-	st Name) :itioner, (Enter	(Middle Name)	(Last Name) e person who filed the orig	(Jr./Sr./III) ginal petition)	Case Number (Use number on Motion)	0
٧.					Division	
•		(Middle Name) ter full legal name of ginal petition)	(Last Name) the person who responde	(Jr./Sr./III) ed to the	Number	
	Aı	nswer to Mot	tion to Modify C	Child Custo	ody and Support	
1.	My name is:	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	
2.	myself to the	jurisdiction of thi y law, including o	s court, and the cour	t may enter so	ng this pleading, I am subjectin uch orders and judgments as a I custody, parenting time/visitat	ire
3.			e other parent stated those allegations he		to Modify Child Custody and ne following:	
			ed will be deemed admitte the case is presented to t		not have the opportunity to	
			3			
		27,				
		6				
4.	Check one o	f the three boxes				
т.	☐ I want the	e court to maintai			rders currently in place.	

Unless you file your own motion to modify, the court may not be able to take your request

into consideration.

Parenting Plan, attached to this Answer as Exhibit _

IN THE CIRCUIT COURT OF

(Street)				C
(City)	(State)	(Zip)		" O.
()				
(Telephone Number with	n Area Code) (E-mail Address - 0	Optional)		A
The last four numbe	rs of my social security nur	nber are: XXX-X	X	
Check one of the thi	ree hoxes		0//	
_	re duty in the armed service	es of the United S	States of Americ	a.
	uty in the armed services or			
	Servicemembers Civil Relie			, 0
<u> </u>	uty in the armed services of			nd I do not waiv
rights pursuant t	o the Servicemembers Civi	Relief Act of 20	03.	
	chilid(ren) have lived at the	re than three add	dresses in the p	ast five years, a
	o this <i>Answer</i> listing the info		•	•
an additional page to address.			•	•
an additional page to address.	o this <i>Answer</i> listing the info	ormation request	•	B for each addition
an additional page to address.			•	•
an additional page to address.	o this <i>Answer</i> listing the info	ormation request	•	B for each addition
an additional page to address. (1)	o this <i>Answer</i> listing the info	ormation request	ed in question 8	B for each addition
an additional page to address. (1)	o this <i>Answer</i> listing the info	ormation request	•	B for each addition
an additional page to address. (1)	o this <i>Answer</i> listing the info	ormation request	ed in question 8	B for each addition
an additional page to address. (1)	o this <i>Answer</i> listing the info	ormation request	ed in question 8	B for each addition
an additional page to address. (1)	o this <i>Answer</i> listing the info	(Last Name)	ed in question 8	3 for each addition
an additional page to address. (1)	o this <i>Answer</i> listing the info	(Last Name)	ed in question 8	3 for each addition
an additional page to address. (1) (First Name) (Street) (City) (2) (First Name) (Street)	(Middle Name) (State) (Middle Name)	(Last Name) (Zip) (Last Name)	ed in question 8	3 for each addition
an additional page to address. (1)	o this <i>Answer</i> listing the info	(Last Name)	ed in question 8	3 for each addition
an additional page to address. (1)	(Middle Name) (State) (Middle Name)	(Last Name) (Zip) (Last Name)	ed in question 8	3 for each addition
an additional page to address. (1) (First Name) (Street) (City) (2) (First Name) (Street) (City)	(Middle Name) (State) (Middle Name)	(Last Name) (Zip) (Last Name)	ed in question 8	3 for each addition
an additional page to address. (1) (First Name) (Street) (City) (2) (First Name) (Street) (City) (Gity) (3) (First Name)	(Middle Name) (Middle Name) (Middle Name) (State) (State)	(Last Name) (Zip) (Zip) (Zip)	ed in question 8	3 for each addition
an additional page to address. (1) (First Name) (Street) (City) (Street) (Street) (City) (City) (Street)	(Middle Name) (Middle Name) (Middle Name) (State) (State)	(Last Name) (Zip) (Zip) (Zip)	ed in question 8	3 for each addition

The address you provide is the address at which you will receive all mail from the court and the other parent regarding this case. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. If you do not wish to give the

5.

My mailing address is:

9.		ights with respect to any of the children? (Check
10.	Do you have information about any other custod pending in a court of this or any other state? (C☐ Yes ☐ No	
11.	Have you participated in other litigation concern other state? <i>(Check one of the two boxes)</i> ☐ Yes ☐ No	ing the custody of any of the children in this or any
12.	Have any of the children been a victim of abuse \square Yes \square No	or neglect? (Check one of the two boxes)
13.	If you answered "Yes" to questions 9, 10, 11 or	12, please explain.
Pro	benefits through the Family Support Division, or (Check one of the two boxes) Yes No of of Service on Other Parties	have they received TANF benefits in the past?
obta facs atto	rney associated with the attorney to be served.	attorney to be served with a clerk, receptionist or an late) I have sent/given a copy of this <i>Answer to</i>
	Name	Address: U.S. mail/e-mail/fax number
	, ORD	
	S	

Notice

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

Sign Below in the Presence of a Notary Pi	TDIIC .
that he or she is the person named above and th	lawful age, being duly sworn on his or her oath, states at the facts stated in the <i>Answer to Motion to Modify</i> 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)	
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 acknowle and deed.	dged that he/she executed the same as his/her free act
IN WITNESS WHEREOF, I have hereunto set m State aforesaid, the day and year first above writ	y hand and affixed my official seal in the County and ten.
an IS AVAILABLE	, Notary Public County, State of Missour
My commission expires:	

Attorney Information

(Attorney - Sign above)		(Missouri Bar Number)	
(Attorney - Print your name above)		_	
(Street)	, (
(City)	(State)	(Zip)	ZI 'M'
(Telephone Number with Area Code)	(Fax Number with Area Code)	(E-mail Address - Optional)	
		M S	
	Costission		
	BILL		
(HIS FORM IS AVAIL			
CRM			
(HIS)			