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

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

36h. Who should have physical custody of this child? (Check one of the four boxes) Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

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

36i. Who are the parents of this child? (Check all that apply) If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

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

36j. Who are listed as parents on this child's birth certificate? (Check all that apply)

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

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

37. Child Three

To be answered if the answer to question 34 is **three or more**

37a. What is the full name of this child?

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

37b. What are the last four numbers of this child's Social Security Number? XXX-XX-_____

37c. What is the current address of this child?

(Street)

(City)

(State)

(Zip)

37d. What is this child's age? _____

37e. Check all of the following boxes that apply:

- ☐ This child is married.
- ☐ This child is on active duty in the military.
- ☐ This child is self-supporting.
- ☐ This child is attending high school.
- ☐ This child is attending college or vocational school.

37f. With whom has this child primarily lived during the previous 60 days?

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

37g. Who should have legal custody of this child? (Check one of the four boxes) Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

37h. Who should have physical custody of this child? (Check one of the four boxes) Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

37i. Who are the parents of this child? (Check all that apply) If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

37j. Who are listed as parents on this child's birth certificate? (Check all that apply)

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

38. Child Four

To be answered if the answer to question 34 is **four or more**

38a. What is the full name of this child?

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

38b. What are the last four numbers of this child's Social Security Number? XXX-XX-_____

38c. What is the current address of this child?

(Street)

(City) (State) (Zip)

38d. What is this child's age? _____

38e. Check all of the following boxes that apply:

- ☐ This child is married.
- ☐ This child is on active duty in the military.
- ☐ This child is self-supporting.
- ☐ This child is attending high school.
- ☐ This child is attending college or vocational school.

38f. With whom has this child primarily lived during the previous 60 days?

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

38g. Who should have legal custody of this child? (Check one of the four boxes) Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

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

38h. Who should have physical custody of this child? (Check one of the four boxes) Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person (State name)

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

38i. Who are the parents of this child? (Check all that apply) If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

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

38j. Who are listed as parents on this child's birth certificate? (Check all that apply)

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person (State name)

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

If you have more than four children, attach additional pages answering all the questions asked in 38 (a-j) for each additional child.

Additional Information about Children

39. List all addresses at which the children have lived during the past five years and the name of the parent or guardian with whom said children lived.

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

(Street)

(City) (State) (Zip)

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

(Street)

(City) (State) (Zip)

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

(Street)

(City) (State) (Zip)

40. Do you know of anyone other than you or your spouse 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

41. 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

42. 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

43. Have any of the children been a victim of abuse or neglect? (Check one of the two boxes)

☐ Yes
☐ No

44. If you answered "Yes" to questions 40, 41, 42 or 43, please explain.

45. Have any orders pertaining to any of the children been entered by the Family Support Division?
(Check one of the two boxes)
- ☐ Yes, I have attached a copy of the order to this *Petition for Dissolution of Marriage*
- ☐ No
46. Are you or your spouse currently receiving Temporary Assistance to Needy Families (TANF) benefits? (Check one of the two boxes)
- ☐ Yes
- ☐ No

Other Allegations

47. Are there any other allegations?

If there are any other statements you wish to include in your *Petition*, you should enter them here.

Request for Relief

I want the court to do the following: (Check all that apply)

- ☐ Grant a dissolution of my marriage
- ☐ Grant custody of the child(ren) of the marriage as stated herein (if applicable)
- ☐ Enter appropriate orders with respect to the support of the child(ren) (if applicable)
- ☐ Divide the marital property and debts
- ☐ Award maintenance to me
- ☐ Award maintenance to my spouse
- ☐ Change my name to my former name of

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

- ☐ Other (Please state the other request(s))

Directions for Service on Respondent Spouse

Before your case can proceed, your spouse must be given notice that you have filed this case. This notice must be given in one of the methods described in this section.

If you do not know the location of your spouse and you have no way of contacting them, you must attempt to serve your spouse at their last known address or place of employment. Once you make an honest and reasonable effort to personally serve your spouse and are still unable to get service, then you may file a *Request for Service by Publication* asking the court to publish notice of your *Petition* in the local newspaper. The *Request for Service by Publication* is available on the Representing Yourself website at selfrepresent.mo.gov. **If you have service by publication, you are not entitled to obtain any kind of money judgment against your spouse for such things as child support. This option should only be used as a last resort.**

- ☐ Respondent Spouse has signed a verified *Respondent's Answer to Petition for Dissolution of Marriage*, which is being filed with the *Petition for Dissolution of Marriage*. Therefore, do not issue a summons.

If you check this box, you must file the *Respondent's Answer to Petition for Dissolution of Marriage* at the same time you file this petition. The *Respondent's Answer to Petition for Dissolution of Marriage* must be signed by your spouse in front of a notary public.

- ☐ Respondent Spouse should be served with a summons at their home:

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

(Street)

(City)

(State)

(Zip)

- ☐ Respondent Spouse should be served with a summons at their place of employment:

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

(Employer's Name)

(Hours of Employment)

(Street)

(City)

(State)

(Zip)

- ☐ Respondent Spouse cannot be served in Missouri. Therefore, service by registered mail is requested. A copy of the *Affidavit for Service by Mail* is attached to this form. See Missouri Supreme Court Rule 54.12(b).

If you listed children in this *Petition* and either you or your spouse receive Temporary Assistance for Needy Families (TANF) benefits, you must serve the Family Support Division with a copy of your *Petition* and *Parenting Plan*.

- ☐ Me or my spouse currently receive TANF benefits through the Family Support Division. The Family Support Division shall be served at the following address:

Director, Family Support Division
615 Howerton Court
Jefferson City, Missouri 65102

If you request a summons to be served outside of the county where you filed this *Petition*, the court will mail the summons to you. You must then deliver the summons to the sheriff of the county where the summons will be served. You must also pay the appropriate service fee to that sheriff.

Sign Below in the Presence of a Notary Public

Your *Petition for Dissolution of Marriage* is required to be verified in the presence of a notary public by §452.310.1, RSMo.

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in the *Petition for Dissolution of Marriage* are true according to his or her best knowledge, information and belief.



(Sign above in the presence of a Notary Public)

(Print your name above)

The following information must be completed by a notary public.

STATE OF _____)
COUNTY OF _____) SS

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

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

_____, Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

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

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

(Attorney - Sign above)

(Missouri Bar Number)

(Attorney - Print your name above)

(Street)

(City)

(State)

(Zip)

()

()

(Telephone Number with Area Code)

(Fax Number with Area Code)

(E-mail Address - Optional)

TYPE/PRINT IN
PERMANENT
BLACK INK. FOR
INSTRUCTIONS, SEE
HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DISSOLUTION OF MARRIAGE

CASE NUMBER

STATE FILE NUMBER

FIRST PARTY	1. FIRST PARTY'S NAME FIRST MIDDLE LAST			2. LAST NAME PRIOR TO FIRST MARRIAGE (If different)		
	3. SOCIAL SECURITY NO.	4. RESIDENCE - CITY, TOWN, OR LOCATION			5. STATE	6. ZIP CODE
	7. COUNTY			8. DATE OF BIRTH (Month, Day, Year)	9. BIRTHPLACE (State or Foreign Country)	
SECOND PARTY	10. SECOND PARTY'S NAME FIRST MIDDLE LAST			11. LAST NAME PRIOR TO FIRST MARRIAGE (If different)		
	12. SOCIAL SECURITY NO.	13. RESIDENCE - CITY, TOWN, OR LOCATION			14. STATE	15. ZIP CODE
	16. COUNTY			17. DATE OF BIRTH (Month, Day, Year)	18. BIRTHPLACE (State or Foreign Country)	
MARRIAGE	19. PLACE OF THIS MARRIAGE - CITY, TOWN, OR LOCATION		20. COUNTY	21. STATE OR FOREIGN COUNTRY		22. DATE OF THIS MARRIAGE
	23. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (MONTH, DAY, YEAR)	24. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 23 Number _____ <input type="checkbox"/> None		25. PETITIONER 0 <input type="checkbox"/> First Party 1 <input type="checkbox"/> Second Party 2 <input type="checkbox"/> Joint 3 <input type="checkbox"/> Other (Specify) _____		
ATTORNEY	26. NAME OF PETITIONER'S ATTORNEY (Type or Print)		27. ADDRESS (Street and Number or Rural Route Number, City, or Town, State Zip code)			
	28. I CERTIFY THAT THE MARRIAGE OF THE ABOVE-NAMED PERSONS WAS DISSOLVED ON: (Month, Day, Year)		29. TYPE OF DECREE 0 <input type="checkbox"/> Dissolution 1 <input type="checkbox"/> Legal Separation 2 <input type="checkbox"/> Annulment		30. DATE RECORDED (Month, Day, Year)	
DECREE	31. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: First Party _____ Second Party _____ Joint (First/Second Parties) _____ Other _____ <input type="checkbox"/> No Children		32. CHILD SUPPORT WAS AWARDED TO: 1 <input type="checkbox"/> First Party 2 <input type="checkbox"/> Second Party 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> No child support awarded		33. COUNTY OF DECREE	
	34. TITLE OF COURT		35. SIGNATURE OF CERTIFYING OFFICIAL			
FIRST PARTY	36. TITLE OF CERTIFYING OFFICE		37. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY BELOW)			
	38. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY: DATE: (Month, Year)		39. RACE - American Indian, Black, White, Etc. (Specify below)		40. EDUCATION (Specify only highest grade completed)	
	38A. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment		38B. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment		38C. 2 <input type="checkbox"/> Death 3 <input type="checkbox"/> Divorce, dissolution, or or annulment	
SECOND PARTY	37A.		37B.		37C.	
	37A. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____		37B. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____		37C. 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Other (Specify) _____	

IN THE CIRCUIT COURT OF _____, MISSOURI
(County where court is located. City of Saint Louis is considered a county.)

In re the Marriage of:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner, (Enter your full legal name above)

-and-

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent. (Enter your spouse's full legal name above)

**Case
Number** _____
(Assigned when case is filed)

**Division
Number** _____
(Assigned when case is filed)

Statement of Income and Expenses
(For use in Dissolution of Marriage Cases)

This form shall be filled out by the Petitioner who filed the *Petition for Dissolution of Marriage*.

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 worker's compensation benefits	_____	_____
12. Monthly disability insurance benefits	_____	_____
13. Monthly veteran's 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 Medicaid benefits

19. Food stamps

20. Number of unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(1))

Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(3))

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

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

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

Monthly Expense Information

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

25. Monthly Maintenance

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

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

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

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

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

Monthly Expense Information (Continued)

Petitioner

Respondent

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

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

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

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

Proof of Service on Other Parties

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

I certify, under oath that on _____ (date) I have sent/given a copy of this *Statement of Income and Expenses* 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

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in this *Statement of Income and Expenses* 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:

Directions and Information for Form CAFC040

Statement of Property and Debt and Proposed Separation Agreement

1. Protect Yourself from Identity Theft

This document is placed in a court file, which is an open document available to the public. In listing your bank or other accounts, or your credit card or other debt, do not include the entire account number. You should include only enough information to distinguish your account from other accounts owned by you and your spouse. For example, in listing a credit card number, you should include only the last four digits of the account, such as xxxx-xxxx-xxxx-1234.

2. Do I have to file this form?

Yes. You must file Form CAFC040 with either your *Petition for Dissolution of Marriage* or your *Respondent's Answer to Petition for Dissolution of Marriage*, even if it is not signed by both parties. You should not file these directions with the court.

3. What does Form CAFC040 cover?

There are two parts to this document. Part One is your division of property and debt. You must list all of your marital and nonmarital property and marital debt on one of the four tables. Part Two pertains to spousal support or "maintenance" (formerly known as alimony). This document does not have anything to do with child support or custody. Issues addressing child support and custody are contained in a parenting plan.

4. Do we have to list our property even if we've already divided it?

Yes, all property and all debt must still be included on one of the tables.

5. What property should I list on this form?

All property and marital debt must be divided in a dissolution of marriage proceeding. Your dissolution of marriage may not be final unless this is done. This includes the following types of property and debt:

Real estate, motor vehicles, bank accounts, pension and retirement plans and profit sharing plans, stocks, bonds or other securities, life insurance, cash on hand, household goods, personal goods, trust interests, businesses or partnerships, debts owed to you or your spouse by others, any interests in pending litigation or suits to be filed, farm equipment, animals or crops, interests in contracts made and not performed, and any other assets.

6. Do I have to list property even if my spouse's name is not on it?

Yes, you must list all property owned by you alone, by your spouse alone, and by you and your spouse together. You must list property even if it is not in joint names. Any property in which either you or your spouse claim **any** interest whatsoever **must** be listed.

In many instances, you will not be able to sell your property or receive your retirement unless you prove that these items were listed in your *Judgment and Decree of Dissolution of Marriage*.

7. What is marital property?

§452.330, RSMo defines "marital property." Usually marital property is property acquired by either spouse on or after the date of the marriage of the parties other than property acquired by gift, inheritance, or in exchange for nonmarital property. This means that all wages earned on or after the date of the marriage are marital property. All property owned by the parties is presumed to be marital property.

Nonmarital property can be converted to marital property by placing a spouse's name on an account or title. Also, a marital interest can be acquired in nonmarital property by the contribution of marital assets to the increase in value of the nonmarital property. Finally, income from nonmarital property during the marriage of the parties is marital property.

8. What is nonmarital property?

"Nonmarital property" is property that was acquired prior to the marriage or property that was acquired on or after the date of the marriage by gift, inheritance, or in exchange for nonmarital property. Nonmarital property is sometimes also called "separate property." Additionally, some state teacher retirement benefits are considered nonmarital. §169.572, RSMo.

9. Can property be marital and nonmarital?

Yes. If an item of property is partly marital and partly nonmarital, then it should be listed under both the marital and nonmarital sections. For example, if one party had earned pension benefits for five years prior to the marriage and continued to earn the same pension benefits for five years during the marriage, one-half or 50% of the pension and retirement benefits are marital and one-half or 50% are nonmarital. In that situation, the pension and retirement benefits would be listed both under marital and nonmarital property.

10. What is "fair market value?"

This is the amount someone would pay for this item of property today. It is not what the property cost when you purchased it. A ten year old automobile has a value far less than the amount you paid for the automobile.

11. Do I have to list property that either of us is buying at the present time?

Yes. You must list all property that either you or your spouse is purchasing by making monthly payments. So, even if you owe money on your car or home, it still must be listed. Actually, it must be listed twice: once as an item of property and once as a debt secured by the property.

12. Do I have to list property I owned before the marriage?

Yes. This is normally nonmarital property, but under some circumstances it may be considered marital property.

13. Do I have to list property my spouse owned before the marriage?

Yes. Just as you had to list property you owned before the marriage, you should also list property your spouse owned before the marriage. Once again, this is normally nonmarital property, but under some circumstances it may be considered marital property.

14. I don't know what my spouse owns so how can I list it?

You should hire a lawyer to assist you. A lawyer has the ability to assist you in locating the assets of your spouse.

15. Do I have to list property I acquired after we separated?

Yes. You are still married, so any property or debt that you have acquired since your separation has to be included.

16. What happens if I don't list all the property and marital debt?

Your dissolution of marriage may not be final, and your spouse will be able to come back in the future and try and get this item of property. You will not be able to receive your pension or sell your property without proof that your *Judgment and Decree of Dissolution of Marriage* listed the property.

17. Should I list my pension even though I can't receive any benefits now?

Yes. You must list all pension plans in which you or your spouse participate. They should be listed even if you can't receive any benefits for a long time.

18. Do I have to list every last dish and towel?

No. You do not need to list property if it is of minimal value. If the item of property is worth less than \$100.00, you may omit it from your list.

19. What if I acquire some property or debt after I file my case?

If you acquire any additional property or debt during the time this case is pending, you must notify the court of that fact immediately.

20. What if I need more space on the tables?

You may make copies of any of the four tables if you need additional room for more property or debt. When you have listed all the property and debt, you should number the pages. Make sure you enter "Not Applicable" or "N/A" in each box under "Item of Property" or "Item of Debt" that you do not fill. This is very important because someone could alter this document after you have signed it.

21. What if I don't agree with my spouse's proposed separation agreement?

You must take appropriate actions to protect your interests. **Consult a lawyer.** Do not fail to respond if you have been served with these papers as the court may proceed without any further notice to you.

IN THE CIRCUIT COURT OF _____, MISSOURI
(County where court is located. City of Saint Louis is considered a county.)

In re the Marriage of:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner, (Enter your full legal name above)

-and-

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent. (Enter your spouse's full legal name above)

**Case
Number** _____
(Assigned when case is filed)

**Division
Number** _____
(Assigned when case is filed)

**Statement of Property and Debt and Proposed Separation Agreement
(For use in Dissolution of Marriage Cases)**

This form shall be filled out by the Petitioner who filed the *Petition for Dissolution of Marriage*.

What does this form cover?

There are two parts to this document. Part One is your division of property and debt. You must list all of your marital and nonmarital property and marital debt on one of the four tables. Part Two pertains to spousal support or "maintenance." This document does not have anything to do with child support or custody. Issues addressing child support and custody are contained in a parenting plan.

What is a Separation Agreement?

It is an agreement in which you and your spouse agree to a distribution of property and debt and to provisions concerning maintenance and attorney's fees. If both you and your spouse sign this document, it is called a "Separation Agreement." It does not include provisions for child custody and child support.

Even if both you and your spouse have signed the agreement, the court is not bound by it. If the court finds that your agreement is "unconscionable" or does not divide all property and marital debt, it will not be approved by the court. The court can divide the property in any manner it considers fair, and it may or may not order maintenance to be paid.

How do I complete Part One of this Form?

You must list all of your marital and nonmarital property and marital debt on one of the four tables.

Use a separate row for each item of property or debt. Make sure you enter "Not Applicable" or "N/A" in each box under "Item of Property" or "Item of Debt" that you do not fill. This is very important because someone could alter this document after you have signed it. Keep a copy of this document after you have signed it.

Part One - Division of Property and Debt

If you answer "Yes" to any of the following questions, you must list each item of property in either Table 1 or Table 2 on the following pages.

Property Owned by Petitioner (either alone or with anyone else) (Check "Yes" or "No" for each of the following questions)

- Does Petitioner own a house, condominium or other real estate? ☐ Yes ☐ No
You should attach a copy of the deed for each item of real estate to this form.
- Does Petitioner own a car, truck or motorcycle? ☐ Yes ☐ No
- Does Petitioner own a mobile home, trailer, boat or airplane? ☐ Yes ☐ No
- Does Petitioner have any bank accounts? ☐ Yes ☐ No
- Does Petitioner have any right to receive any pension or retirement benefits other than Social Security? ☐ Yes ☐ No
- Does Petitioner have an IRA or 401(k) or other retirement account? ☐ Yes ☐ No
- Does Petitioner have any furniture, appliances or other household goods worth more than \$100? ☐ Yes ☐ No
- Does Petitioner have any jewelry, clothing or other personal items worth more than \$100? ☐ Yes ☐ No
- Does Petitioner own a business? ☐ Yes ☐ No
- Does Petitioner own any stocks or bond? ☐ Yes ☐ No
- Does Petitioner have any life insurance that could be cashed in? ☐ Yes ☐ No
- Does anyone owe Petitioner any money? ☐ Yes ☐ No
- Does Petitioner have any lawsuits against anyone? ☐ Yes ☐ No
- Does Petitioner have any farm equipment, animals or crops? ☐ Yes ☐ No
- Does Petitioner have any interest in any trusts? ☐ Yes ☐ No
- Does Petitioner have any other asset or property? ☐ Yes ☐ No

Property Owned by Respondent (either alone or with anyone else) (Check "Yes" or "No" for each of the following questions)

- Does Respondent own a house, condominium or other real estate? ☐ Yes ☐ No
You should attach a copy of the deed for each item of real estate to this form.
- Does Respondent own a car, truck or motorcycle? ☐ Yes ☐ No
- Does Respondent own a mobile home, trailer, boat or airplane? ☐ Yes ☐ No
- Does Respondent have any bank accounts? ☐ Yes ☐ No
- Does Respondent have any right to receive any pension or retirement benefits other than Social Security? ☐ Yes ☐ No
- Does Respondent have an IRA or 401(k) or other retirement account? ☐ Yes ☐ No
- Does Respondent have any furniture, appliances or other household goods worth more than \$100? ☐ Yes ☐ No
- Does Respondent have any jewelry, clothing or other personal items worth more than \$100? ☐ Yes ☐ No
- Does Respondent own a business? ☐ Yes ☐ No
- Does Respondent own any stocks or bond? ☐ Yes ☐ No
- Does Respondent have any life insurance that could be cashed in? ☐ Yes ☐ No
- Does anyone owe Respondent any money? ☐ Yes ☐ No
- Does Respondent have any lawsuits against anyone? ☐ Yes ☐ No
- Does Respondent have any farm equipment, animals or crops? ☐ Yes ☐ No
- Does Respondent have any interest in any trusts? ☐ Yes ☐ No
- Does Respondent have any other asset or property? ☐ Yes ☐ No

Sample Page - Do Not File

How to Fill out Tables (Property to be Awarded to Petitioner or Respondent)

Sample of Division of Property

The following table gives an example of how to fill out the Division of Property found in Tables 1 and 2 on Pages 3 and 4.

Item of Property	Present Fair Market Value	Is there an amount owed on this property?	Is this marital or nonmarital property?	Party with possession of this property?
Bank of America Checking	\$250.00 <small>(Do not deduct amount owed from this value)</small>	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
2012 Toyota Corolla	\$7,500.00 <small>(Do not deduct amount owed from this value)</small>	<input checked="" type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
Household Goods (Appliances, Furniture)	\$1,000.00 <small>(Do not deduct amount owed from this value)</small>	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Marital <input checked="" type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
Personal Property (Clothes, Shoes, Jewelry)	\$250.00 <small>(Do not deduct amount owed from this value)</small>	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
Home at 101 S. Street 63112 (legal description attached)	\$120,000.00 <small>(Do not deduct amount owed from this value)</small>	<input checked="" type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input checked="" type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other

Sample of Division of Debt

The following table gives an example of how to fill out the Division of Debt found in Tables 3 and 4 on Pages 6 and 7.

Item of Debt (Who is the money owed to?)	Current Balance	Monthly Payment	What is the security for this debt, if any? (This property should be listed in Table 1 or Table 2)	Marital or Separate Debt
Toyota Financial	\$6,000.00	\$200.00	Corolla	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input checked="" type="checkbox"/> Both
Bank of America Mortgage	\$98,000.00	\$750.00	Home	<input checked="" type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
Target Card	\$250.00	\$25.00	None	<input checked="" type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
Student Loans	\$50,000.00	\$100.00	None	<input type="checkbox"/> Marital <input checked="" type="checkbox"/> Nonmarital <input type="checkbox"/> Both
BJC Medical Bill	\$300.00	\$30.00	None	<input checked="" type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both

Sample Page - Do Not File

Table 1 - Property to be Awarded to Petitioner (Check one box in each column for property listed)

The following property is to become the sole and separate property of **Petitioner**.

Item of Property	Present Fair Market Value	Is there an amount owed on this property?	Is this marital or nonmarital property?	Party with possession of this property?
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other

Table 2 - Property to be Awarded to Respondent (Check one box in each column for property listed)

The following property is to become the sole and separate property of **Respondent**.

Item of Property	Present Fair Market Value	Is there an amount owed on this property?	Is this marital or nonmarital property?	Party with possession of this property?
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other
	(Do not deduct amount owed from this value)	<input type="checkbox"/> Yes - List debt in Tables 3 or 4. <input type="checkbox"/> No	<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Other

If you answer “Yes” to any of the following questions, you must list each item of debt in either Table 3 or Table 4 on the following pages.

Debts that Petitioner Owes (either alone or with anyone else) (Check “Yes” or “No” for each of the following questions)

Is Petitioner currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Petitioner owe a mortgage on a house or condominium or land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Petitioner owe money on a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Petitioner owe money on any credit cards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Petitioner owe any money to any family or friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Petitioner owe any medical or dental bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Petitioner owe any student loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Petitioner owe any other debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Debts that Respondent Owes (either alone or with anyone else) (Check “Yes” or “No” for each of the following questions)

Is Respondent currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Respondent owe a mortgage on a house or condominium or land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Respondent owe money on a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Respondent owe money on any credit cards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Respondent owe any money to any family or friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Respondent owe any medical or dental bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Respondent owe any student loans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Respondent 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 and/or your spouse must be listed. You should list all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution. Include all debts owed by either you or your spouse. Make sure to list all credit cards and any amounts owed pursuant to any bankruptcy or other repayment plans.

Debts that the Petitioner should pay are to be listed in Table 3 and debts that the Respondent should pay are to be listed in Table 4.

What does “security” mean?

The mortgage on a home is traditionally secured by the home. When you finance the purchase of an automobile, the company that loans you the money is listed on the title to the automobile. They too have a security interest in your car. Usually, a debt is secured by an item of property if the person to whom you owe the money can take the item of property if you fail to pay the debt. The schedules of debt ask you to list any security for that debt. You must also list the property that secures the debt under the property listings.

How do you get the other party’s name off of this debt?

This agreement does not affect the rights of the person to whom you or your spouse owe the money. They can still collect the money from both you and/or your spouse.

Table 3 - Debts to be Paid by Petitioner (Check one box in the last column for each debt listed)

List all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution that are to be paid by **Petitioner**. Petitioner is to indemnify and hold Respondent harmless for all debts listed on Table 3.

The creditor's rights to collect these debts from Respondent are **not** affected without the consent of the creditor. Petitioner is to refinance or obtain the release of any liability of Respondent on all debts listed in Table 3 as soon as reasonably practicable.

Item of Debt (Who is the money owed to?)	Current Balance	Monthly Payment	What is the security for this debt, if any? (This property should be listed in Table 1 or Table 2)	Marital or Separate Debt
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both
				<input type="checkbox"/> Marital <input type="checkbox"/> Nonmarital <input type="checkbox"/> Both

Table 4 - Debts to be Paid by Respondent (Check one box in the last column for each debt listed)

List all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution that are to be paid by **Respondent**. Respondent is to indemnify and hold Petitioner harmless for all debts listed on Table 4.

The creditor's rights to collect these debts from Petitioner are **not** affected without the consent of the creditor. Respondent is to refinance or obtain the release of any liability of Petitioner on all debts listed in Table 4 as soon as reasonably practicable.

[illegible]

Part Two - Maintenance and Other Provisions

What is maintenance?

Maintenance is money paid on a regular schedule by one spouse to the other for support after the dissolution of marriage. It may be for a set period of time or it may be for an indefinite period of time. It usually terminates upon the death of either party or the remarriage of the party receiving maintenance unless the parties agree otherwise.

It may or may not be subject to future modification upon a showing of changed circumstances. Maintenance used to be referred to as "alimony."

Maintenance to Petitioner *(Check one of the three boxes)*

- ☐ The court lacks jurisdiction to enter any orders with respect to maintenance of Petitioner.
- ☐ No maintenance is to be paid to Petitioner by Respondent. This agreement is not subject to modification.
- ☐ Respondent shall pay to Petitioner the sum of _____ per month as and for maintenance. Said maintenance ☐ is ☐ is not subject to modification. Said maintenance shall terminate upon the death of either party, the remarriage of Petitioner, or at such earlier time as set forth herein.
(Check "is" or "is not" if you choose this option)

Maintenance to Respondent *(Check one of the three boxes)*

- ☐ The court lacks jurisdiction to enter any orders with respect to maintenance of Respondent.
- ☐ No maintenance is to be paid to Respondent by Petitioner. This agreement is not subject to modification.
- ☐ Petitioner shall pay to Respondent the sum of _____ per month as and for maintenance. Said maintenance ☐ is ☐ is not subject to modification. Said maintenance shall terminate upon the death of either party, the remarriage of Respondent, or at such earlier time as set forth herein.
(Check "is" or "is not" if you choose this option)

Income Withholding for Maintenance *(If maintenance is to be paid by either party) (Check one of the two boxes)*

- ☐ Income withholding shall be prepared by the person receiving maintenance and issued by the circuit clerk upon the effective date of this order.
- ☐ Income withholding shall not issue for the following reason(s):

Additional Provisions

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 and Proposed Separation Agreement* to each of the following parties at the address shown:

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

Petitioner - Sign Below in the Presence of a Notary Public

Your *Statement of Property and Debt and Proposed Separation Agreement* is required to be verified in the presence of a notary public.

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in this *Statement of Property and Debt and Proposed Separation Agreement* 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: _____

Respondent - Sign Below in the Presence of a Notary Public

Your *Statement of Property and Debt and Proposed Separation Agreement* is required to be verified in the presence of a notary public.

Respondent, of lawful age, being duly sworn on his or her oath, states that he or she is the Respondent named above and that the facts stated in this *Statement of Property and Debt and Proposed Separation Agreement* 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: _____

IN THE CIRCUIT COURT OF _____, MISSOURI
(County where court is located. City of Saint Louis is considered a county.)

In re the Marriage of:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner, (Enter your spouse's full legal name above)

-and-

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent. (Enter your full legal name above)

**Case
Number** _____
(Use number on Petition)

**Division
Number** _____
(Use number on Petition)

Respondent's Answer to Petition for Dissolution of Marriage

This form shall be filled out by the Respondent who is responding to the *Petition for Dissolution of Marriage*.

1. I am answering the following pleading (Check one of the three boxes)
 - ☐ The first petition my spouse filed in this case (Original petition)
 - ☐ The second petition my spouse filed in this case (First amended petition)
 - ☐ The third petition my spouse filed in this case (Second amended petition)
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 maintenance (formerly alimony), child support, child custody, parenting time/visitation, division of property, division of debts and attorney's fees.
3. I admit as true **everything** my spouse stated in his or her *Petition for Dissolution of Marriage* 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. What is your mailing address?

This is the address the court will use to send information about your case to you. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. Even if you do not wish to give the address at which you live, you **must** still give the court a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

(Street)

(City)

(State)

(Zip)

()

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

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

The last four numbers of your social security number are required by §452.312.2, RSMo.

XXX-XX- _____

6. Check one of the three boxes.

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

7. What are the last four numbers of your spouse's social security number?

The last four numbers of your spouse's social security number are required by §452.312.2, RSMo.

XXX-XX- _____

Information about Children of the Marriage

8. Below list the names, ages and last four digits of the social security numbers of all living children who were (a) born after the date of your marriage; (b) adopted including children born to you or your spouse and later adopted by the other spouse, or adopted by both parties; (c) born to you and your spouse before this marriage as a result of sexual intercourse, or artificial insemination; or (d) children born to you (if you are female) or your spouse (if they are female) after the date of marriage as a result of sexual intercourse or artificial insemination with someone outside the marriage.

(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age) (Last 4 digits)

(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age) (Last 4 digits)

(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age) (Last 4 digits)

(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age) (Last 4 digits)

(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age) (Last 4 digits)

(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age) (Last 4 digits)

If you listed children in response to Question 8, you must answer questions 9 through 13. If there are no living children born of the marriage, you may skip to the Request for Relief on Page 4.

9. List all addresses at which the children have lived during the past five years and the name of the parent or guardian with whom said children lived.

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

(Street)

(City) (State) (Zip)

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

(Street)

(City) (State) (Zip)

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

(Street)

(City) (State) (Zip)

10. Do you know of anyone other than you or your spouse 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
11. 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
12. 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
13. *Check one of the two boxes.*
- ☐ I agree with the *Parenting Plan* filed by the Petitioner.
- ☐ I do **not** agree with the *Parenting Plan* filed by the Petitioner and will file a separate *Parenting Plan*.

Request for Relief

I want the court to do the following: *(Check all that apply)*

- ☐ Grant a dissolution of my marriage
- ☐ Grant custody of the child(ren) of the marriage as stated herein (if applicable)
- ☐ Enter appropriate orders with respect to the support of the child(ren) (if applicable)
- ☐ Divide the marital property and debts
- ☐ Award maintenance to me
- ☐ Award maintenance to my spouse
- ☐ Change my name to my former name of

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

- ☐ Other (Please state the other request(s))

Proof of Service on Other Parties

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

I certify, under oath that on _____ (date) I have sent/given a copy of this *Respondent's Answer to Petition for Dissolution of Marriage* to each of the following parties at the address shown:

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

Notice

Some local rules may also require that you file a *Statement of Income and Expenses* and a *Statement of Property and Debt and Proposed Separation Agreement* at the time you file this document. Failure to do so could cause your *Respondent's Answer to Petition for Dissolution of Marriage* 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 *Respondent's Answer to Petition for Dissolution of Marriage*. You may file a joint *Parenting Plan* with your spouse. See §452.310.7, RSMo.

Sign Below in the Presence of a Notary Public

Respondent, of lawful age, being duly sworn on his or her oath, states that he or she is the Respondent named above and that the facts stated in the *Respondent's Answer to Petition for Dissolution of Marriage* are true according to his or her best knowledge, information and belief.



(Sign above in the presence of a Notary Public)

(Print your name above)

The following information must be completed by a notary public.

STATE OF _____)
COUNTY OF _____) SS

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

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

_____, Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

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

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

(Attorney - Sign above)

(Missouri Bar Number)

(Attorney - Print your name above)

(Street)

(City)

(State)

(Zip)

()

(Telephone Number with Area Code)

()

(Fax Number with Area Code)

(E-mail Address - Optional)

Not Approved for use in Contested Cases

IN THE CIRCUIT COURT OF _____, MISSOURI

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

In re the Marriage of:

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

Petitioner, (Enter your full legal name above)

-and-

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

Respondent. (Enter your spouse's full legal name above)

Case

Number _____

(Will be assigned when case is filed)

Division

Number _____

(Will be assigned when case is filed)

Judgment and Decree of Dissolution of Marriage

Parties

1. Appearances (Check all that apply)

☐ Petitioner appears in person.

☐ Respondent appears in person.

☐ Petitioner appears by attorney.

☐ Respondent appears by attorney.

☐ Cause submitted upon affidavit of Petitioner.

☐ Cause submitted upon affidavit of Respondent.

☐ Guardian ad Litem appears in person.

☐ Third Party _____ appears in person.
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

☐ Third Party _____ appears by attorney.
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

2. The last four digits of the Petitioner's Social Security Number are _____ and the last four digits of the Respondent's Social Security Number are _____.

3. Check one of the two boxes.

☐ Respondent is not on active duty in the armed services of the United States now or any time since the filing of the petition herein.

☐ Respondent is on active duty in the armed services of the United States, but has waived his or her rights pursuant to the Servicemembers Civil Relief Act of 2003.

Jurisdiction

4. Thirty (30) days have elapsed since the filing of the petition herein.

5. Check one of the two boxes.

☐ The court has personal jurisdiction over Respondent.

☐ The court does not have personal jurisdiction over Respondent.

6. *Check all that apply.*

- ☐ Petitioner has been a resident of the State of Missouri for at least 90 days immediately prior to the filing of the petition herein.
- ☐ Respondent has been a resident of the State of Missouri for at least 90 days immediately prior to the filing of the petition herein.

Marriage

7. The parties were married on ____/____/____. The marriage was registered in the
(mm/dd/yyyy)
county of _____, in the state of _____.
8. The parties continued to live together until ____/____/____, on or about which date they separated.
(mm/dd/yyyy)
9. There is no reasonable likelihood that the marriage of the parties can be preserved, and the marriage is therefore irretrievably broken.

Children

10. *Check all that apply.*

- ☐ Petitioner ☐ Respondent is/are not now pregnant.

11. *Check one of the two boxes.*

- ☐ There are no unemancipated children born or adopted of the marriage.
- ☐ There is/are _____ unemancipated living child(ren) born or adopted of the marriage.
(Enter number)

The name(s), age(s) and last four digits of the Social Security Number(s) of said child(ren) are:

_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)	_____ (Child's Age)	_____ (Last 4 digits)
_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)	_____ (Child's Age)	_____ (Last 4 digits)
_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)	_____ (Child's Age)	_____ (Last 4 digits)
_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)	_____ (Child's Age)	_____ (Last 4 digits)
_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)	_____ (Child's Age)	_____ (Last 4 digits)
_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)	_____ (Child's Age)	_____ (Last 4 digits)

As used herein, "minor child(ren)" refers to the unemancipated living child(ren) listed above.

It is therefore ordered, adjudged and decreed that:

12. The marriage of Petitioner and Respondent is dissolved.

Maintenance

13. Maintenance to Petitioner *(Check one of the three boxes)*

- ☐ No maintenance is to be paid to Petitioner by Respondent. This order is not subject to modification.
- ☐ Respondent is ordered to pay to Petitioner the sum of _____ per month as and for maintenance. Said maintenance ☐ is ☐ is not subject to modification. *(Check "is" or "is not" if you choose this option)*
- ☐ The court lacks jurisdiction to enter any orders with respect to maintenance of Petitioner.

14. Maintenance to Respondent *(Check one of the three boxes)*

- ☐ No maintenance is to be paid to Respondent by Petitioner. This order is not subject to modification.
- ☐ Petitioner is ordered to pay to Respondent the sum of _____ per month as and for maintenance. Said maintenance ☐ is ☐ is not subject to modification. *(Check "is" or "is not" if you choose this option)*
- ☐ The court lacks jurisdiction to enter any orders with respect to maintenance of Respondent.

15. Wage Assignment for Maintenance (If maintenance is to be paid by either party) *(Check one of the two boxes)*

- ☐ Income withholding shall be prepared by the obligee and issued by the circuit clerk upon the effective date of this order.
- ☐ Income withholding shall not issue for the following reason(s):

Child Custody (If there are unemancipated children)

16. *Check one of the two boxes.*

- ☐ The court does **not** have "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren) and therefore enters no further orders with respect to the custodial arrangements of the minor child(ren).
- ☐ The court has "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren).

The court approves the provisions of Part A of the parenting plan marked Exhibit _____ pertaining to the custodial arrangements of the minor child(ren) and finds that the custodial arrangements contained in said parenting plan are in the best interests of the minor child(ren).

Therefore, the court orders the provisions of Part A of said parenting plan pertaining to the custodial arrangements of the minor child(ren) and incorporates by reference all of the terms and conditions pertaining to the custodial arrangements of the minor child(ren) set forth in Part A of said parenting plan as if fully set forth herein.

The sheriff or other law enforcement officers shall enforce the rights of any person to custody or visitation pursuant to §452.425, RSMo.

In the event of noncompliance with this order, the aggrieved party may file a verified motion for contempt. If custody, visitation, or third-party custody is denied or interfered with by a parent or third party without good cause, the aggrieved person may file a family access motion with the court stating the specific facts that constitute a violation of the custody provisions of the judgment of dissolution, legal separation, or judgment of paternity. The circuit clerk will provide the aggrieved party with an explanation of the procedures for filing a family access motion and a simple form for use in filing the family access motion. A family access motion does not require the assistance of legal counsel to prepare and file.

Child Support (If there are unemancipated children)

17. *Check one of the two boxes.*

- ☐ The court does not have jurisdiction to enter any orders with respect to the support of the minor child(ren).
 - ☐ The court orders the provisions of Part B of the parenting plan marked Exhibit _____, pertaining to the support of the minor child(ren) and incorporates by reference all of the terms and conditions set forth in Part B of said parenting plan as if fully set forth herein.
-
-

Marital and Non-marital Property and Marital Debt

18. *Division of Property (Check one of the two boxes)*

- ☐ The parties have entered into a separation agreement marked Exhibit _____, which is found to be **not unconscionable**. Said separation agreement is incorporated herein and the parties are ordered to perform the terms and conditions set forth therein as well as such further and other orders contained in this judgment.
- ☐ The parties have **not** entered into a separation agreement. All marital and non-marital property and marital debt are divided in Exhibit _____. Said division is fair and equitable and the parties are ordered to perform the terms and conditions set forth therein.

19. *Real Property (Check if applicable)*

- ☐ The legal description of the real property or properties divided herein is more fully set forth in Exhibit(s) _____, which is/are incorporated into and made a part of this judgment.

20. Pension and Retirement Plans

If this judgment divides any pension or retirement benefits, the court intends its judgment to be a qualified domestic relations order and retains jurisdiction for the purpose of establishing or maintaining this order as a qualified domestic relations order or to revise or conform its terms so as to effectuate the expressed intent of this order.

21. Other Orders Concerning Property and Debt (*Check if applicable*)

☐ _____ is ordered to pay to _____ the sum of _____
as and for _____.

22. This judgment divides all marital and non-marital property and marital debt. No other marital or non-marital property or marital debt remains to be divided by the court except as set forth herein.

Attorney's Fees

23. *Check one of the three boxes.*

- ☐ Neither party is awarded attorney's fees from the other party.
- ☐ Petitioner shall pay to _____ the sum of _____ as and
for Respondent's attorney's fees herein.
- ☐ Respondent shall pay to _____ the sum of _____ as
and for Petitioner's attorney's fees herein.

Name Change

24. *Check all that apply.*

- ☐ Petitioner is granted restoration of their (maiden or former) name of

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

- ☐ Respondent is granted restoration of their (maiden or former) name of

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

Other Orders

25. Check if applicable.

- ☐ Other orders are as per the attached Exhibit _____, which is incorporated by reference as if fully set forth herein.

Court Costs

26. Check one of the two boxes.

- ☐ Court costs are to be paid from the court cost deposit(s) previously posted.
☐ Court costs are waived.

Waiver of Right to Rehearing (If case is heard by a Commissioner pursuant to §487.010, RSMo, et seq.)

We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

- ☐ Signature of Petitioner's Attorney _____
☐ Signature of Respondent's Attorney _____
☐ Signature of Guardian ad Litem _____
☐ Signature of Petitioner _____
☐ Signature of Respondent _____
☐ Signature of Third Party _____

<p><i>(If heard by a Family Court Judge)</i></p> <p>_____ (Judge)</p> <p>_____ (Date)</p>	<p><i>(If heard by a Family Court Commissioner)</i></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>
---	--

A certified copy of this judgment is to be mailed to the following person(s): *(Check all applicable boxes)*

<input type="checkbox"/> _____ (Print Name of Petitioner's Attorney)	<input type="checkbox"/> _____ (Print Name of Respondent's Attorney)	<input type="checkbox"/> _____ (Print Name of Guardian ad Litem)
_____ (Street)	_____ (Street)	_____ (Street)
_____ (City, State, Zip)	_____ (City, State, Zip)	_____ (City, State, Zip)
() (Telephone Number with Area Code)	() (Telephone Number with Area Code)	() (Telephone Number with Area Code)
<input type="checkbox"/> _____ (Print Name of Petitioner)	<input type="checkbox"/> _____ (Print Name of Respondent)	<input type="checkbox"/> _____ (Print Name of Third Party)
_____ (Street)	_____ (Street)	_____ (Street)
_____ (City, State, Zip)	_____ (City, State, Zip)	_____ (City, State, Zip)
() (Telephone Number with Area Code)	() (Telephone Number with Area Code)	() (Telephone Number with Area Code)

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
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	3619	4042	4446	4833
22300	2096	3095	3625	4049	4454	4842
22350	2099	3100	3632	4057	4462	4851
22400	2102	3104	3638	4064	4471	4860
22450	2104	3109	3645	4072	4479	4868
22500	2107	3114	3652	4079	4487	4877
22550	2110	3119	3658	4086	4495	4886
22600	2113	3124	3665	4094	4503	4895
22650	2116	3129	3672	4101	4511	4904
22700	2119	3134	3678	4109	4519	4913
22750	2122	3139	3685	4116	4528	4922
22800	2124	3144	3692	4123	4536	4930
22850	2127	3149	3698	4131	4544	4939
22900	2130	3154	3705	4138	4552	4948
22950	2133	3159	3711	4146	4560	4957
23000	2136	3163	3718	4153	4568	4966
23050	2139	3168	3725	4160	4576	4975
23100	2142	3173	3731	4168	4585	4983

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.)

In re:

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

Petitioner, (Enter your full legal name above)

-and-

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

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

Case

Number _____

(Use number from pending case)

Division

Number _____

(Use number from pending case)

Notice of Hearing

Information about the Hearing

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

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

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

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

Person Giving Notice

(Sign Above)

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

(Street)

(City) (State) (Zip)

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

(E-mail Address - Optional)

Proof of Service on Other Parties

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

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

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



(Sign above)

(Print your name above)