FATHER'S PATERNITY

FORMS

Do not file this document with the court.

FATHER'S PATERNITY FORMS

(These forms may be used by a father 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 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 <u>redacting</u> (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 **<u>copied</u>** documents and black out or white out any confidential information.

Option Two

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

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

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

How do I do this?

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

► YOU must file with the court all unredacted <u>and</u> 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. <u>Complete</u> 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. Father's Petition for Declaration of Paternity, Custody and Support (Form CAFC301)
- 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.

- Copy of Original Redacted Version Original for Other Party (if applicable) Confidential Case Filing Information Sheet Х Redaction Certification Х Х Father's Petition for Declaration of Paternity, х Х Х Custody and Support Petition, Consent and Order for Appointment х х Х as Next Friend in Paternity Action Parenting Plan, Part A and B Х Х Х Statement of Income and Expenses (For use х х Х in Paternity Action) Statement of Property and Debt (For use in Х Х Х Paternity Action) Family Court Cover Sheet, if it applies Х Х х Notice of Hearing Х Х Х Judgment of Paternity Х Х Х Certificate of completion of Litigant Х Awareness Program
- 3. <u>File</u> the following signed forms with the court. **As shown below, you may need to file more than one copy of certain forms.**

- 4. Each of the parties listed in question 6 of *Father'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.

Case Number (For Court Use Only)

Confidential Case F	*FOR COURT USE ONLY** iling Information Sheet – Domestic Relations Cases I 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	e Type Description:
Petitioner Information:	
Party Type Code and Description: (S A list of party types can be found at	Select one) www.courts.mo.gov on the Court Forms/Filing Information page.
<u>PETP</u> Party Type Description	: <u>Petitioner Acting Pro Se (with no attorney)</u>
	n: <u>Petitioner (with attorney)</u>
Party Type Description	n:
Name: (Last)	(First)
(Middle)	(Suffix)
Address:	
	State: Zip:
Contact Telephone Number:	
Email Address:	
Date of Birth:	Sex: Male Female SSN:
	nore) American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander White Eastern or North African (MENA) Other Unknown
Race & Ethnicity Source: (Select on Law Enforcement Ja	
Race & Ethnicity is Self-identified	observed/perceived. (Select one)
Attorney Name (if represented by co	ounsel):
Bar ID: Party Ty	pe Code:

Respondent Information:

Party Type Code and Description: (Select one) A list of party types can be found at www.courts.mo.gov on the Court Forms/Filing Info	ormation page.
RESP Party Type Description: <u>Respondent Acting Pro Se (with no attorney)</u>	1 0
RES Party Type Description: <u>Respondent (with attorney)</u>	
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 Black or African American Native Hawaiian or other Pacific Islander Hispanic or Latino Middle Eastern or North African (MENA)	—
Race & Ethnicity Source: (Select one) Petitioner Respondent C Law Enforcement Jail Department of Corrections/Probation an Another State Agency Driver's License Unknown	
Race & Ethnicity is Self-identified 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:	

Case Number (For Court Use Only) _

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.

Case Number (For Court Use Only)

Employer Information:

Petitioner Employer Name:		
Employer Address:		
		Zip:
Contact Telephone Number:		
Email Address:		
Respondent Employer Name:		
Employer Address:		
City:	State:	Zip:
Contact Telephone Number:		
Email Address:		
The following information regarding the action of this case. Children:	ng children is required. Complete	this section for any child subject to
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:
SJRC (09-24) FI-10	4 of 5	

Name:				
Date of Birth:		SSN:		
Name:				
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:		
Name:				
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:		
Check if more than ten children	and attach additional sheet			
	Instructions			
	d descriptions. (Found on the C	rovide the most appropriate Case Case Types List and Party Types List page.)		
✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.				
This information is used to cases deemed public und	ial document due to the SSN a o open a case in the courts cas er Missouri statutes can be acc	nd possible confidential addresses.		
Submitted by: Address: (if not shown above):		ed if attorney):		
		tate:Zip:		
IMPORTANT: It is the parties' res employment.	ponsibility to keep the court inf	ormed of any change of address or		
	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.



^		
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.)

	\mathbf{i}
(First Name) (Middle Name) (Last Name) (Petitioner, (Enter your full legal name above)	(Jr./Sr./III)
-and-	Case
The MINOR CHILD(REN) as listed in question 1 of the <i>Father's Petition for Declaration of Pate</i> <i>Custody and Support</i> , By Next Friend,	ernity, Number(Will be assigned when case is filed)
V.	L'SKI
Respondents shall be listed in the order used in question 6 of this	s Petition.
(First Name) (Middle Name) (Last Name)	(Jr./Sr./III)
Respondent 1, (Enter full legal name of Respondent 1 above)	
-and-	Division Number (Will be assigned when case is filed)
(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) (East Name) Respondent 3. (Enter full legal name of Respondent 3 above)	(Jr./Sr./III)

Father's Petition for Declaration of Paternity, Custody and Support

The Parties

This *Petition* is for a father to ask the court to declare him to be the father of a child or children. All of the children listed in this *Petition* must have the same mother. If you want to ask the court to decide paternity of the child(ren) of a different mother, you must file a separate petition. Throughout this case you will always be referred to as the Petitioner. The other parties will be referred to as Respondent(s).

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)

1. I ask the court to find I am the father of the following child(ren):

С.						
(First Name)	(Middle Name	e) (Last Nan	ne)		(Jr./Sr./III)	(Child's Age)
d.						
(First Name)	(Middle Name	e) (Last Nan	ne)		(Jr./Sr./III)	(Child's Age)
е						
(First Name)	(Middle Name	e) (Last Nan	ne)		(Jr./Sr./III)	(Child's Age)
f.						01
(First Name)	(Middle Name	e) (Last Nan	ne)		(Jr./Sr./III)	(Child's Age)
The name of the mot	ther of the minor chi	ld(ren) is				0.
(First Name)	(Middle Name) ((Last Name)	(Jr	:/Sr./III)	A.	
Was the mother mar <i>Petition? (Check one</i>		time she bec	ame pregna	ant with any	child(ren) li	sted in this
If yes, who was she	married to?					
,	(First Nan	ne)	(Middle Nam	e) (Last Nam	e)	(Jr./Sr./III)
Yes No	(First Nan			e) (Last Nam		(Jr./Sr./III)
An acknowledgment certificate. Did any mat the hospital or at a	of paternity is an aff nan sign an acknowl	fidavit that the edgment of p	e parents sig	gn to put a fa the child(ren	ather on a c	child's birth
🗌 Yes 🗌 No						
If yes, who listed him (Check one of the tw I did. Someone else di	o boxes)	the acknowl	edgment of	paternity or	birth certifie	cate?
	(First Name)	(Middl	e Name) (La	ast Name)	(Ji	:/Sr./III)
List the names of all Respondents to this If you list more that pages answering the must also attach add additional Responde Respondent 1 -	Petition. Do not list y n 3 different person e questions 15 throug litional Directions for	yourself in res ns in respon gh 23 of this	sponse to th se to quest Petition for e	is question. ions 2, 3, 4 each addition	and 5 , atta nal Respon	ch additional dent. You
	t Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)	
Respondent 2 -						
	t 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?

- 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 \Box the United States \Box another country, which is
- 11. I live in D Missouri D 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 s	self-employment)		
5			
(Street)			
(City)	(State)	(Ζίρ)	
S			

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 Res	spondent 1 on the li	nes 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)				Ũ	2	
	(City) (State)		(Zip)		KSX		
	() (Telephone Number with Area Code) (E-mail Addr	ess - Optior	nal)		<u>X-</u> .		
6.	 What are the last four numbers of Respond Do not leave this field blank. If you do not know this 					Jnknown" in thi	s field.
	XXX-XX-		S				
7.	 7. Is Respondent 1 over the age of eighteen? Yes No 	(Check o	one of the t	wo boxes	5)		
8.	8. Respondent 1 lives in 🗌 the United States	anoth	er country,	which is			
9.	9. Respondent 1 lives in 🗌 Missouri 🗌 anot	her state;	which is _				_ •
0.	0. Respondent 1 lives in the county of City of Saint Louis is considered a county. If this Re city" in the blank.	spondent liv	ves in the city	 / of Saint L	ouis, you sł	nould write "Sa	int Louis
1.	1. Respondent 1 is currently employed (Check one of the four boxes)	unemploy	yed 🗌 self	f-employe	ed 🗌 em	iployment ur	hknow
2.	2. If Respondent 1 is employed or self-employ If this Respondent is self-employed, enter a brief de "Day care," on the line for the name of the employed address information for their self-employment.	escription of	the type of w	ork they p	erform, sucl	n as "Landscap Ild also enter th	oing" or Ne
	RIV						
	(Employer's name or type of self-employment)						-
Ż	(Street)						-
	(City) (State)		(Zip)				
3.	3. Respondent 1 is is is not on active du If this Respondent is on active duty in the armed for					,	
	(SCRA) may prevent you from getting a judgment w this situation prior to filing this <i>Petition</i> .						

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 Resp	ondent 2 on the lir	nes 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.	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, ent	er "Unknown" in this field.					
	XXX-XX-						
26.	 26. Is Respondent 2 over the age of eighteen? (Check one of the two boxes) Yes No 						
27.	27. Respondent 2 lives in \Box the United States \Box another country, which is						
28.	28. Respondent 2 lives in 🗌 Missouri 🗌 another state, which is						
29.	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 city" in the blank.	ou should write "Saint Louis					
30.	30. Respondent 2 is currently employed unemployed self-employed (<i>Check one of the four boxes</i>)	employment unknown					
31.	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.						
	Rh						
	(Employer's name or type of self-employment)						
$\langle \cdot \rangle$	(Street)						
	(City) (State) (Zip)						
32.	32. Respondent 2 is 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 Servicemem (SCRA) may prevent you from getting a judgment without this Respondent's consent. You sho this situation prior to filing this <i>Petition</i> .	bers Civil Relief Act					

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 Resp	oondent 3 on the li	nes 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)	LSV			
	()			Q_V			
	(Telephone Number with Area Code)	(E-mail Address -	Optional)	\mathcal{S}			
ŀ.	What are the last four numbers	•					
	Do not leave this field blank. If you d	o not know this Res	pondent's social security n	umber, enter "Unknown" in this field.			
	XXX-XX-		Str				
5.	Is Respondent 3 over the age o	of eighteen? (Cl	neck one of the two bo	oxes)			
6.	Respondent 3 lives in 🗌 the U	nited States	another country, whicl	h is			
7.	Respondent 3 lives in Miss	ouri 🗌 another	state, which is				
3.	Respondent 3 lives in the coun	Respondent 3 lives in the county of					
	City of Saint Louis is considered a co Louis city" in the blank.		ndent lives in the city of Sai	int Louis, you should write "Saint			
Э.	Respondent 3 is currently 🗌 e (Check one of the four boxes)	mployed 🗌 une	employed 🗌 self-emp	loyed 🗌 employment unknow			
).	If Respondent 3 is employed o	r self-employed,	where do they curren	tly work?			
	If this Respondent is self-employed, "Day care," on the line for the name address information for their self-em	of the employer. If the	otion of the type of work the his Respondent is self-emp	ey perform, such as "Landscaping" or oloyed you should also enter the			
	02/14						
	(Employer's name or type of self-emp	oloyment)					
	S						
2	(Street)						
	(City)	(State)	(Zip)				
	Respondent 3 🗌 is 🗌 is not	on active duty i	n the military (Check	"is" or "is not")			
•	If this Respondent is on active duty i	n the armed forces	of the United States, the Se				

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.

) (First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)
(Street)				<u> </u>
(City)	(State)	(Zip)	(Dates)	<u> </u>
2)				7
(First Name)	(Middle Name)	(Last Name)	S	(Jr./Sr./III)
(Street)				
(City)	(State)	(Zip)	(Dates)	
)				
(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)
		1		
(Street)		K		
(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.

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 *Father'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 to 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 be excluded as the father of the child(ren).

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)

(Firs	st 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 <i>Petition</i> .							
Ch	Check one of the following service options:							
	Support, which is Support. Therefor If you check this box	being filed with e, do not issue , you must file the	the <i>Father's Pe</i> a summons. <i>Answer to Petition</i>	tition for Declaration	n of Paternity, Custody and of Paternity, Custody and ty, Custody and Support at the same a notary public.			
	Respondent 1 sho	ould be served	with a summons	at their home:				
					ou are going to have Respondent served on Respondent 1.			
					<u>?`</u>			
	(Street)			. (P	<u></u>			
	(City)		(State)	(Zip)				
				at their place of em				
					ou are going to have Respondent served on Respondent 1.			
				\sim				
	(Employer's Name)		2 KK		(Hours of Employment)			
	(Street)		40°					
	(City)		(State)	(Zip)				
	•			-	gistered mail is requested. A Vissouri Supreme Court Rule			
COL COL	irt will mail the su	mmons to you	You must the	n deliver the summ	you filed this <i>Petition</i> , the nons to the sheriff of the opropriate service fee to that			
2	SFO							

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

(Firs	st Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)			
	u must fill out Dire tition.	ections for Ser	vice on each p	erson listed in resp	onse to question 6 of this		
Ch	Check one of the following service options:						
	Support, which is Support. Therefor If you check this box	being filed with e, do not issue , you must file the	the <i>Father's Pe</i> a summons. <i>Answer to Petition</i>	etition for Declaration	n of Paternity, Custody and of Paternity, Custody and ty, Custody and Support at the same a notary public.		
	Respondent 2 sho	ould be served	with a summon	s at their home:			
					ou are going to have Respondent served on Respondent 2.		
					<u> </u>		
	(Street)			2			
	(City)		(State)	(Zip)			
		ould be served		s at their place of em	nlovment:		
	Respondent 2 must	be served within 3	0 days of the issua	nce of the summons. If yo	bu are going to have Respondent		
	2 served, you must	file another copy	y of all your docun	nents in this case to be	served on Respondent 2.		
	(Employer's Name)		C-Y		(Hours of Employment)		
	(Street)		⁴ 0,				
	(City)		(State)	(Zip)			
					gistered mail is requested. A Missouri Supreme Court Rule		
cou cou she	urt will mail the su unty where the su eriff.	mmons to you	u. You must the	en deliver the summ	you filed this <i>Petition</i> , the nons to the sheriff of the opropriate service fee to that		
	ISFO'						

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

(Firs	st Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	
	u must fill out Dire tition.	ections for Ser	vice on each pe	erson listed in respo	onse to question 6 of this
Ch	eck one of the foll	owing service	options:		L.
	Support, which is Support. Therefor If you check this box	being filed with re, do not issue a, you must file the	the <i>Father's Pe</i> a summons. <i>Answer to Petition f</i>	tition for Declaration	o of Paternity, Custody and of Paternity, Custody and y, Custody and Support at the same notary public.
	Respondent 3 sho	ould be served	with a summons	at their home:	
					u are going to have Respondent served on Respondent 3.
				Ċ	2
	(Street)				-
	(City)		(State)	(Zip)	
	•			at their place of emp	•
					u are going to have Respondent served on Respondent 3.
				\succ	
	(Employer's Name)		2 K		(Hours of Employment)
	(Street)		. KOX		
	(City)		(State)	(Zip)	
	•				jistered mail is requested. A lissouri Supreme Court Rule
COL COL	art will mail the su	immons to you	. You must the	n deliver the summ	ou filed this <i>Petition</i> , the ons to the sheriff of the propriate service fee to that
X	ISFO.				

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 Father'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 *Father'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)	L.P.
COUNTY OF) SS	
On this day of	, 20 , before me personally appeared , to me known to be the person described in and who
executed the foregoing instrument and acknowle and deed.	edged that he/she executed the same as his/her free act
IN WITNESS WHEREOF, I have hereunto set m State aforesaid, the day and year first above wri	ny hand and affixed my official seal in the County and
State aloroould, the day and year hist above wit	

, Notary Public

_____ County, State of Missouri

My commission expires:

21/15

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.

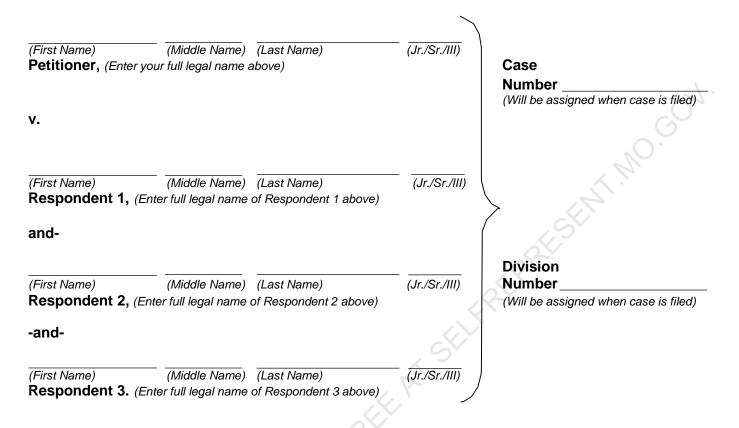
] I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.

(Attorney - Sign above)		(Missouri Bar Number)
(Attorney - Print your name above)		SO
(Street)		NO.
(City) ()	(State)	(Zip)
(Telephone Number with Area Code)	(Fax Number with Area Code)	(E-mail Address - Optional)
	FREEA	Shi
	ABLEFOR	
(Telephone Number with Area Code)		

IN THE CIRCUIT COURT OF

, **MISSOURI**

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



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)	(First Name) (Middle Name)		(Jr./Sr./III)
as Next Friend for the	e 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)

 e	me) (Last Name) e child(ren). child(ren).	y has legal or physical cu	(Child's Ag
 f	me) (Last Name) e child(ren). child(ren).	(Jr./Sr./III)	(Child's Ag
 (First Name) (Middle Name) Check one of the three boxes. The Next Friend is the mother of the The Next Friend is the father of the The Next Friend is not a parent of the the child(ren). 	e child(ren). child(ren).		
 Check one of the three boxes. The Next Friend is the mother of the The Next Friend is the father of the The Next Friend is not a parent of the the child(ren). 	e child(ren). child(ren).		, co
 The Next Friend is the mother of the The Next Friend is the father of the The Next Friend is not a parent of the the child(ren). 	child(ren).	y has legal or physical cu	ustody of
 The Next Friend is the father of the The Next Friend is not a parent of the the child(ren). 	child(ren).	y has legal or physical cu	ustody of
The Next Friend is not a parent of the child(ren).	. ,	y has legal or physical cu	ustody of
the child(ren).	he child(ren), but currently	y has legal or physical cu	ustody of
Next Friend's mailing address is:			
		$1,5^{\vee}$	
(Street)			
(City) (Stat	te) (Zip)		
()			
(Telephone Number with Area Code) (E-mai	il Address - Optional)		
	5		
Check one of the two boxes.			
The child(ren) reside(s) with the Ne			
The child(ren) reside(s) with the foll	lowing person at the follow	wing address:	
(First Name) (Middle Nam	ne) (Last Name)	(Jr./Sr./II	 II)
	Y .	·	
(Street)			
(City)	te) (Zip)	_	
	2 X 177		

I consent to serving as Next Friend in this matter.

1

		/
(Next Friend sign above)	(Print Next Friend's name above)	(Date - mm/dd/yyyy)
4 ⁰		
G		

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.		01
(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		12-EX	
This information may be compassistance of an attorney.	bleted by your attorney	. Do not enter any information here if you	are filing this case without the
I have assisted the P my appearance on b		ove in preparation of these pleadin ner listed above.	gs, but I am not entering

(Attorney - Sign above)		12-EV	(Missouri Bar Numb	er)
(Attorney - Print your name above)		P-Y		
Street))`		
(City)		(State)	(Zip)	
(Telephone Number with Area Code	(Fax Numbe	r with Area Code)	(E-mail Address - Optio	iidi)
SMIS'		ORDER		
(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)
is appointed as Next Friend fo SO ORDERED:	or the minor ch	ild(ren) listed al	bove.	

Exhibit_

IN THE CIRCUIT COURT OF

JRT OF _____, MISSOURI (County where court is located. City of Saint Louis is considered a county.)

			N	Case	2				
(First Name) Petitioner,	(Middle Name)	(Last Name)	(Jr./Sr./III)	Number (Use number from pending case)					
-and-									
(First Name) Respondent.	(Middle Name)	(Last Name)	(Jr./Sr./III)	Division Number (Use number from pendii	ng case)				
		Pare	enting Plan	PERK					
Part A - Custoo	dy of the Child	ren	CH)						
 Both part Petitione choose t The court 	(s) (Check all app ents wrote this P r □ Responden this option) rt wrote this Pare rdian ad Litem w	arenting Plan. It wrote this Pa nting Plan.	renting Plan. (Check	Petitioner or Responde	ent if you				
(Fi	irst Name)		(Middle Name)	(Last Name)	(Jr./Sr./III)				
Enter the tot		dren to whom	this <i>Parenting Plan</i> ap nafter referred to simp	oplies: Iy as "the children") are	e as follows:				
(First Name)	SAI	(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

		h = ((h =		
		ion and welfare of the	child, and, unless alloc	ated, apportioned, or decreed, the authority.
	Major decisions shall be	made by both par	rents together. If the	joint legal custody of the children. ey disagree on a major decision plution procedure set forth in
	custody of the children. affecting the children. The	of the children tha The parent with so he parents cannot	at Petitioner Petitioner Petitioner Pole legal custody sh share joint legal cu	Respondent has sole legal all make all major decisions
	reason on this line.	ement of the reasons	for a request for no sna	red decision-making. You must enter a
				, SV
	Third Party - Sola Logal	Custody to Third I	Darty	
	Third Party - Sole Legal It is in the best interest o	•	· · ·	
	It is in the best interest of (<i>First Name</i>) (hereinafter referred to a Major decisions affecting	f the children that (<i>Middle Name</i>) as "Third Party") ha g the children shal be a custodian of	<i>(Last Name)</i> as sole legal and so l be made by Third	<i>(Jr./Sr./III)</i> ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that
□ 7. Co	It is in the best interest of <i>(First Name)</i> (hereinafter referred to a Major decisions affecting unsuitable, or unable to	f the children that (<i>Middle Name</i>) as "Third Party") ha g the children shal be a custodian of I custody.	(Last Name) as sole legal and so I be made by Third the children or the	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that
	It is in the best interest of <i>(First Name)</i> (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega communication between Pa	f the children that (<i>Middle Name</i>) as "Third Party") ha g the children shal be a custodian of I custody. arents (<i>Check eac</i>)	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that
	It is in the best interest of <i>(First Name)</i> (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega communication between Par communication between the In person	f the children that (<i>Middle Name</i>) as "Third Party") ha g the children shal be a custodian of I custody. arents (<i>Check eac</i>)	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that priate in your case)
	It is in the best interest of (<i>First Name</i>) (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega communication between Par communication between the In person Home telephone	f the children that (<i>Middle Name</i>) as "Third Party") ha g the children shal be a custodian of I custody. arents (<i>Check eac</i>)	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that priate in your case)
	It is in the best interest of <i>(First Name)</i> (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega communication between Par communication between the In person	f the children that (<i>Middle Name</i>) as "Third Party") ha g the children shal be a custodian of I custody. arents (<i>Check eac</i>)	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that priate in your case)
	It is in the best interest of (<i>First Name</i>) (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega communication between Par communication between Par communication between the In person Home telephone Work telephone Mobile telephone Letter via U.S. Postal Se	f the children that (<i>Middle Name</i>) as "Third Party") ha the children shal be a custodian of l custody. arents (<i>Check each</i> e parents concerni	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that priate in your case)
	It is in the best interest of (<i>First Name</i>) (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega ommunication between Par ommunication between Par ommunication between the In person Home telephone Work telephone Mobile telephone Letter via U.S. Postal Se E-mail	f the children that (<i>Middle Name</i>) as "Third Party") ha be a custodian of l custody. arents (<i>Check each</i> e parents concerning arvice	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp ing the children may	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that priate in your case)
	It is in the best interest of (<i>First Name</i>) (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega communication between Par communication between Par communication between the In person Home telephone Work telephone Mobile telephone Letter via U.S. Postal Se	f the children that (<i>Middle Name</i>) as "Third Party") ha be a custodian of l custody. arents (<i>Check each</i> e parents concerning arvice	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp ing the children may	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that priate in your case)
	It is in the best interest of (<i>First Name</i>) (hereinafter referred to a Major decisions affecting unsuitable, or unable to neither parent have lega ommunication between Par ommunication between Par ommunication between the In person Home telephone Work telephone Mobile telephone Letter via U.S. Postal Se E-mail	f the children that (<i>Middle Name</i>) as "Third Party") ha be a custodian of l custody. arents (<i>Check each</i> e parents concerning arvice	(Last Name) as sole legal and so I be made by Third the children or the h box that is approp ing the children may	ble physical custody of the children. Party. Both parents are unfit, welfare of the children requires that priate in your case)

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 \Box Petitioner \Box 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 \Box Petitioner \Box 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)	(Ji	r./Sr./III)	
(hereinafter referred to as "7	Third Party") h	as sole physical cu	stody of the childre	en. Both p	oarents

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

11. Residential Schedules

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

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

Sample Page - Do Not File

Sample - Weekday and Weekend Exchange Schedule

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

	Enter the parent	who is receiving custody and the specified time for each exchange.
	DAY OF WEEK	EXCHANGES FOR DAY
	Sunday	Susan
	Monday	Susan CANAPAS
Щ	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
	Sunday	7:00 p.m. Susan picks up children from Walter's house
	Monday	Susan
Q	Tuesday	Susan
EK TWO	Wednesday	3:30 p.m. Walter picks up children from school
ME	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 wl See previous	ho is receiving custody and the specified time for each exchange. page of this <i>Parenting Plan</i> for a sample schedule.	
	DAY OF WEEK	EXCHANGES FOR DAY	
	Sunday		\
	Monday	C C C	
ONE -	Tuesday	K.M.	
WEEK ONE	Wednesday	ST	
WE	Thursday	CHP P-V	
	Friday		
	Saturday	A SY	
	Sunday		
	Monday	R.Y.	
Q	Tuesday		
WEEK TV	Wednesday	ILAB	
Š	Thursday		
	Friday		
,0	Saturday		

See the following page to determine when each week begins.

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

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	
	List name of parent	List name of parent	Time - Include a.m. or p.m.	Time - Include a.m. or p.m.
Martin Luther King Day				<u>0</u> .
President's Day				, C. N.
Memorial Day				
Independence Day				S.
Labor Day				
Thanksgiving			25	
Halloween				
Christmas Eve			S	
Christmas Day				
Mother's Day				
Father's Day				
Petitioner's Birthday	(8-		
Respondent's Birthday				
Child(ren)'s Birthday(s)				
Other holidays, including school holidays, special occasions (specify)	ALAL			
91				
5				
2 M				
S				
2				

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

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

Other Provisions Concerning the Children

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

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

- All exchanges shall occur at the children's school or child care provider when school or child care is in session. If, or when, school or child care is not in session, all exchanges shall occur at the locations as follows:
- All exchanges shall occur at Petitioner's Respondent's residence. (Check Petitioner or Respondent if you choose this option)
- The parent receiving custody of the children shall pick up the children at the other parent's residence.

Exchanges shall occur at the locations as follows:

15. Transportation

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

16. Notification of Change from Residential Schedule

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

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

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

- □ Neither parent may contact the children at the other parent's residence earlier than _____ a.m. or later than _____ p.m.
- There are no restrictions on the time to contact the children.

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

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

18. Children's Activities

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

19. Relocation

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

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

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

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

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

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

- There has been no pattern of domestic violence between the parents.
- □ There has been a pattern of domestic violence between the parents, with □ Petitioner □ Respondent committing violent acts against the other parent or another family or household member. (Check Petitioner or Respondent if you choose this option)
- There has been a pattern of domestic violence between the parents, with both parents committing violent acts against the other parent or another family or household member.
- 21. If the court restricts a parent's visitation or custody with a child due to domestic violence, the court may also restrict that parent's access to address information within a child's educational records. (Check one of the three boxes)
 - There has been no domestic violence by either parent.
 - □ There has been domestic violence committed by □ Petitioner □ Respondent against the other parent or one of the children. The educational records of the children **shall not** include the address of the other parent or the children. (Check Petitioner or Respondent if you choose this option)
 - □ There has been domestic violence committed by □ Petitioner □ Respondent against the other parent or one of the children. However, the educational records of the children may include the address of the other parent or the children. (Check Petitioner or Respondent if you choose this option)

(Petitioner - Sign above)		(Petitioner - Print y	our name above)
		, P	
(Attorney for Petitioner - Sign above)	2	(Attorney for Petitic	oner - Print your name above)
(Respondent - Sign above)		(Respondent - Prin	t your name above)
(Attorney for Respondent - Sign above)		(Attorney for Respo	ondent - Print your name above)
(Guardian ad Litem - Sign above)	<i>v</i>	(Guardian ad Liten	n - Print your name above)
f heard by a Family Court Judge)		y a Family Court Commis and Recommendatic	ssioner) ons of Commissioner:
(Judge)	(Commission	sioner)	(Date)
(Date)			nd recommendations of the nd adopted as the judgment of the
	(Judge)		(Date)

IN THE CIRCUIT COURT OF

JRT OF ______, MISSOU (County where court is located. City of Saint Louis is considered a county.)

				Case		
(First Name) Petitioner,	(Middle Name)	(Last Name)	(Jr./Sr./III)	Number (Use number from	m pendina	a case)
-and-				Division		, call, c
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	Number	5	
Respondent.)	(Use number from	m pending	y case)
		Pare	enting Plan	L'S		
Part B - Suppo	rt of the Childr	en		LP FT		
Both parePetitione	(s) (Check all app ents wrote this P r	arenting Plan.	nrenting Plan. (Check	Petitioner or Re	sponde	nt if you
☐ The cour☐ The Gua☐ Other _	t wrote this <i>Pare</i> rdian ad Litem w	•				
(Fi	irst Name)		(Middle Name)	(Last Name)		(Jr./Sr./III)
Enter the tot		dren to whom	this <i>Parenting Plan</i> ap nafter referred to simp		 en") are	as follows:
(First Name)	, P	(Middle Name)	(Last Name)	(J	r./Sr./III)	(Child's Age)
(First Name)	ANA"	(Middle Name)	(Last Name)	(J	r./Sr./III)	(Child's Age)
(First Name)	6	(Middle Name)	(Last Name)	(J	r./Sr./III)	(Child's Age)
(First Name)	•	(Middle Name)	(Last Name)	(J	r./Sr./III)	(Child's Age)
(First Name)		(Middle Name)	(Last Name)	(J	r./Sr./III)	(Child's Age)
(First Name)		(Middle Name)	(Last Name)	(J	r./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'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	Amount o	f Expense
Parent Paying Support included on the Form 14		
Farent Faying Support included on the Form 14		
	\$	per month
	\$	per month
	\$	per month
The total cost of these uncovered extraordinary medical costs of the	children is \$	per
month.		
You must include this amount on the Form 14 - Line 6d		

Parent receiving Support included on the Form 14	Amount	of Expense
	\$ \$ \$	_ per month _ per month _ per month
The total cost of these uncovered extraordinary medical costs of the month. You must include this amount on the Form 14 - Line 6d	e children is \$	per

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.

Parenting Plan - Part B Form CAFC501 07/01/2020

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

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

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

	•
	<pre>\$ per month</pre>
	<pre>\$ per month</pre>
	\$ per month
The total cost of these extraordinary child-rearing costs of the children is \$	S per month.
Now must include this amount on the Form 44. Line Co	
You must include this amount on the Form 14 - Line 6e	
	Amount of Expense
Extraordinary Child-Rearing Costs Paid by Parent	Amount of Expense
Receiving Support included on the Form 14	¢ por month
	\$ per month
	\$ per month
	\$ per month
The total cost of these extraordinary child-rearing costs of the children is	<pre>\$ per month.</pre>
You must include this amount on the Form 14 - Line 6e	
Tou must include this amount on the Form 14 - Line be	
	\mathbb{R}^{2}
 b. Extraordinary Child-Rearing Costs not included on the 	e Form 14
	X
Extraordinery Child Descript Costs Daid by Descript	Percentage to be Paid by
Extraordinary Child-Rearing Costs Paid by Parent	Parent Receiving Support
Paying Support not included on the Form 14	• • • •
	%
	%
	%
Parent receiving support will reimburse the other parent the above p	ercentage amount of each of
these extraordinary child-rearing costs of the children so long as tho	
the other parent.	1 51 5
Extraordinary Child-Rearing Costs Paid by Parent	Percentage to be Paid b
Extraordinary Child-Rearing Costs Paid by Parent Receiving Support not included on the Form 14	
Extraordinary Child-Rearing Costs Paid by Parent Receiving Support not included on the Form 14	Parent Paying Support
	Parent Paying Support
	Parent Paying Support %
Receiving Support not included on the Form 14	Parent Paying Support % %
Receiving Support not included on the Form 14	Parent Paying Support %
Receiving Support not included on the Form 14 Parent paying support will reimburse the other parent the above percentra extraordinary child-rearing costs of the children so long as those exp	Parent Paying Support %
Receiving Support not included on the Form 14	Parent Paying Support %
Receiving Support not included on the Form 14 Parent paying support will reimburse the other parent the above percentra extraordinary child-rearing costs of the children so long as those exp	Parent Paying Support %
Receiving Support not included on the Form 14	Parent Paying Support %
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Receiving Support not included on the Form 14	Parent Paying Support %
Receiving Support not included on the Form 14 Parent paying support will reimburse the other parent the above percentraordinary child-rearing costs of the children so long as those expother parent.	Parent Paying Support %
Receiving Support not included on the Form 14 Parent paying support will reimburse the other parent the above percentraordinary child-rearing costs of the children so long as those expother parent.	Parent Paying Support %
Receiving Support not included on the Form 14 Parent paying support will reimburse the other parent the above percentra extraordinary child-rearing costs of the children so long as those exp	centage amount of each of these

FORM NO. 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

Respondent / Petitioner is the "Parent Paying Support"	PARENT	PARENT	
Total Number of Children:	RECEIVING SUPPORT	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			\sim
(2) Each parent's support obligation from support schedule using the parent's Line 1 monthly gross income		A.	
 (3) Monthly child support received under court or administrative order for children included in line 2c(1) 		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).		2	
4. PROPORTIONATE SHARE OF COMBINED ADJUSTED MONTHLY GROSS INCOME (Each parent's line 3 income divided by combined line 3 income).	R		
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.			
(1) Reasonable work-related child care costs of the parent receiving support. (2) Child Care Tax Credit (See Form 14 Directions)			
6a. TOTAL adjusted Child Care Costs [Line 6a(1) minus Line 6a(2)]			
6b. Reasonable work-related child care costs of the parent paying support			
6c. Health insurance costs for the children who are subjects of this proceeding			
6d. Uninsured agreed-upon or court-ordered extraordinary medical costs			
6e. Other agreed-upon or court-ordered extraordinary child-rearing costs			
7. TOTAL ADDITIONAL CHILD-REARING COSTS (Enter sum of lines 6a, 6b, 6c, 6d and 6e).			
8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and line 7).			
9. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 8 by each parent's line 4)			
10. CREDIT FOR ADDITIONAL CHILD-REARING COSTS (Line 7 of parent paying support).			
11. ADJUSTMENT FOR A PORTION OF AMOUNTS EXPENDED BY THE PARENT OBLIGATED TO PAY SUPPORT DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. (See Form 14 Directions) (Multiply line 5 by%).			
12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).			

Amount of Child Support

14. Presumed Monthly Amount of Child Support (*Complete all applicable amounts*) The court-ordered support amount is set forth in Part B, Paragraph 16.

The presumed child support amount calculated pursuant to Form 14 for six children is: The presumed child support amount calculated pursuant to Form 14 for five children is: The presumed child support amount calculated pursuant to Form 14 for four children is: The presumed child support amount calculated pursuant to Form 14 for three children is: The presumed child support amount calculated pursuant to Form 14 for 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 two 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: 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.

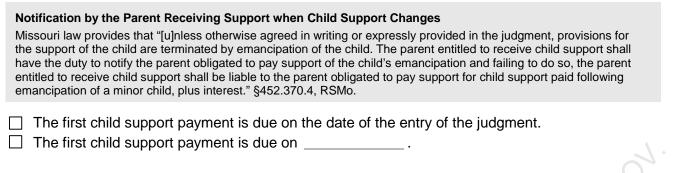
You should check each box that applies. For example, if this *Parenting Plan* pertains to three children, then you should check the boxes for three children, two children and one child. You should also enter an amount of support for three children, two children, and one child, respectively. You must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



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
	Z	
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. St		
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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.

Parenting Plan - Part B Form CAFC501 07/01/2020

20.	Additional	Provisions	Pertaining	to Support	of the	Children:
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			G
(Petitioner - Sign above)		(Petitioner - Print your r	name above)
Attorney for Petitioner - Sign above)		(Attorney for Petitioner	- Print your name above)
Respondent - Sign above)		(Respondent - Print you	ır name above)
Attorney for Respondent - Sign above) Guardian ad Litem - Sign above)		(Attorney for Responde	nt - Print your name above)
	ER.		
neard by a Family Court Judge)		a Family Court Commissione and Recommendations o	
udge)	(Commiss	ioner)	(Date)
Date)		and these findings and rea oner are confirmed and ac	commendations of the lopted as the judgment of the
A P	(Judge)		(Date)

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2020	Schedu	le of Ba	asic Child	d Suppo	ort Oblig	ation	Combined	One	Two	Three	Four	Five	Six	Combined	One	Two	Three	Four	Five	Six	Combined	One	Two	Three	Four	Five	Six
							Adjusted Gross	Child	Children	Children	Children	Children	Children	Adjusted Gross	Child	Children	Children	Children	Children	Children	Adjusted Gross	Child	Children	Children	Children	Children	Children
Combined	One	Two	Three	Four	Five	Six	Income							Income							Income		6			1	
Adjusted	Child	Children	Children	Children	Children	Children	3950	731	1093	1313	1467	1613	1754	7150	1028	1543	1837	2052	2258	2454	10350	1282	1904	2244	2507	2757	2997
Gross							4000	738	1106	1328	1484	1632	1774	7200	1031	1546	1840	2055	2261	2457	10400	1286	1910	2252	2516	2767	3008
Income							4050	746	1119	1343	1500	1650	1794	7250	1033	1549	1842	2058	2264	2460	10450	1289	1915	2258	2522	2774	3015
0 - 1100	60	60	60	60	60	60	4100	754	1131	1358	1517	1669	1814	7300	1036	1552	1845	2060	2267	2464	10500	1292	1919	2262	2527	2780	3021
1150 1200	91 122	94 127	94 128	95 129	95 130	95 130	4150	762	1144	1373	1534	1687	1834	7350	1038	1555	1847	2063	2269	2467	10550	1295	1923	2267	2532	2785	3027
1250	153	161	162	164	164	165	4200	770	1157	1388	1551	1706	1854	7400	1041	1558	1849	2066	2272	2470	10600	1298	1927	2271	2537	2791	3034
1300	184	194	196	198	199	200	4250	777	1170	1404	1568	1725	1875	7450	1044	1561	1852	2069	2275	2473	10650	1301	1932	2276	2542	2796	3040
1350	215	228	230	233	234	235	4300 4350	785 793	1182 1195	1419 1434	1585 1601	1743 1762	1895 1915	7500 7550	1046 1049	1563 1566	1854 1857	2071 2074	2278 2281	2477 2480	10700 10750	1304 1307	1936 1940	2280 2285	2547 2552	2802 2807	3046 3052
1400	246	261	264	267	269	270	4350	800	1207	1434	1617	1779	1915	7600	1049	1569	1859	2074	2284	2480	10750	1310	1940	2285	2552	2813	3052
1450	277	295	298	302	303	305	4450	807	1218	1461	1632	1795	1954	7650	1054	1509	1862	2077	2287	2486	10850	1313	1944	2209	2562	2819	3064
1500	306	328	332	336	338	340	4500	814	1229	1474	1646	1811	1969	7700	1057	1575	1864	2082	2290	2490	10900	1316	1952	2298	2567	2824	3070
1550	315	362	366	371	373	375	4550	820	1238	1484	1658	1824	1983	7750	1059	1578	1866	2085	2293	2493	10950	1319	1956	2303	2572	2830	3076
1600	324	395	400	405	408	410	4600	825	1246	1494	1669	1836	1996	7800	1063	1583	1871	2090	2299	2499	11000	1322	1960	2307	2577	2835	3082
1650	333	429	434	440	442	445	4650	831	1254	1504	1680	1848	2009	7850	1066	1588	1876	2095	2305	2505	11050	1325	1965	2312	2583	2841	3088
1700 1750	342 350	462 496	468 502	474 509	477 512	480 515	4700	836	1263	1514	1691	1860	2022	7900	1070	1593	1881	2101	2311	2512	11100	1327	1969	2317	2588	2846	3094
1800	359	529	536	543	547	550	4750	842	1271	1523	1702	1872	2035	7950	1074	1597	1885	2106	2317	2518	11150	1330	1973	2321	2593	2852	3100
1850	368	561	570	578	581	585	4800	847	1279	1533	1712	1884	2048	8000	1077	1602	1890	2111	2323	2525	11200	1333	1977	2326	2598	2857	3106
1900	377	574	604	612	616	620	4850	853	1287	1543	1723	1896	2061	8050	1081	1607	1895	2117	2329	2531	11250	1336	1981	2330	2603	2863	3112
1950	386	587	638	647	651	655	4900 4950	858 864	1296 1304	1553 1562	1734 1745	1908 1920	2074 2087	8100	1084	1611	1900	2122	2334	2537	11300 11350	1339 1342	1985 1989	2335 2339	2608 2613	2869 2874	3118 3124
2000	394	600	672	681	686	690	4950 5000	864 869	1304	1562	1745	1920	2087	8150 8200	1088 1092	1616 1621	1905 1909	2128 2133	2340 2346	2544 2550	11350	1342	1989	2339	2613	2874	3124
2050	403	613	706	716	720	725	5050	875	1312	1582	1767	1932	2100	8200	1092	1625	1909	2133	2346	2550	11450	1345	1993	2349	2623	2886	3137
2100	411	626	740	750	755	760	5100	880	1328	1592	1778	1956	2126	8230	1095	1630	1914	2130	2352	2563	11500	1353	2004	2354	2630	2892	3144
2150	420	640	773	785	790	795	5150	886	1337	1601	1789	1968	2139	8350	1102	1635	1923	2148	2363	2569	11550	1357	2009	2360	2636	2900	3152
2200	429	653	789	819	825	830	5200	890	1342	1608	1796	1975	2147	8400	1106	1639	1928	2154	2369	2575	11600	1361	2015	2366	2642	2907	3159
2250	437	666	805 821	854	859	865	5250	893	1347	1613	1802	1982	2154	8450	1111	1646	1936	2162	2378	2585	11650	1365	2020	2371	2649	2914	3167
2300 2350	446 455	679 692	821	888 923	894 929	900 935	5300	896	1352	1619	1808	1989	2162	8500	1116	1653	1944	2171	2388	2596	11700	1370	2026	2377	2655	2921	3175
2350	463	705	853	952	964	935	5350	900	1357	1624	1814	1996	2169	8550	1121	1661	1952	2180	2398	2607	11750	1374	2031	2383	2662	2928	3182
2450	472	719	869	970	998	1005	5400	903	1362	1630	1820	2002	2177	8600	1126	1668	1960	2189	2408	2617	11800	1378	2037	2389	2668	2935	3190
2500	480	732	884	988	1033	1040	5450	907	1366	1635	1827	2009	2184	8650	1131	1675	1968	2198	2418	2628	11850	1382	2042	2394	2674	2942	3198
2550	489	745	900	1006	1068	1075	5500	910	1371	1641	1833	2016	2191	8700	1137	1683	1976	2207	2428	2639	11900	1386	2048	2400	2681	2949	3205
2600	498	758	916	1023	1103	1110	5550	913	1376	1646	1839	2023	2199	8750	1142	1690	1984	2216	2438	2650	11950 12000	1391 1395	2054 2059	2406 2411	2687 2694	2956 2963	3213 3221
2650	506	771	932	1041	1137	1145	5600	917 920	1381 1386	1652 1657	1845 1851	2030 2036	2206 2213	8800	1147	1697	1992	2225	2448	2661	12000	1395	2059	2411	2094	2903	3221
2700	515	784	948	1059	1165	1180	5650 5700	920	1380	1663	1857	2030	2213	8850	1152 1157	1704 1712	2000	2234 2243	2458 2468	2672 2682	12000	1403	2003	2423	2706	2977	3236
2750	524	797	964	1077	1184	1215	5750	927	1396	1668	1864	2050	2228	8900 8950	1163	1712	2008 2016	2243	2408	2693	12150	1407	2076	2429	2713	2984	3244
2800	532	811	980	1094	1204	1250	5800	930	1401	1674	1870	2057	2236	9000	1168	1719	2010	2261	2478	2704	12200	1412	2081	2434	2719	2991	3251
2850 2900	541 550	824 837	996 1012	1112 1130	1223 1243	1285 1320	5850	933	1404	1677	1873	2061	2240	9050	1173	1734	2033	2270	2497	2715	12250	1416	2087	2440	2726	2998	3259
2900	558	850	1012	1148	1243	1355	5900	936	1408	1680	1877	2064	2244	9100	1178	1741	2000	2279	2507	2726	12300	1420	2093	2446	2732	3005	3267
3000	567	863	1043	1166	1282	1390	5950	939	1411	1683	1880	2068	2248	9150	1183	1748	2049	2288	2517	2736	12350	1424	2098	2452	2738	3012	3274
3050	575	876	1059	1183	1302	1415	6000	943	1415	1686	1883	2071	2251	9200	1189	1756	2057	2298	2527	2747	12400	1428	2104	2457	2745	3019	3282
3100	584	889	1075	1201	1321	1436	6050	946	1418	1689	1886	2075	2255	9250	1194	1763	2065	2307	2537	2758	12450	1433	2109	2463	2751	3026	3290
3150	593	903	1091	1219	1341	1457	6100	949	1422	1691	1889	2078	2259	9300	1199	1770	2073	2316	2547	2769	12500	1437	2115	2469	2758	3033	3297
3200	601	916	1107	1237	1360	1479	6150	952	1425	1694	1893	2082	2263	9350	1204	1778	2081	2325	2557	2780	12550	1441	2120	2475	2764	3041 3048	3305
3250	610	929	1123	1254	1380	1500	6200	955	1429	1697 1700	1896	2085 2089	2267	9400	1209	1785	2089	2334	2567	2790	12600 12650	1445 1449	2126 2131	2480 2486	2771 2776	3048	3313 3320
3300	619	942	1139	1272	1399	1521	6250 6300	958 961	1432 1436	1700	1899 1902	2089	2271 2274	9450	1213	1791	2097	2343	2577	2801	12650	1449	2131	2480	2780	3054	3324
3350	627	955	1155	1290	1419	1542	6350	961 964	1430	1703	1902	2092	2274	9500 9550	1217 1221	1798 1804	2105 2114	2352 2361	2587 2597	2812 2823	12700	1454	2133	2409	2784	3062	3328
3400	636	967	1169	1306	1436	1561	6400	967	1433	1700	1909	2099	2282	9550	1221	1804	2114	2301	2597	2823	12800	1457	2141	2495	2787	3066	3333
3450 3500	645 653	979 990	1182 1195	1320 1335	1452 1468	1579 1596	6450	970	1446	1711	1912	2103	2286	9650	1225	1816	2122	2370	2617	2845	12850	1460	2145	2498	2791	3070	3337
3550	662	1001	1208	1335	1400	1613	6500	974	1453	1720	1922	2114	2298	9700	1229	1823	2130	2379	2617	2856	12900	1462	2148	2502	2794	3074	3341
3600	670	1013	1200	1349	1500	1631	6550	978	1460	1730	1932	2125	2310	9750	1236	1000		2397	2637	2866	12950	1465	2151	2505	2798	3078	3345
3650	679	1010	1234	1378	1516	1648	6600	983	1468	1739	1943	2137	2323	9800	1240	1835		2406	2647	2877	13000	1468	2155	2508	2802	3082	3350
3700	688	1036	1247	1393	1532	1666	6650	987		1749	1953	2149	2336	9850	1244	1841	2163	2416	2657	2888	13050	1470	2158	2511	2805	3086	3354
3750	696	1047	1260	1408	1548	1683	6700	991	1482	1758	1964	2160	2348	9900	1248	1848	2171	2425	2667	2899	13100	1473	2161	2514	2809	3090	3358
3800	705	1058	1273	1422	1564	1700	6750	996	1489	1768	1975	2172	2361	9950	1252	1854	2179	2434	2677	2910	13150	1476	2165	2518	2812	3093	3363
3850	714	1070	1286	1437	1580	1718	6800	1000	1496	1777	1985	2184	2374	10000	1255	1860	2187	2443	2687	2921	13200	1478	2168	2521	2816	3097	3367
3900	722	1081	1299	1451	1596	1735	6850	1004	1503	1787	1996	2195	2387	10050	1259	1866	2195	2452	2697	2932	13250	1481 1484	2171 2175	2524 2527	2819 2823	3101 3105	3371 3375
					C-		6900	1008	1511	1796	2007 2017	2207 2219	2399 2412	10100	1263	1873	2203	2461	2707	2943	13300 13350	1486	2175	2527	2823	3105	3380
							6950 7000	1013 1017	1518 1525	1806 1815	2017	2219	2412 2425	10150	1267	1879	2211	2470	2717	2954	13350	1489	2170	2534	2830	3113	3384
					$\lambda $		7050	1021			2028	2231	2423	10200	1271	1885	2220	2479	2727	2964	13450	1400			2834	3117	3388

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Combined		-	-	-	E.	<u>c:</u>			-	71	-	 :	<i>c</i> :		<u> </u>	-		-	5 1	C'		<u>^</u>	-		-	F ¹	<u>c:</u>
Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children	Combined Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children	Combined Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children	Combined Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
Gross	Criniu	cilluren	Cilluren	Cilluren	cilluren	Ciliuren	Gross	Cilliu	cilluren	Ciliuren	cilluren	Children	Ciliuren	Gross	Criniu	Cilluren	Ciliuren	crinuren	Ciliuren	Ciliuren	Gross	Cilliu	cilluren	Ciliuren	cilluren	Children	cilluren
Income							Income							Income							Income						
13550	1497	2192	2543	2841	3125	3397	16750	1758	2565	2965	3312	3643	3960	19950	1961	2864	3314	3701	4071	4426	23150	2145	3178	3738	4175	4593	4992
13600	1500	2195	2547	2844	3129	3401	16800	1762	2569	2970	3317	3649	3966	20000	1964	2868	3320	3709	4080	4434	23200	2147	3183	3745	4183	4601	5001
13650	1502	2198	2550	2848	3133	3405	16850	1765	2574	2974	3322	3654	3972	20050	1967	2873	3327	3716	4088	4443	23250	2150	3188	3751	4190	4609	5010
13700	1505	2202	2553	2852	3137	3410	16900	1768	2578	2979	3327	3660	3979	20100	1970	2878	3333	3724	4096	4452	23300	2153	3193	3758	4197	4617	5019
13750	1508	2205	2556	2855	3141	3414	16950	1772	2583	2984	3333	3666	3985	20150	1973	2883	3340	3731	4104	4461	23350	2156	3198	3764	4205	4625	5028
13800	1510	2208	2559	2859	3145	3418	17000	1775	2587	2988	3338	3672	3991	20200	1976	2888	3347	3738	4112	4470	23400	2159	3203	3771	4212	4634	5037
13850	1513	2212	2563	2862	3149	3423	17050	1779	2592	2993	3343	3677	3997	20250	1979	2893	3353	3746	4120	4479	23450	2162	3208	3778	4220	4642	5045
13900	1518	2218	2570	2871	3158	3433	17100	1782	2596	2997	3348	3683	4003	20300	1981	2898	3360	3753	4128	4488	23500	2165	3213	3784	4227	4650	5054
13950	1523	2226	2579	2881	3169	3444	17150	1786	2601	3002	3353	3689	4010	20350	1984	2903	3367	3761	4137	4496	23550	2167	3218	3791	4234	4658	5063
14000	1527	2233	2587	2890	3179	3456	17200	1789	2605	3007	3359	3694	4016	20400	1987	2908	3373	3768	4145	4505	23600	2170	3222	3798	4242	4666	5072
14050	1532	2240	2596	2900	3190	3467	17250	1792	2610	3011	3364	3700	4022	20450	1990	2913	3380	3775	4153	4514	23650	2173	3227	3804	4249	4674	5081
14100	1537	2248	2605	2909	3200	3479	17300	1796	2615	3016	3369	3706	4028	20500	1993	2918	3387	3783	4161	4523	23700	2176	3232	3811	4257	4682	5090
14150	1542	2255	2613	2919	3211	3490	17350	1799	2619	3021	3374	3712	4034	20550	1996	2923	3393	3790	4169	4532	23750	2179	3237	3817	4264	4691	5099
14200	1547	2262	2622	2929	3221	3502	17400	1803	2624	3025	3379	3717	4041	20600	1999	2927	3400	3798	4177	4541	23800	2182	3242	3824	4272	4699	5107
14250	1552	2270	2630	2938	3232	3513	17450	1806	2628	3030	3385	3723	4047	20650	2001	2932	3406	3805 <	4185	4550	23850	2185	3247	3831	4279	4707	5116
14300	1557	2277	2639	2948	3243	3525	17500	1810	2633	3035	3390	3729	4053	20700	2004	2937	3413	3812	4194	4558	23900	2187	3252	3837	4286	4715	5125
14350	1562	2284	2648	2957	3253	3536	17550	1813	2637	3039	3395	3734	4059	20750	2007	2942	3420	3820	4202	4567	23950	2190	3257	3844	4294	4723	5134
14400	1567	2291	2656	2967	3264	3548	17600	1816	2642	3044	3400	3740	4065	20800	2010	2947	3426	3827	4210	4576	24000	2193	3262	3851	4301	4731	5143
14450	1572	2299	2665	2977	3274	3559	17650	1820	2646	3049	3405	3746	4072	20850	2013	2952	3433	3835	4218	4585	24050	2196	3267	3857	4309	4739	5152
14500	1577	2306	2674	2986	3285	3571	17700	1823	2651	3053	3410	3751	4078	20900	2016	2957	3440	3842	4226	4594	24100	2199	3272	3864	4316	4748	5161
14550	1582	2313	2682	2996	3296	3582	17750	1827	2655	3058	3416	3757	4084	20950	2019	2962	3446	3849	4234	4603	24150	2202	3277	3871	4323	4756	5169
14600	1587	2321	2691	3006	3306	3594	17800	1830	2660	3063	3421	3763	4090	21000	2021	2967	3453	3857	4242	4612	24200	2205	3281	3877	4331	4764	5178
14650	1591	2328	2699	3015	3316	3605	17850	1834	2664	3067	3426	3769	4096	21050	2024	2972	3459	3864	4251	4620	24250	2203	3286	3884	4338	4772	5187
14700	1596	2334	2707	3023	3326	3615	17900	1837	2669	3072	3431	3774	4103	21100	2027	2977	3466	3872	4259	4629	24300	2210	3291	3890	4346	4780	5196
14750	1600	2341	2714	3032	3335	3625	17950	1840	2673	3076	3436	3780	4109	21150	2030	2982	3473	3879	4267	4638	24350	2213	3296	3897	4353	4788	5205
14800	1605	2347	2722	3040	3345	3635	18000	1844	2678	3081	3442	3786	4115	21200	2033	2986	3479	3886	4275	4647	24400	2216	3301	3904	4360	4796	5214
14850	1609	2354	2730	3049	3354	3646	18050	1847	2682	3086	3447	3791	4121	21250	2036	2991	3486	3894	4283	4656	24450	2219	3306	3910	4368	4805	5223
14900	1613	2360	2737	3057	3363	3656	18100	1851	2687	3090	3452	3797	4127	21300	2039	2996	3493	3901	4291	4665	24500	2222	3311	3917	4375	4813	5231
14950	1618	2367	2745	3066	3373	3666	18150	1854	2692	3095	3457	3803	4134	21350	2042	3001	3499	3909	4300	4674	24550	2225	3316	3924	4383	4821	5240
15000	1622	2373	2752	3074	3382	3676	18200	1858	2696	3100	3462	3809	4140	21400	2044	3006	3506	3916	4308	4682	24600	2227	3321	3930	4390	4829	5249
15050	1626	2380	2760	3083	3391	3686	18250	1861	2701	3104	3468	3814	4146	21450	2047	3011	3512	3923	4316	4691	24650	2230	3326	3937	4397	4837	5258
15100	1631	2386	2768	3091	3401	3696	18300	1864	2705	3109	3473	3820	4152	21500	2050	3016	3519	3931	4324	4700	24700	2233	3331	3943	4405	4845	5267
15150	1635	2393	2775	3100	3410	3707	18350	1868	2710	3113	3478	3825	4158	21550	2053	3021	3526	3938	4332	4709	24750	2236	3336	3950	4412	4853	5276
15200	1639	2399	2783	3108	3419	3717	18400	1871	2714	3118	3483	3831	4164	21600	2056	3026	3532	3946	4340	4718	24800	2239	3340	3957	4420	4862	5285
15250	1644	2406	2791	3117	3429	3727	18450	1874	2718	3122	3488	3836	4170	21650	2059	3031	3539	3953	4348	4727	24850	2242	3345	3963	4427	4870	5293
15300	1648	2412	2798	3125	3438	3737	18500	1877	2722	3127	3492	3842	4176	21700	2062	3036	3546	3960	4357	4736	24900	2245	3350	3970	4434	4878	5302
15350	1653	2418	2806	3134	3447	3747	18550	1881	2727	3131	3497	3847	4182	21750	2064	3041	3552	3968	4365	4744	24950	2248	3355	3977	4442	4886	5311
15400	1657	2425	2813	3143	3457	3757	18600	1884	2731	3135	3502	3853	4188	21800	2067	3045	3559	3975	4373	4753	25000	2250	3360	3983	4449	4894	5320
15450	1661	2431	2821	3151	3466	3768	18650	1887	2736	3141	3509	3860	4195	21850	2070	3050	3566	3983	4381	4762	25050	2253	3365	3990	4457	4902	5329
15500	1666	2438	2829	3160	3475	3778	18700	1890	2741	3148	3516	3868	4204	21900	2073	3055	3572	3990	4389	4771	25100	2256	3370	3996	4464	4910	5338
15550	1670	2444	2836	3168	3485	3788	18750	1893	2746	3154	3524	3876	4213	21950	2076	3060	3579	3998	4397	4780	25150	2259	3375	4003	4471	4919	5347
15600	1674	2451	2844	3177	3494	3798	18800	1896	2750	3161	3531	3884	4222	22000	2079	3065	3585	4005	4405	4789	25200	2262	3380	4010	4479	4927	5355
15650	1679	2457	2851	3185	3504	3808	18850	1898	2755	3168	3538	3892	4231	22050	2082	3070	3592	4012	4414	4798	25250	2265	3385	4010	4479	4935	5364
15700	1683	2464	2859	3194	3513	3818	18900	1901	2760	3174	3546	3900	4240	22100	2084	3075	3599	4020	4422	4806	25300	2268	3390	4023	4494	4943	5373
15750	1687	2470	2867	3202	3522	3829	18950	1904	2765	3181	3553	3908	4249	22150	2087	3080	3605	4027	4430	4815	25350	2270	3395	4030	4501	4951	5382
15800	1692	2477	2874	3211	3532	3839	19000	1907	2770	3188	3561	3917	4257	22200	2090	3085	3612	4035	4438	4824	25400	2273	3399	4036	4508	4959	5391
15850	1696	2482	2880	3217	3539	3847	19050	1910	2775	3194	3568	3925	4266	22250	2093	3090	3619	4042	4446	4833	25450	2276	3404	4043	4516	4967	5400
15900	1699	2487	2885	3222	3545	3853	19100	1913	2780	3201	3575	3933	4275	22300	2096	3095	3625	4049	4454	4842	25500	2279	3409	4050	4523	4976	5409
15950	1703	2491	2890	3228	3551	3859	19150	1916	2785	3208	3583	3941	4284	22350	2099	3100	3632	4057	4462	4851	25550	2282	3414	4056	4531	4984	5417
16000	1705	2496	2894	3233	3556	3866	19200	1918	2790	3214	3590	3949	4293	22400	2102	3104	3638	4064	4471	4860	25600	2285	3419	4063	4538	4992	5426
16050	1710	2500	2899	3238	3562	3872	19250	1921	2795	3221	3598	3957	4302	22450	2104	3109	3645	4072	4479	4868	25650	2288	3424	4069	4546	5000	5435
16100	1713	2505	2904	3244	3568	3878	19300	1924	2800	3227	3605	3966	4311	22500	2107	3114	3652	4079	4487	4877	25700	2290	3429	4076	4553	5008	5444
40450	1713	2510	2909	3249	3574	3885	19350	1927	2805	3234	3612	3974	4319	22550	2110			4086		4886	25750	2290	2424			5008	5453
16200	1720	2514	2913	3254	3579	3891	19400	1930	2809	3241	3620	3982	4328	22600	2113	3124	3665	4094	4503	4895	25800	2296		4089	4568	5025	5462
16250	1723	2519	2918	3259	3585	3897	19450	1933	2814	3247	3627	3990	4337	22650	2116	3129	3672	4101	4511	4904	25850	2299	3444	4096	4575	5033	5471
16300	1723	2523	2923	3265	3591	3904	19500	1936	2819	3254	3635	3998	4346	22700	2119	3134	3678	4109	4519	4913	25900	2299	3444	4096	4575	5033	5479
16350	1727	2528	2923	3270	3597	3910	19550	1939	2824	3261	3642	4006	4355	22750	2113	3139	3685	4116	4528	4922	25900	2302	3454	4103	4583	5041 5049	5488
16400	1734	2533	2932	3275	3603	3916	19600	1941	2829	3267	3649	4014	4364	22800	2122	3144	3692	4123	4536	4930	25950	2305	3454	4109	4590	5049	5497
16450	1734	2533	2932	3275	3608	3910	19650	1944	2834	3274	3657	4023	4373	22850	2127	3149	3698	4131	4544	4939	26000	2308	3463	4110	4605	5065	5506
16450		2537	2937	3280	3614	3922	19700	1947	2839	3280	3664	4031	4381	22900	2127	3154	3705	4138	4552	4939	26050	2310	3463	4122	4605	5065	
16500	1741 1744	2542	2942	3200	3620	3929	19750	1950	2844	3287	3672	4039	4390	22950	2133	3159	3703	4146	4560	4957	26100	2313			4612	5073	5515 5524
16550	1744	2540	2940	3291	3626	3935	19800	1953	2849	3294	3679	4047	4399	23000	2135	3163	3718	4153	4568	4966	26150	2310	3473	4130	4620	5082	5532
16650	1748	2556	2956	3301	3632	3941	19850	1956	2854	3300	3686	4055	4408	23050	2130	3168	3725	4160	4576	4975	26200	2319	3483	4142	4627	5090	5541
	1755	2550	2950	3307	3637	3948	19900	1959	2859	3307	3694	4063	4417	23100	2142	3173	3731	4168	4585	4983	26250	2322	3483	4149	4642	5106	5550
16700																											

Combined	One	Two	Three	Four	Five	Six
Adjusted	Child	Children	Children	Children	Children	Children
Gross						
Income		<u> </u>				
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
27000	2300	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
	2399	3621	4326	4842		5780
27650					5326	
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	2443		4441			5931
28450		3699		4960	5456	
	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		3768	4533			6055
	2488			5064	5570	
29200	2491	3773	4540	5071	5578	6064
29250	2494	3778	4547	5079	5587	6073
29300	2496	3783	4553	5086	5595	6081
	2100			5004	5603	6000
29350		3788	4560	5094	500.5	0090
	2499	3788 3793	4560 4567	5094 5101		6090 6099
29400	2499 2502	3793	4567	5101	5611	6099
	2499					

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

Child Care Tax Credit Table ¹					
		Tax Credit Fo			
		One Child	More than One Child		
Gross Monthly Income of Parent Entitled to Receive Support	Tax Credit %	<u>\$250.00</u>	<u>\$500.00</u>		
\$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		

MISAVA

Li	ine 11 Adjus	stment
Numbe		Adjustment
Overnig		
Less tha		0%
36-7		6%
73-9		9%
92-10		10%
	15	13%
110-1		
116-1		15%
116-1 120-1	25	15% 17%
116-1 120-1 126-1	25 30	15% 17% 20%
116-1 120-1	25 30	15% 17%
116-1 120-1 126-1	25 30 36	15% 17% 20%
116-1 120-1 126-1 131-1	25 30 36 41	15% 17% 20% 23%
116-1 120-1: 126-1: 131-1: 137-1-	25 30 36 41 47	15% 17% 20% 23% 25%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 148-1:	25 30 36 41 47 52	15% 17% 20% 23% 25% 27%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 142-1: 148-1: 153-1:	25 30 36 41 47 52 58 58 50 58 50 50 50 50 50 50 50 50 50 50 50 50 50	15% 17% 20% 23% 25% 27% 28% 29%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 142-1: 148-1: 153-1: 159-1:	25 30 36 41 47 52 58 64	15% 17% 20% 23% 25% 27% 28% 29% 30%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 148-1: 153-1: 159-1: 165-1:	25 30 36 41 47 52 58 64 70	15% 17% 20% 23% 25% 27% 28% 29% 30% 31%
116-1 120-1: 126-1: 131-1: 137-1 142-1 148-1: 153-1: 159-1	25 30 36 41 52 58 64 70 75 58 58 56 56 56 58 56 56 58 56 56 58 56 56 58 56 56 58 56 56 58 56 56 56 56 56 56 56 56 56 56 56 56 56	15% 17% 20% 23% 25% 27% 28% 29% 30%

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

IN THE CIRCUIT COURT OF

, MISSOURI

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

	\mathbf{i}		
(First Name) (Middle Name) (Last Name) Petitioner, (Enter full legal name of Petitioner above)	(Jr./Sr./III)		
-and-			1.
		Case	$\sim 0^{-1}$
The MINOR CHILD(REN) as listed		Number	0
in question 1 of the Petition for Declaration		(Use number o	on Petition)
of Paternity, Custody and Support,			
By Next Friend,			
v.		6	7
Respondents shall be listed in the order used in question 6 of the	ne Petition.		
	,		
(First Name) (Middle Name) (Last Name)	(Jr./Sr./III)		
Respondent 1, (Enter full legal name of Respondent 1 above)			
_		Division	
-and-	c.V.	Number _	
	~ ~	(Use number o	on Petition)
(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)			
	-		
Ctotomont of Income			
Statement of Income (For use in Paterr	-		
Monthly Income Information	Pet	titioner	Respondent
 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

Мо	nthly 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		<u>K</u> N
11.	Monthly workers compensation benefits		<u>}.</u>
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)		

Мо	nthly 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		G
	Total monthly court-ordered maintenance paid. Add paragraphs 25a and 25b. (Form 14 - Line 2b)		NO.
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)	- CEF	
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.)		
×.	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.)

	\mathbf{i}	
(First Name)(Middle Name)(Last Name)Petitioner, (Enter full legal name of Petitioner above)		-07.
-and-		6
		Case O
The MINOR CHILD(REN) as listed		Number
in question 1 of the Petition for Declaration		(Use number on Petition)
of Paternity, Custody and Support,		
By Next Friend,		S
V.		
		\mathcal{A}^{X}
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)	S	
and		Division Number
-and-		(Use number on Petition)
(First Name) (Middle Name) (Last Name) Respondent 2, (Enter full legal name of Respondent 2 above)	(Jr./Sr./III)	
Respondent 2, (Enter full legal flame of Respondent 2 above)		
-and-		
(First Name) (Middle Name) (Last Name)	– (Jr./Sr./III)	
Respondent 3. (Enter full legal name of Respondent 3 above)		
Statement of Prope	orty and De	aht
(For use in Pater	-	
)
Statement completed by		
(First Name) (Middle Na	me) (Last Nar	me) (Jr./Sr./III)
(Enter your full legal r	· ·	, , , ,
$\langle O_{\lambda} \rangle$		
Your Property (either alone or with anyone else)	(Check "Yes	" or "No" for each of the
following questions)		
		Estimated Value
Do you own a house, condominium or other real estate?		☐ Yes ☐ No
Do you own a car, truck or motorcycle?		☐ Yes ☐ No
Do you own a mobile home, trailer, boat or airplane?		☐ Yes
Do you have any bank accounts?		☐ Yes ☐ No

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

Yes 🗌 No

]Yes ∏No

Yes No

Yes No

Yes No

Amount Due

∏Yes ∏No
Yes No
🗌 Yes 🗌 No 💷
🗌 Yes 🗌 No 🦲
🗌 Yes 🗌 No 🔔
Yes No
Yes No
☐ Yes ☐ No

☐ Yes ☐ No ☐ Yes ☐ No

Do you have any right to receive any pension or retirement benefits other than Social Security?

Do you have an IRA or 401(k) or other retirement account? Do you have any furniture, appliances or other household goods

worth more than \$100?

Do you have any jewelry, clothing or other personal items worth more than \$100?

Do you own a business?

Do you own any stocks or bond?

Do you have any life insurance that could be cashed in?

Does anyone owe you money?

Do you have any lawsuits against anyone?

Do you have any farm equipment, animals or crops?

Do you have any interest in any trusts?

Do you have any other asset or property?

Are you currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13)

Do you owe a mortgage on a house or condominium or land?

Do you owe money on a car?

questions)

Do you owe money on any credit cards?

Do you owe any money to any family or friends?

Do you owe any medical or dental bills?

Do you owe any student loans?

Do you owe any other debts?

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.

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

Estimated Value

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
	M.

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	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 acknown act and deed.	wledged that he/she executed the same as his/her free
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.)

	$\overline{\}$
(First Name) (Middle Name) (Last Name) Petitioner, (Enter full legal name of Petitioner above)	(Jr./Sr./III)
-and-	Cana J.
The MINOR CHILD(REN) as listed in question 1 of the <i>Petition for Declaration</i> <i>of Paternity, Custody and Support</i> , By Next Friend,	Case Number (Use number on Petition)
ν.	
Respondents shall be listed in the order used in question	6 of the Petition.
(First Name) (Middle Name) (Last Name) Respondent 1, (Enter full legal name of Respondent 1 abov	
-and-	Division Number (Use number on Petition)
(First Name) (Middle Name) (Last Name) Respondent 2, (Enter full legal name of Respondent 2 above)	(Jr./Sr./III) ve)
-and-	
(First Name)(Middle Name)(Last Name)Respondent 3.(Enter full legal name of Respondent 3 above)	ve)

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.

	cally denied will be deemed adn ase is presented to the court.	hitted and you may not ha	ve the opportunity to disagree with
			C,
			<u> </u>
Check one of the two	boxes.		
I agree with the Pa	a <i>renting Plan</i> filed by the F	etitioner.	SV
	n the <i>Parenting Plan</i> filed l	by the Petitioner and	will file a separate Parenting
Plan.			A Charles and the second secon
			\sim
My mailing address is:			you move during the time this case
	I a letter to the court notifying it hich you live. Even if you do no	wish to give the address	address is not necessarily the at which you live, you must still gives a still gives
	s. Because court actions are a	matter of public record, the	e address you list will be available
the court a mailing addres	s. Because court actions are a	matter of public record, the	
the court a mailing addres the public.	s. Because court actions are a	matter of public record, the	
the court a mailing addres the public.	s. Because court actions are a	matter of public record, the	
the court a mailing addres the public. (Street)	s. Because court actions are a	matter of public record, the	
the court a mailing addres the public. (Street)			
the court a mailing addres the public. (Street) (City) ()		(Zip)	
the court a mailing addres the public. (Street) (City) () (Telephone Number with A	(State) rea Code) (E-mail Address - O		e address you list will be available
the court a mailing addres the public. (Street) (City) () (Telephone Number with A	(State)		e address you list will be available
the court a mailing addres the public. (Street) (City) () (Telephone Number with A	(State) rea Code) (E-mail Address - O of my social security num		e address you list will be available
the court a mailing addres the public. (Street) (City) () (Telephone Number with A The last four numbers Check one of the three	(State) rea Code) (E-mail Address - O of my social security num	<i>(Zip)</i> ptional) ber are XXX-XX-	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed service:	<i>ptional)</i> ber are XXX-XX	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed service:	<i></i> (<i>Zip</i>) <i>ptional</i>) ber are XXX-XX s of the United States the United States of <i>J</i>	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed services / in the armed services of rvicemembers Civil Relief		e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed services / in the armed services of rvicemembers Civil Relief	<i>czip)</i> <i>ptional)</i> ber are XXX-XX- s of the United States the United States of <i>A</i> Act of 2003. the United States of <i>A</i>	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed services / in the armed services of rvicemembers Civil Relief / in the armed services of the Servicemembers Civil	<i>(Zip)</i> <i>ptional)</i> ber are XXX-XX- s of the United States the United States of <i>J</i> Act of 2003. the United States of <i>J</i> Relief Act of 2003.	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) (State) (E-mail Address - O of my social security num boxes. duty in the armed services of rvicemembers Civil Relief in the armed services of the Servicemembers Civil arent or guardian with who	<i>(Zip)</i> <i>(Zip)</i> <i>(Zip)</i> ber are XXX-XX- s of the United States the United States of <i>A</i> Act of 2003. the United States of <i>A</i> Relief Act of 2003.	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed services of rvicemembers Civil Relief / in the armed services of the Servicemembers Civil arent or guardian with who d during the past five yea	<i>(Zip)</i> <i>ptional)</i> ber are XXX-XX- s of the United States the United States of <i>A</i> Act of 2003. the United States of <i>A</i> Relief Act of 2003. om the children have rs. Enter the dates at	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed services / in the armed services of rvicemembers Civil Relief / in the armed services of the Servicemembers Civil arent or guardian with who d during the past five yea n three addresses in the p	<i>(Zip)</i> <i>ptional)</i> ber are XXX-XX s of the United States the United States of <i>A</i> Act of 2003. the United States of <i>A</i> Relief Act of 2003. om the children have rs. Enter the dates at bast five years, attach	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed services of rvicemembers Civil Relief / in the armed services of the Servicemembers Civil arent or guardian with who d during the past five yea	<i>(Zip)</i> <i>ptional)</i> ber are XXX-XX s of the United States the United States of <i>A</i> Act of 2003. the United States of <i>A</i> Relief Act of 2003. om the children have rs. Enter the dates at bast five years, attach	e address you list will be available
the court a mailing addres the public. (Street) (City) ((State) rea Code) (E-mail Address - O of my social security num e boxes. duty in the armed services / in the armed services of rvicemembers Civil Relief / in the armed services of the Servicemembers Civil arent or guardian with who d during the past five yea n three addresses in the p	<i>(Zip)</i> <i>ptional)</i> ber are XXX-XX s of the United States the United States of <i>A</i> Act of 2003. the United States of <i>A</i> Relief Act of 2003. om the children have rs. Enter the dates at bast five years, attach	e address you list will be available

(State)

(Zip)

(City)

2

(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)				<u>0</u>
		(City)	(State)	(Zip)	(Dates)	A.
9.	chil one	you know of anyone other t ldren or claims to have cust e of the two boxes) Yes 🗌 No	•	•		
10.		you have information about nding in a court of this or any Yes 🗌 No				the children
11.		ve you participated in other er state? <i>(Check one of the</i> Yes		ing the custody o	of any of the chi	ldren in this or any
12.		ve any of the children been Yes 🗌 No	a victim of abuse	or neglect? (Ch	eck one of the t	wo boxes)
13.	lf y	ou answered "Yes" to quest	ions 9, 10, 11 or ⁻	12, please expla	in.	
		R				
		Alle				
		N'				
14.	Pe	s the Family Support Divisio tition? (Check one of the two Yes 🔲 No	•	support case for	any child(ren) l	listed in the
	lf y	es, list the eight digit IV-D n	umber(s).			
		es, has the Family Support Yes 🔲 No	Division issued a	child support or	der? (Check one	e of the two boxes)
$\langle \langle$	List	t the judicial case number(s))			
15.	Far	any of the children listed in milies (TANF) benefits throunefits in the past? <i>(Check or</i> Yes 🗌 No	gh the Family Su	pport Division, o		

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).				
\square	Grant custody of the minor child	d(ren) as reques	ted in question	4.	
\square	Child support should be as set t	forth in Part B of	the attached P	arenting Plan mark	red Exhibit
	••			•	
	Enter appropriate orders with re	• •	port of the mine	or child(ren).	$\overline{\mathbf{O}}$
	Other (Please state the other re	equest(s))			
					X.P.
				D	2
				.67	

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
ALK.	

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 N	lotary Public)	(Prin	t your name above)
The following information must	be completed	d by a notary p	ublic.
STATE OF)			NO.
COUNTY OF)	SS		
On this day of			0 , before me personally appeared known to be the person described in and who
executed the foregoing instrum and deed.			he/she executed the same as his/her free ac
IN WITNESS WHEREOF, I have state aforesaid, the day and ye			d affixed my official seal in the County and
		OFF	, Notary Public
My commission expires:	2.0	St.	County, State of Missou
			-
Attorney Information	BL		
This information may be completed assistance of an attorney.	by your attorney.	Do not enter any	information here if you are filing this case without the
I have assisted Respondent on behalf of Respondent.	in the prepara	tion of these pl	eadings, but I am not entering my appearance
(Attorney - Sign above)			(Missouri Bar Number)
(Attorney - Print your name above)			
(Street)			
(Street) (City)	()	(State)	(Zip)

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) Petitioner, (Enter your full legal name above) -and-	(Jr./Sr./III)	Case Number (Use number from pending case)
(First Name) (Middle Name) (Last Name) Respondent. (Enter the other party's full legal name above)	(Jr./Sr./III)	Number (Use number from pending case)
Notice of I	Hearing	LPP
Information about the Hearing		R
1. The hearing will be held promptly at the courth	nouse in the a	bove county and division.
2. Type of matter to be heard:(Write the name of	of the petition or m	otion 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 Nan	ne Above) (Jr./Sr./III)
(Street)		
(City) (State)	(Zip)	
(Telephone Number with Area Code) (Fax Number with Area Co	ode)	
(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 COU	, MISSOURI		
(Co	unty where court is located.	City of Saint Louis	s is considered a county.)
		\mathbf{i}	
(First Name) (Middle Name Petitioner, (Enter your full legal name	, , ,	(Jr./Sr./III)	
-and-			
			Case
The MINOR CHILD(REN) as liste			Number
in question 1 of the Petition for D			(Will be assigned when case is filed)
of Paternity, Custody and Suppo	rt,		
By Next Friend,			
v.			
Respondents shall be listed in the or	der used in question 6 o	f the <i>Petition</i> .	\succ
(First Name) (Middle Name) (Last Name)		
Respondent 1, (Enter full legal nam		(0101)	
•	, , ,		Division
-and-			Number(Will be assigned when case is filed)
(First Name) (Middle Name) (Last Name)		
Respondent 2, (Enter full legal nam			
-and-			
(First Name) (Middle Name) (Last Name)	— (Jr./Sr./III)	
Respondent 3. (Enter full legal nam			
•			

Judgment of Paternity

1.	As used herein, "Mot	her" refers to					
		(First Na	me)	(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)					
		pondents fail to appea	r and remain in	default as to	the pleading	s:	
	(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)		
	(First Name)	(Middle Name)	(Last Name)				
	(First Name)	(Middle Name)	(Last Name)		(Jr./Sr./III)		
	gment of Paternity					0	e 1 of 6
Form	CAFC370 07/01/2018			This form is a	vailable for free at	www.selfreprese	nt.mo.gov

This form is available for free at www.selfrepresent.mo.gov

	 Mother appears in person Mother appears by attorn Guardian ad Litem appear 	ey.	-
	Third Party	(Middle Name) (Last Name)	appears in person. (Jr./Sr./III)
	 Third Party	(Middle Name) (Last Name)	appears by attorney.
	(First Name)	(Middle Name) (Last Name)	(Jr./Sr./III)
	(First Name)	(Middle Name) (Last Name)	(Jr./Sr./III)
3.		other's social security number are security number are	and the last four
4.	 Check one of the two boxes Respondent(s) is/are no any time since the filing Respondent 	ot on active duty in the armed services of	of the United States now or
	(First Name)	(Middle Name) (Last Name	e) (Jr./Sr./III)
	is an active duty in the c	wood comics of the United Ctotes, but	t has weived his or her rights

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.

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	(Middle Name)	(Last Name)	
is the father of the minor child(ren).			
The court finds that <i>(First Name)</i>	(Middle Name)	(Last Name)	
is not the father of the minor child(re	n).		
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

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	and in favor of
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				
	5	(First Name)	(Middle Name)	(Last Name)	
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				
	0	(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				
	Ū.	(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 h	heard by a Family Court Judge) (If heard by a Family Court Commissioner)	

(in neard by a Farning Count Judge)	Findings and Recommenda	,
(Judge)	(Commissioner)	(Date)
(Date)		and recommendations of the I and adopted as the judgment of the
	(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)	(Print Name of Respondent's Attorney)	(Print Name of Guardian ad Litem)
(Street)	(Street)	(Street)
(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)
Print Name of Petitioner)	(Print Name of Respondent)	(Print Name of Third Party/Respondent)
(Street)	(Street)	(Street)
(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)	(City, State, Zip) () (Telephone Number with Area Code)