

# MOTHER'S PATERNITY FORMS

Do not file this document with the court.

## MOTHER'S PATERNITY FORMS

(These forms may be used by a mother asking for orders of paternity, custody and support.)

### Introduction

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

### General Information about Forms

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

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

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

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

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

### What is confidential information?

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

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

### How do I remove information?

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

#### Option One

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

#### Option Two

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

If you remove any information, you are required to show the court what you removed when you complete the *Confidential Case Filing Information Sheet* (F110). Do not redact the *Confidential Case Filing Information Sheet* (F110) or the *Redaction Certification* form (GN320).

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

**How do I do this?**

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

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

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

**You are the Petitioner. The other parties to your case are Respondents.**

**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. [Mother's Petition for Declaration of Paternity, Custody and Support \(Form CAFC302\)](#)
  4. [Petition, Consent and Order for Appointment as Next Friend in Paternity Action \(Form CAFC751\)](#)  
The court must appoint someone to represent the interests of the child(ren) in a paternity action. That person is called the "Next Friend." This person may be the mother, father or another person with legal or physical custody of the child(ren). If your child(ren) are 14 or older, they must sign this form consenting to the appointment of their Next Friend.
  5. [Parenting Plan \(Form CAFC501\)](#)  
There are two parts to this form, Part A and Part B. Part A deals with custody issues of the children, and Part B deals with support issues of the children. 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 the parents agree on the *Parenting Plan*, you may both sign and file one plan. This *Parenting Plan* can then be introduced into evidence at your hearing for the court to approve.
  6. [Statement of Income and Expenses \(For use in Paternity Action\) \(Form CAFC252\)](#)  
This form requires you to list income and expenses for both you and the other parent.

7. **Statement of Property and Debt (For use in Paternity Action) (Form CAFC242)**

This form requires you to list your property and debt.

8. **Answer to Petition for Declaration of Paternity, Custody and Support (Form CAFC315-R)**

The Respondents may complete this form in response to your petition. A respondent may file this answer with the court if they do not want to be personally served with your petition. By signing this form, the Respondent is allowing the court to decide your case. The Respondent may also use this form to disagree with your statements on your forms.

9. **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.

10. **Judgment of Paternity (Form CAFC370)**

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.

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>Mother's Petition for Declaration of Paternity, Custody and Support</i>	X	X	X
<i>Petition, Consent and Order for Appointment as Next Friend in Paternity Action</i>	X	X	X
<i>Parenting Plan, Part A and B</i>	X	X	X
<i>Statement of Income and Expenses (For use in Paternity Action)</i>	X	X	X
<i>Statement of Property and Debt (For use in Paternity Action)</i>	X	X	X
<i>Family Court Cover Sheet, if it applies</i>	X	X	X
<i>Notice of Hearing</i>	X	X	X
<i>Judgment of Paternity</i>	X	X	X
<i>Certificate of completion of Litigant Awareness Program</i>	X		

4. Each of the parties listed in question 6 of *Mother's Petition for Declaration of Paternity, Custody and Support* is a Respondent.
5. Unless a Respondent files an *Answer to Petition for Declaration of Paternity, Custody and Support* before being served, you must file a copy of all of the forms filed for each Respondent. The copies will be used to personally serve the Respondents with the forms.
6. If a Respondent files an *Answer to Petition for Declaration of Paternity, Custody and Support* before being served, you still must provide that Respondent with a copy of all the forms, except the Confidential Case Filing Information Sheet.

7. You should also keep a copy of these forms for your records.
8. You must pay the required filing fee. Check with your local court to determine amounts due.
9. 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](http://www.courts.mo.gov) on the Court Forms/Filing Information page.

**PETP** Party Type Description:   Petitioner Acting Pro Se (with no attorney)  

**PET** Party Type Description:   Petitioner (with attorney)  

\_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

Race and Ethnicity: (Select one or more)  American Indian or Alaska Native  Asian

Black or African American  Native Hawaiian or other Pacific Islander  White

Hispanic or Latino  Middle Eastern or North African (MENA)  Other  Unknown

Race & Ethnicity Source: (Select one)  Petitioner  Respondent  Court

Law Enforcement  Jail  Department of Corrections/Probation and Parole

Another State Agency  Driver's License  Unknown

Race & Ethnicity is  self-identified  observed/perceived. (Select one)

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Respondent Information:**

Party Type Code and Description: (Select one)

A list of party types can be found at [www.courts.mo.gov](http://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: \_\_\_\_\_

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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: \_\_\_\_\_

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

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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: \_\_\_\_\_

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Check if more than ten children and attach additional sheet

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### 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](http://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.

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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.\*

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### Instructions to Clerk

**This document must be saved in the case management system with a document security level of 6 making this a sealed document.**



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

Name:	Case Number:
Address:	Case Type:
	Style of Case:
Document Filed:	(Date File Stamp)

### Redaction Certification

The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Rules 19.10, 55.025, or 84.015.

**COR 2.02**

The responsibility for redacting confidential information rests solely with the counsel, parties, or any other person filing the document. Courts will not review each case document to ensure compliance and will not refuse to accept or file a document on that basis.

On and after the Expanded Remote Access Implementation Date: July 1, 2023

1. All redactions shall be done in a manner that makes it clear that information has been redacted. If necessary to reference the redacted information in a redacted document, filers shall use generic descriptors.
2. When a filer redacts information from a document offered for filing in any court, the filer also must file a confidential redacted information filing sheet that either:
  - has the unredacted version of the document attached; or
  - sets out the information redacted from the document with an explanation referencing where the information was redacted from in the document or the generic descriptors used in the document to reference the redacted information.
3. All filers shall affirmatively certify compliance with the redaction requirements in Rules 19.10, 55.025, and 84.015 when a document is filed. This certification shall be accomplished through an automated process implemented in the electronic filing system for its authorized users or, for filers who are not authorized users of the electronic filing system, by a paper form attached to the document or on the document itself.
4. When a motion is filed alleging a document filed with the court contains insufficiently redacted confidential information, the clerk shall raise the document's security level to a confidential setting. The court shall dispose of the motion within 30 days. If the court determines the document is sufficiently redacted, the clerk shall reset the document's security level to allow for proper public access.

**I HAVE READ AND UNDERSTAND THE ABOVE.**

\_\_\_\_\_ Date

\_\_\_\_\_ Filer's Signature

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

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

**Petitioner**, (Enter your full legal name above)

**-and-**

The MINOR CHILD(REN) as listed  
in question 1 of the *Mother's Petition for Declaration of Paternity,  
Custody and Support*,  
By Next Friend,

**v.**

Respondents shall be listed in the order used in question 6 of this *Petition*.

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

**Respondent 1**, (Enter full legal name of Respondent 1 above)

**-and-**

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

**Respondent 2**, (Enter full legal name of Respondent 2 above)

**-and-**

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

**Respondent 3**. (Enter full legal name of Respondent 3 above)

**Case  
Number** \_\_\_\_\_

(Will be assigned when case is filed)

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

(Will be assigned when case is filed)

## Mother's Petition for Declaration of Paternity, Custody and Support

### The Parties

This *Petition* is for a mother to ask the court to determine who is the father of her child(ren). A mother must file a separate *Mother's Petition for Declaration of Paternity, Custody and Support* for each father of her children. Throughout this case you will always be referred to as the Petitioner. The other parties will be referred to as Respondent(s).

1. I ask the court to determine paternity for the following child(ren):

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

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

- c. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- d. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- e. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- f. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

2. I ask this court to find \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
 is the father of the child(ren) listed in this *Petition*.

3. Were you married to a man at the time you became pregnant with any child(ren) listed in this *Petition*? (Check one of the two boxes)  
 Yes  No

If yes, who were you married to? \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

4. Were you married to a man at the time any of the children listed in this *Petition* were born? (Check one of the two boxes)  
 Yes  No

If yes, who were you married to? \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

5. An acknowledgment of paternity is an affidavit that the parents sign to put a father on a child's birth certificate. Did any man sign an acknowledgment of paternity for the child(ren) listed in this *Petition* at the hospital or at any other time? (Check one of the two boxes)  
 Yes  No

If yes, who listed himself as the father on the acknowledgment of paternity or birth certificate?  
 \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

6. List the names of all men you named in questions 2, 3, 4 and 5. These persons are the Respondents to this *Petition*.

**If you list more than 3 different persons in response to questions 2, 3, 4 and 5**, attach additional pages answering the questions 15 through 23 of this *Petition* for each additional Respondent. You must also attach additional Directions for Service pages (available on page 9 of this *Petition*) for each additional Respondent.

Respondent 1 - \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

Respondent 2 - \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

Respondent 3 - \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

**Information about Petitioner**

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

7. 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)

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

XXX-XX- \_\_\_\_\_

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

Yes  No

10. I live in  the United States  another country, which is \_\_\_\_\_ .

11. I live in  Missouri  another state, which is \_\_\_\_\_ .

12. I live in the county of \_\_\_\_\_ .

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

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

Employed  Unemployed  Self-employed

14. 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)

## Information about Respondent 1

Provide information for Respondent 1 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter the full legal name of Respondent 1 on the lines above)

### 15. What is Respondent 1's mailing address?

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

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

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

( )

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

### 16. What are the last four numbers of Respondent 1's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- \_\_\_\_\_

### 17. Is Respondent 1 over the age of eighteen? (Check one of the two boxes)

Yes  No

### 18. Respondent 1 lives in the United States another country, which is \_\_\_\_\_.

### 19. Respondent 1 lives in Missouri another state, which is \_\_\_\_\_.

### 20. Respondent 1 lives in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

### 21. Respondent 1 is currently employed unemployed self-employed employment unknown. (Check one of the four boxes)

### 22. If Respondent 1 is employed or self-employed, where do they currently work?

If this Respondent 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 this Respondent 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)

### 23. Respondent 1 is is **not** on active duty in the military. (Check "is" or "is not")

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

## Information about Respondent 2

Provide information for Respondent 2 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter the full legal name of Respondent 2 on the lines above)

### 24. What is Respondent 2's mailing address?

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

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

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

( )

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

### 25. What are the last four numbers of Respondent 2's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- \_\_\_\_\_

### 26. Is Respondent 2 over the age of eighteen? (Check one of the two boxes)

Yes  No

### 27. Respondent 2 lives in the United States another country, which is \_\_\_\_\_.

### 28. Respondent 2 lives in Missouri another state, which is \_\_\_\_\_.

### 29. Respondent 2 lives in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

### 30. Respondent 2 is currently employed unemployed self-employed employment unknown. (Check one of the four boxes)

### 31. If Respondent 2 is employed or self-employed, where do they currently work?

If this Respondent 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 this Respondent 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)

### 32. Respondent 2 is is **not** on active duty in the military. (Check "is" or "is not")

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



### Information about Respondent 3

Provide information for Respondent 3 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
(Enter the full legal name of Respondent 3 on the lines above)

#### 33. What is Respondent 3's mailing address?

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

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

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

( )

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

#### 34. What are the last four numbers of Respondent 3's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- \_\_\_\_\_

#### 35. Is Respondent 3 over the age of eighteen? (Check one of the two boxes)

Yes  No

#### 36. Respondent 3 lives in the United States another country, which is \_\_\_\_\_.

#### 37. Respondent 3 lives in Missouri another state, which is \_\_\_\_\_.

#### 38. Respondent 3 lives in the county of \_\_\_\_\_.

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

#### 39. Respondent 3 is currently employed unemployed self-employed employment unknown. (Check one of the four boxes)

#### 40. If Respondent 3 is employed or self-employed, where do they currently work?

If this Respondent 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 this Respondent 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)

#### 41. Respondent 3 is is **not** on active duty in the military. (Check "is" or "is not")

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

## Information about the Children

42. List the name of the parent or guardian with whom the children have lived and the address where said children have lived during the past five years. Enter the dates at each address. If the child(ren) have lived at more than three addresses in the past five years, attach an additional page to this *Petition* listing the information requested in question 42 for each additional address.

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

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

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

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

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

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

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

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

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

43. Do you know of anyone other than you or the other parent who has physical custody of any of the children or claims to have custody or visitation rights with respect to any of the children? (Check one of the two boxes)

Yes  No

44. 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

45. 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

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

Yes  No

47. If you answered "Yes" to questions 43, 44, 45 or 46, please explain.

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48. Has the Family Support Division opened a child support case for any child(ren) listed in this *Petition*? (Check one of the two boxes)

Yes  No

If yes, list the eight digit IV-D number(s). \_\_\_\_\_

If yes, has the Family Support Division issued a child support order? (Check one of the two boxes)

Yes  No

List the judicial case number(s). \_\_\_\_\_

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

Yes  No

If yes, you must serve the Family Support Division with a copy of *Mother's Petition for Declaration of Paternity, Custody and Support* and other forms filed with this *Petition*. Instructions on how to serve the Family Support Division are listed on page 12 of this *Petition*.

### Request for Relief

I am requesting that \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

be declared the father of the child(ren) listed in question 1 of this *Petition* and that any other persons listed in questions 3 through 5 of this *Petition* be excluded as the father of the children.

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

Child Custody should be as set forth in Part A of the attached *Parenting Plan* marked Exhibit \_\_\_\_\_. The custody arrangement that is in the best interests of the minor children is set forth in Part A of the attached *Parenting Plan* marked Exhibit \_\_\_\_\_.

Child Support should be as set forth in Part B of the attached *Parenting Plan* marked Exhibit \_\_\_\_\_.

I want to change the child(ren)'s names as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (Please state the other request(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Directions for Service on Respondent 1** (Enter the name of Respondent 1 on the lines below)

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

**You must fill out Directions for Service on each person listed in response to question 6 of this Petition.**

**Check one of the following service options:**

- Respondent 1 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Mother's Petition for Declaration of Paternity, Custody and Support*. Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 1 in front of a notary public.

- Respondent 1 should be served with a summons at their home:

Respondent 1 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 1 served, you must file another copy of all your documents in this case to be served on Respondent 1.**

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

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

- Respondent 1 should be served with a summons at their place of employment:

Respondent 1 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 1 served, you must file another copy of all your documents in this case to be served on Respondent 1.**

\_\_\_\_\_  
(Employer's Name) (Hours of Employment)

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

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

- Respondent 1 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 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.**

**Directions for Service on Respondent 2** (*Enter the name of Respondent 2 on the lines below*)

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

**You must fill out Directions for Service on each person listed in response to question 6 of this Petition.**

**Check one of the following service options:**

- Respondent 2 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Mother's Petition for Declaration of Paternity, Custody and Support*. Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 2 in front of a notary public.

- Respondent 2 should be served with a summons at their home:

Respondent 2 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 2 served, you must file another copy of all your documents in this case to be served on Respondent 2.**

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- Respondent 2 should be served with a summons at their place of employment:

Respondent 2 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 2 served, you must file another copy of all your documents in this case to be served on Respondent 2.**

\_\_\_\_\_  
(Employer's Name)

\_\_\_\_\_  
(Hours of Employment)

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- Respondent 2 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 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.**

**Directions for Service on Respondent 3** (Enter the name of Respondent 3 on the lines below)

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

**You must fill out Directions for Service on each person listed in response to question 6 of this Petition.**

**Check one of the following service options:**

- Respondent 3 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Mother’s Petition for Declaration of Paternity, Custody and Support*. Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 3 in front of a notary public.

- Respondent 3 should be served with a summons at their home:

Respondent 3 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 3 served, you must file another copy of all your documents in this case to be served on Respondent 3.**

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

- Respondent 3 should be served with a summons at their place of employment:

Respondent 3 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 3 served, you must file another copy of all your documents in this case to be served on Respondent 3.**

\_\_\_\_\_  
(Employer’s Name)                          \_\_\_\_\_  
(Hours of Employment)  
  
\_\_\_\_\_  
(Street)  
  
\_\_\_\_\_  
(City)                          \_\_\_\_\_  
(State)                          \_\_\_\_\_  
(Zip)

- Respondent 3 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 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.**

**Service on Family Support Division (if necessary)**

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

The child(ren) 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

**Sign Below in the Presence of a Notary Public**

Your *Mother's Petition for Declaration of Paternity, Custody and Support* 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 the *Mother's Petition for Declaration of Paternity, Custody and Support* are true according to his or her best knowledge, information and belief.

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

The following information must be completed by a notary public.

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

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

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

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

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

## Attorney Information

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

- I have assisted 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)



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

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

v.

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Respondent 1**, (Enter full legal name of Respondent 1 above)

and-

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Respondent 2**, (Enter full legal name of Respondent 2 above)

-and-

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Respondent 3**. (Enter full legal name of Respondent 3 above)

**Case Number** \_\_\_\_\_  
(Will be assigned when case is filed)

**Division Number** \_\_\_\_\_  
(Will be assigned when case is filed)

**Petition, Consent and Order for Appointment as Next Friend  
in Paternity Action**

You are bringing this action on behalf of yourself and your child(ren). An adult must be appointed to represent their interests because they cannot file a case on their own. The court calls that person a "Next Friend."

1. I request that the court appoint (Check one of the two boxes)

- Me  
 Someone else (Enter name below)

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

as Next Friend for the following minor child(ren):

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

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

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

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

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

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

2. Check one of the three boxes.

- The Next Friend is the mother of the child(ren).  
 The Next Friend is the father of the child(ren).  
 The Next Friend is not a parent of the child(ren), but currently has legal or physical custody of the child(ren).

3. Next Friend's mailing address is:

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

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

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

4. Check one of the two boxes.

- The child(ren) reside(s) with the Next Friend  
 The child(ren) reside(s) with the following person at the following address:

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

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

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

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

I consent to serving as Next Friend in this matter.

▶ \_\_\_\_\_ / /  
(Next Friend sign above) (Print Next Friend's name above) (Date - mm/dd/yyyy)

## Consent of Children over the Age of Fourteen

Under Missouri law, children age 14 or older must consent to the appointment of a Next Friend.

I, being age 14 or older, consent to the appointment of (Enter the name of Next Friend below)

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

as my Next Friend in this case.

▶ \_\_\_\_\_ / /  
(Child sign above, if age 14 or older) (Print Child's name above) (Date - mm/dd/yyyy)

▶ \_\_\_\_\_ / /  
(Child sign above, if age 14 or older) (Print Child's name above) (Date - mm/dd/yyyy)

▶ \_\_\_\_\_ / /  
(Child sign above, if age 14 or older) (Print Child's name above) (Date - mm/dd/yyyy)

## 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 the Petitioner listed above in preparation of these pleadings, but I am not entering my appearance on behalf of the Petitioner listed above.

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

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

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

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

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

## ORDER

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

is appointed as Next Friend for the minor child(ren) listed above.  
SO ORDERED:

\_\_\_\_\_  
(Judge/Commissioner) (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 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.

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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.

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



# 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.

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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:

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- 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:

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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 <b>included</b> 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.	
<b>You must include this amount on the Form 14 - Line 6d</b>	

Uncovered Extraordinary Medical Costs to be Paid by Parent receiving Support <b>included</b> 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.	
<b>You must include this amount on the Form 14 - Line 6d</b>	

## 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 <b>included</b> 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.	
<b>You must include this amount on the Form 14 - Line 6e</b>	

Extraordinary Child-Rearing Costs Paid by Parent Receiving Support <b>included</b> 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.	
<b>You must include this amount on the Form 14 - Line 6e</b>	

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

Extraordinary Child-Rearing Costs Paid by Parent Paying Support <b>not included</b> 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 <b>not included</b> 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 ( <b>See Form 14 Directions</b> )			
6a. TOTAL adjusted Child Care Costs [Line 6a(1) minus Line 6a(2)]			
6b. Reasonable work-related child care costs of the parent paying support			
6c. Health insurance costs for the children who are subjects of this proceeding			
6d. Uninsured agreed-upon or court-ordered extraordinary medical costs			
6e. Other agreed-upon or court-ordered extraordinary child-rearing costs			
7. TOTAL ADDITIONAL CHILD-REARING COSTS (Enter sum of lines 6a, 6b, 6c, 6d and 6e).			
8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and line 7).			
9. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 8 by each parent's line 4)			
10. CREDIT FOR ADDITIONAL CHILD-REARING COSTS (Line 7 of parent paying support).			
11. ADJUSTMENT FOR A PORTION OF AMOUNTS EXPENDED BY THE PARENT OBLIGATED TO PAY SUPPORT DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. ( <b>See Form 14 Directions</b> ) (Multiply line 5 by _____ %).			
12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).			

## 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:

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▶ \_\_\_\_\_ (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)*





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

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

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

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

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

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

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

### Effective 04/05/2022

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

	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
Self Support Reserve	1450	1800	2100	2350	2650	3000

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

\_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Petitioner**, (Enter full legal name of Petitioner above)

**-and-**

The MINOR CHILD(REN) as listed  
 in question 1 of the *Petition for Declaration  
 of Paternity, Custody and Support*,  
 By Next Friend,

**v.**

Respondents shall be listed in the order used in question 6 of the *Petition*.

\_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Respondent 1**, (Enter full legal name of Respondent 1 above)

**-and-**

\_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Respondent 2**, (Enter full legal name of Respondent 2 above)

**-and-**

\_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
**Respondent 3**. (Enter full legal name of Respondent 3 above)

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

**Division  
 Number** \_\_\_\_\_  
 (Use number on Petition)

**Statement of Income and Expenses  
 (For use in Paternity Action)**

**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	_____	_____

**Monthly Income Information (Continued)**

Petitioner

Respondent

- 5. Monthly pension income \_\_\_\_\_
- 6. Monthly interest income \_\_\_\_\_
- 7. Monthly trust and annuity income \_\_\_\_\_
- 8. Monthly income from dividends and partnership distributions \_\_\_\_\_
- 9. Monthly unemployment compensation benefits \_\_\_\_\_
- 10. Monthly severance pay \_\_\_\_\_
- 11. Monthly workers compensation benefits \_\_\_\_\_
- 12. Monthly disability insurance benefits \_\_\_\_\_
- 13. Monthly veterans disability benefits \_\_\_\_\_
- 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. Monthly 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**

Petitioner

Respondent

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

30. All other monthly expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 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 (For use in Paternity Action)* to each of the following parties at the address shown:

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

**Sign Below in the Presence of a Notary Public**

\_\_\_\_\_, of lawful age, being duly sworn on his or her oath, states that he or she is the person named below and that the facts stated in this *Statement of Income and Expenses (For use in Paternity Action)* are true according to his or her best knowledge, information and belief.

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

The following information must be completed by a notary public.

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

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

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

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

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

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI

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

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

**Petitioner**, (Enter full legal name of Petitioner above)

**-and-**

The MINOR CHILD(REN) as listed  
in question 1 of the *Petition for Declaration  
of Paternity, Custody and Support*,  
By Next Friend,

**v.**

Respondents shall be listed in the order used in question 6 of the *Petition*.

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

**Respondent 1**, (Enter full legal name of Respondent 1 above)

**-and-**

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

**Respondent 2**, (Enter full legal name of Respondent 2 above)

**-and-**

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

**Respondent 3**. (Enter full legal name of Respondent 3 above)

**Case  
Number** \_\_\_\_\_

(Use number on Petition)

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

(Use number on Petition)

**Statement of Property and Debt  
(For use in Paternity Action)**

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

**Your Property (either alone or with anyone else)** (Check "Yes" or "No" for each of the following questions)

Do you own a house, condominium or other real estate?

Yes  No \_\_\_\_\_ Estimated Value

Do you own a car, truck or motorcycle?

Yes  No \_\_\_\_\_

Do you own a mobile home, trailer, boat or airplane?

Yes  No \_\_\_\_\_

Do you have any bank accounts?

Yes  No \_\_\_\_\_

**Your Property (either alone or with anyone else) (Continued)**

Estimated Value

- Do you have any right to receive any pension or retirement benefits other than Social Security?  Yes  No \_\_\_\_\_
- Do you have an IRA or 401(k) or other retirement account?  Yes  No \_\_\_\_\_
- Do you have any furniture, appliances or other household goods worth more than \$100?  Yes  No \_\_\_\_\_
- Do you have any jewelry, clothing or other personal items worth more than \$100?  Yes  No \_\_\_\_\_
- Do you own a business?  Yes  No \_\_\_\_\_
- Do you own any stocks or bond?  Yes  No \_\_\_\_\_
- Do you have any life insurance that could be cashed in?  Yes  No \_\_\_\_\_
- Does anyone owe you money?  Yes  No \_\_\_\_\_
- Do you have any lawsuits against anyone?  Yes  No \_\_\_\_\_
- Do you have any farm equipment, animals or crops?  Yes  No \_\_\_\_\_
- Do you have any interest in any trusts?  Yes  No \_\_\_\_\_
- Do you have any other asset or property?  Yes  No \_\_\_\_\_

**Your Debts (either alone or with anyone else) (Check "Yes" or "No" for each of the following questions)**

Amount Due

- Are you currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13)  Yes  No \_\_\_\_\_
- Do you owe a mortgage on a house or condominium or land?  Yes  No \_\_\_\_\_
- Do you owe money on a car?  Yes  No \_\_\_\_\_
- Do you owe money on any credit cards?  Yes  No \_\_\_\_\_
- Do you owe any money to any family or friends?  Yes  No \_\_\_\_\_
- Do you owe any medical or dental bills?  Yes  No \_\_\_\_\_
- Do you owe any student loans?  Yes  No \_\_\_\_\_
- Do you owe any other debts?  Yes  No \_\_\_\_\_

**What debts should I list on this form?**

All debts owed by you should be listed. You should list all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution. Make sure to list all credit cards and any amounts owed pursuant to any bankruptcy or other repayment plans.

### Proof of Service on Other Parties

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

I certify, under oath that on \_\_\_\_\_ (date) I have sent/given a copy of this *Statement of Property and Debt (For use in Paternity Action)* to each of the following parties at the address shown:

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

### Sign Below in the Presence of a Notary Public

Your *Statement of Property and Debt (For use in Paternity Action)* is required to be verified in the presence of a notary public.

\_\_\_\_\_, of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in this *Statement of Property and Debt (For use in Paternity Action)* are true according to his or her best knowledge, information and belief.

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

The following information must be completed by a notary public.

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

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

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

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

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

**IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI**

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

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

**Petitioner**, (Enter full legal name of Petitioner above)

**-and-**

The MINOR CHILD(REN) as listed  
in question 1 of the *Petition for Declaration  
of Paternity, Custody and Support*,  
By Next Friend,

**v.**

Respondents shall be listed in the order used in question 6 of the *Petition*.

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

**Respondent 1**, (Enter full legal name of Respondent 1 above)

**-and-**

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

**Respondent 2**, (Enter full legal name of Respondent 2 above)

**-and-**

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

**Respondent 3**. (Enter full legal name of Respondent 3 above)

**Case  
Number** \_\_\_\_\_

(Use number on Petition)

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

(Use number on Petition)

**Answer to Petition for Declaration of Paternity, Custody and Support**

This form may be used by a Respondent answering the *Petition for Declaration of Paternity, Custody and Support*.

1. My name is \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

2. I understand that by voluntarily entering my appearance and filing this pleading, I am subjecting myself to the jurisdiction of this court, and the court may enter such orders and judgments as are authorized by law, including orders for child support, child custody, parenting time/visitation, and attorney's fees.

3. I admit as true **everything** the Petitioner stated in *Petition for Declaration of Paternity, Custody and Support* and incorporate all of those allegations herein **except** the following:

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

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4. 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*.

5. My mailing address is:

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.

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(Street)

---

(City) (State) (Zip)

( )

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

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

7. Check one of the three boxes.

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

8. List the name of the parent or guardian with whom the children have lived and the address where said children have lived during the past five years. Enter the dates at each address. If the child(ren) have lived at more than three addresses in the past five years, attach an additional page to this Answer listing the information requested in question 8 for each additional address.

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

---

(Street)

---

(City) (State) (Zip) (Dates)

(2) \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (Dates)

(3) \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (Dates)

9. Do you know of anyone other than you or the other parent who has physical custody of any of the children or claims to have custody or visitation rights with respect to any of the children? (Check one of the two boxes)  
 Yes  No

10. Do you have information about any other custody proceeding concerning any of the children pending in a court of this or any other state? (Check one of the two boxes)  
 Yes  No

11. Have you participated in other litigation concerning the custody of any of the children in this or any other state? (Check one of the two boxes)  
 Yes  No

12. Have any of the children been a victim of abuse or neglect? (Check one of the two boxes)  
 Yes  No

13. If you answered "Yes" to questions 9, 10, 11 or 12, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has the Family Support Division opened a child support case for any child(ren) listed in the *Petition*? (Check one of the two boxes)  
 Yes  No  
If yes, list the eight digit IV-D number(s). \_\_\_\_\_  
If yes, has the Family Support Division issued a child support order? (Check one of the two boxes)  
 Yes  No  
List the judicial case number(s). \_\_\_\_\_

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



## Request for Relief

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

- Find that \_\_\_\_\_ is the father of  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
the minor child(ren).
- Grant custody of the minor child(ren) as requested in question 4.
- Child support should be as set forth in Part B of the attached *Parenting Plan* marked Exhibit \_\_\_\_\_.
- Enter appropriate orders with respect to the support of the minor child(ren).
- Other (Please state the other request(s))

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## Proof of Service on Other Parties

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

I certify, under oath that on \_\_\_\_\_ (date) I have sent/given a copy of this *Answer to Petition for Declaration of Paternity, Custody and Support* to each of the following parties at the address shown:

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

### Notice

Some local rules may also require that you file a *Statement of Income and Expenses (For use in Paternity Action)* at the time you file this document. Failure to do so could cause your *Answer to Petition for Declaration of Paternity, Custody and Support* 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 to Petition for Declaration of Paternity, Custody and Support*. You may file a joint *Parenting Plan* with the other parent.

## 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 *Answer to Petition for Declaration of Paternity, Custody and Support* are true according to his or her best knowledge, information and belief.

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

The following information must be completed by a notary public.

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

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

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

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

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

### Attorney Information

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

I have assisted 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)

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)

# 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.)

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

**Petitioner**, (Enter your full legal name above)

**-and-**

The MINOR CHILD(REN) as listed  
in question 1 of the *Petition for Declaration  
of Paternity, Custody and Support*,  
By Next Friend,

**v.**

Respondents shall be listed in the order used in question 6 of the *Petition*.

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

**Respondent 1**, (Enter full legal name of Respondent 1 above)

**-and-**

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

**Respondent 2**, (Enter full legal name of Respondent 2 above)

**-and-**

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

**Respondent 3**. (Enter full legal name of Respondent 3 above)

**Case**

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

(Will be assigned when case is filed)

**Division**

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

(Will be assigned when case is filed)

## Judgment of Paternity

1. As used herein, "Mother" refers to \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

and "Father" refers to \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

2. Appearances (Check all that apply)

The following Respondents fail to appear and remain in default as to the pleadings:

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

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

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

- Mother appears in person.
  Father appears in person.
- Mother appears by attorney.
  Father appears by attorney.
- 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)
- Additional appearances:
- \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)
- \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

3. The last four numbers of Mother's social security number are \_\_\_\_\_ and the last four numbers of Father's social security number are \_\_\_\_\_ .

4. Check one of the two boxes.
- Respondent(s) is/are 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.  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

### Children

5. This judgment pertains to the following child(ren) hereinafter referred to as "minor child(ren):"
- a. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- b. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- c. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- d. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- e. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)
- f. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

## Paternity

6. Check all that apply.

- The court finds that there is/are no previous legal finding(s) of paternity for the minor child(ren).

A legal finding of paternity may be a court judgment or an acknowledgment of paternity, which is an affidavit signed by the parents to get the father's name on a child's birth certificate. Genetic (DNA) testing or an administrative child support order done by the Family Support Division are **not** legal findings of paternity.

- The court finds that \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
is the father of the minor child(ren).

- The court finds that \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
is **not** the father of the minor child(ren).

- Other \_\_\_\_\_

## Child Custody

7. 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

8. 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.

9. Check if applicable.

- The State of Missouri has provided public assistance under the TANF program for the minor child(ren) herein. The total amount due as authorized by law and the guidelines is \_\_\_\_\_ and judgment is entered against

\_\_\_\_\_ and in favor of  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
the State of Missouri for said amount.

## Guardian Ad Litem Fees

10. Check all that apply.

- Mother shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Guardian ad Litem fees in addition to the sum of \_\_\_\_\_ previously ordered.
- Father shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Guardian ad Litem fees in addition to the sum of \_\_\_\_\_ previously ordered.
- Guardian ad Litem fees previously ordered to be paid by \_\_\_\_\_ have been satisfied.

## Other Orders

11. Change(s) of Names of the Minor Child(ren)

- a. The name of \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
is changed to \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
- b. The name of \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
is changed to \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)



- c. The name of \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
 is changed to \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)
- d. The name of \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
 is changed to \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)
- e. The name of \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
 is changed to \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)
- f. The name of \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)  
 is changed to \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)

12. Check all that apply.

- Some or all of the children named above were born in the State of Missouri. The Missouri Bureau of Vital Records shall amend the birth record of the minor child(ren) pursuant to §210.841 and §210.849, RSMo, to reflect that Father is the biological father of the minor child(ren) as stated above and to remove any biographical information of any father currently listed on the birth record(s). A certified copy of this judgment shall be sent to the Missouri Bureau of Vital Records.
- Some or all of the children were not born in the State of Missouri. It is the responsibility of the parties to apply to the applicable state's department of vital records for amendment of the birth certificate(s).

\_\_\_\_\_

\_\_\_\_\_

13. Check if applicable.

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

\_\_\_\_\_

**Court Costs**

14. 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/Respondent \_\_\_\_\_

*(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)*

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

\_\_\_\_\_

*(Print Name of Petitioner's Attorney)*

\_\_\_\_\_

*(Street)*

\_\_\_\_\_

*(City, State, Zip)*

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

*(Telephone Number with Area Code)*

\_\_\_\_\_

*(Print Name of Respondent's Attorney)*

\_\_\_\_\_

*(Street)*

\_\_\_\_\_

*(City, State, Zip)*

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

*(Telephone Number with Area Code)*

\_\_\_\_\_

*(Print Name of Guardian ad Litem)*

\_\_\_\_\_

*(Street)*

\_\_\_\_\_

*(City, State, Zip)*

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

*(Telephone Number with Area Code)*

\_\_\_\_\_

*(Print Name of Petitioner)*

\_\_\_\_\_

*(Street)*

\_\_\_\_\_

*(City, State, Zip)*

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

*(Telephone Number with Area Code)*

\_\_\_\_\_

*(Print Name of Respondent)*

\_\_\_\_\_

*(Street)*

\_\_\_\_\_

*(City, State, Zip)*

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

*(Telephone Number with Area Code)*

\_\_\_\_\_

*(Print Name of Third Party/Respondent)*

\_\_\_\_\_

*(Street)*

\_\_\_\_\_

*(City, State, Zip)*

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

*(Telephone Number with Area Code)*