IN THE CIRCUIT COURT OF(County where court is located	ted. City of Saint Louis is considered a county.)		
(First Name) (Middle Name) (Last Name) Petitioner, (Enter your full legal name above)	(Jr./Sr./III)		
v.		Case Number (Will be assigned when case is filed)	
(First Name) (Middle Name) (Last Name) (Enter full legal name of Mother above)	(Jr./Sr./III)		
-and-		,5	
The MINOR CHILD(REN) as listed in question 1 of the <i>Presumed Father's Petition</i> for Declaration of Non-Paternity,		Division Number (Will be assigned when case is filed)	
Respondents.	K SEL		
Presumed Father's Petition for	r Declaration	of Non-Paternity	

The Parties

This *Petition* may only be used by men who are presumed to be the father of a child or children due to marriage to the mother. This *Petition* may not be used by men wanting to set aside an order of paternity or to remove their name from a birth certificate after signing an acknowledgment of paternity. Throughout this *Petition*, you will be referred to as Petitioner.

The mother and the minor child(ren) are all Respondents to your *Petition*. The court will appoint a Guardian ad Litem to represent the child(ren) in this action. The Guardian ad Litem may be an independent attorney hired to represent the interests of children in legal proceedings. The court may order you and/or Mother to pay the Guardian ad Litem for their time and expenses in representing the child(ren).

1. I ask the court to find I am **not** the father of the following child(ren):

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

e. (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Chill f. (First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Chill 2. The name of the mother of the minor child(ren) is (First Name) (Middle Name) (Last Name) (Jr./Sr./III) She will be referred to as Respondent. 3. The mother and I were married on / (Date - mm/dd/yyyy). 4. Check all that apply. The mother and I were married at the time of the birth of the child(ren) listed above. The mother and I were married at the time of the birth of the child(ren).		d	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Chile
f			(Middle Name)	(Last Name)		(Chil
The name of the mother of the minor child(ren) is (First Name) (Middle Name) (Last Name) (Jr./Sr./III) She will be referred to as Respondent. 3. The mother and I were married on / (Date - mm/dd/yyyy) 4. Check all that apply. The mother and I were married within 300 days of the birth of the child(ren) listed above. The mother and I were married at the time of the birth of the child(ren).			(•	(. =
 The name of the mother of the minor child(ren) is (First Name) (Middle Name) (Last Name) (Jr./Sr./III) She will be referred to as Respondent. The mother and I were married on / (Date - mm/dd/yyyy) . (Date - mm/dd/yyyy) .			(Middle Name)	(Last Name)		(Chile
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She will be referred to as Respondent. 3. The mother and I were married on/	۷.	The name of the i	mother of the minor child, it	en) is		
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(Date - mm/dd/yyyy) 4. Check all that apply. The mother and I were married within 300 days of the birth of the child(ren) listed above. The mother and I were married at the time of the birth of the child(ren).		She will be referre	ed to as Respondent.			
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☐ The mother and I were married within 300 days of the birth of the child(ren) listed above. ☐ The mother and I were married at the time of the birth of the child(ren).			·	mm/aa/yyyy)	4,5	
The mother and I were married at the time of the birth of the child(ren).	4.				05-	
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Info	ormation about Petition	er			
	er your name on the lines)	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
5.	What is your mailing addre	ess?			
	This is the address the court wis pending, you must send a let same as the address at which the court a mailing address. Be the public.	ter to the court notifying you live. Even if you do	it of your new address. not wish to give the add	This address is not n ress at which you live	ecessarily the , you must still give
	(Street)				(O.
	(City)	(State)	(Zip)		Zi,
	(Telephone Number with Area C	Code) (E-mail Address	s - Optional)	,5	
6.	What are the last four num	bers of your social	security number?	CPP C	
7.	Are you over the age of eig	ghteen? <i>(Check one</i>	e of the two boxes)	X -v	
8.	I live in the United State	es 🗌 another coun	try, which is		·
9.	I live in ☐ Missouri ☐ an	other state, which is	5		
10.	I live in the county of				
	City of Saint Louis is considere blank.	d a county. If you live in	the city of Saint Louis,	you should write "Sair	nt Louis city" in the
11.	What is your current emplo			e boxes)	
12.	If you are employed or sel	f-employed, where	do you currently wo	rk?	
	If you are self-employed, enter on the line for the name of your your self-employment.	a brief description of the	e type of work you perfo	rm such as "Landsca	
	SP				
	(Employer's name or type of sel	f-employment)			
	(Street)				
	(City)	(State)		-	

Information about Mother

Pr	ovide information for Mother as listed	in response to quest	tion 2 of this Petition	on.
	t Name) (Middle i er the full legal name of Mother on the		me)	(Jr./Sr./III)
13.	What is Mother's mailing addr	ess?		
	This is the address that the court will current address, you should enter M			ase to Mother. If you do not know Mother's
	cancent dual coo, you encome enter in			
	(Street)			
	(City)	(State)	(Zip)	
	(Telephone Number with Area Code,	(E mail Address	Ontional	
	(Telephone Number with Area Code,	(L-mail Address -	- Орионат)	
14.	What are the last four number		•	
	Do not leave this field blank. If you o	do not know Mother's	s social security nu	umber, enter "Unknown" in this field.
	XXX-XX		S	
15.	Is Mother over the age of eigh ☐ Yes ☐ No	teen? (Check or	ne of the two bo	exes)
16.	Mother lives in the United S	States ∐ anothe	r country, which	h is
17.	Mother lives in Missouri	another state, v	which is	
		~0,		
18.	Mother lives in the county of City of Saint Louis is considered a c	county of Mother live	s in the city of Sair	. nt Louis, you should write "Saint Louis city" in
	the blank.	ounty. If women nve	3 III the city of Jan	it Louis, you should write "Jaint Louis city" in
19.	Mother is currently ☐ emplo (Check one of the four boxes)		yed 🗌 self-er	mployed
20	If Mother is employed or self-e	employed where	does she curre	ently work?
20.	If Mother is self-employed, enter a b	orief description of th	e type of work she	e performs, such as "Landscaping" or "Day you should also enter the address information
	R			
	(Employer's name or type of self-employer's	ployment)		
	(Stroot)			
	(Street)			
	(City)	(State)	(Zip)	
21.	Mother ☐ is ☐ is not on a	active duty in the	military. (Checi	k "is" or "is not")
	If Mother is on active duty in the arm	ned forces of the Un	ited States, the Se	ervicemembers Civil Relief Act (SCRA) may eact a lawyer about this situation prior to filing

Information about the Children

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 22 for each additional address. (1)(First Name) (Middle Name) (Last Name) (Jr./Sr./I (Street) (City) (State) (Zip)(Dates) (2)(Last Name) (First Name) (Middle Name) (Jr./Sr./III) (Street) (City) (Dates) (State) (Zip)(3)(Jr./Sr./III) (First Name) (Middle Name) (Last Name) (Street) (City) (Zip)(State) (Dates) 23. 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 24. 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 25. 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 26. Have any of the children been a victim of abuse or neglect? (Check one of the two boxes) | Yes | No 27. If you answered "Yes" to questions 23, 24, 25 or 26, please explain.

22. List the name of the parent or guardian with whom the children have lived and the address where

28.	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).
29.	Do any of the children listed in this <i>Petition</i> currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? <i>(Check one of the two boxes)</i> Yes No
	If yes, you must serve the Family Support Division with a copy of <i>Presumed Father's Petition for Declaration of Non-Paternity</i> and other forms filed with this <i>Petition</i> . Instructions on how to serve the Family Support Division are listed on page 7 of this <i>Petition</i> .
Red	quest for Relief
l an	n requesting to be declared not the father of the child(ren) listed in question 1 of this <i>Petition</i> .
l als	so want the court to do the following: (Check if applicable)
	Other (Please state the other request(s))
	B

Dir	ections for Servi	ce on Mothe	r (Enter the nar	me of Mother	on the lines below)		
(Firs	t Name)	(Middle Name)	(Last Name)	(Jr.)	/Sr./III)		
Υοι	ı must fill out Direc	tions for Servi	ce on Mother li	sted in respo	nse to question 2 of this <i>Petition</i> .		
Che	eck one of the follo	owing service	options:				
	Non-Paternity, wh Paternity. Therefo	ich is being file re, do not issue	ed with the <i>Pres</i> e a summons.	umed Father'	Father's Petition for Declaration of S Petition for Declaration of Non-		
					her in front of a notary public.		
	Mother should be						
	must file another co				you are going to have Mother served, you don Mother.		
					.0		
	(Street)						
	(City)		(State)	(Zip)			
	Mother should be						
		Mother must be served within 30 days of the issuance of the summons. If you are going to have Mother served, you must file another copy of all your documents in this case to be served on Mother.					
	(Employer's Name)		LP.		(Hours of Employment)		
	(Street)		108				
	(City)		(State)	(Zip)			
				•	egistered mail is requested. A copy of Missouri Supreme Court Rule 54.12(b).		
Ser	vice on Family S	Support Divis	sion (if necess	sary)			
	ny child listed in this st serve the Family				r Needy Families (TANF) benefits, you n.		
	The child(ren) receive TANF benefits through the Family Support Division. The Family Support Division shall be served at the following address:						
	Director, Family S	upport Division	, 615 Howerton	Court, Jeffer	son City, Missouri 65102		
If y	ou request a sumr	mons to be se	rved outside o	f the county	where you filed this <i>Petition</i> , the		

court will mail the summons to you. You must then deliver the summons to the sheriff of the county where the summons will be served. You must also pay the appropriate service fee to

Presumed Father's Petition for Declaration of Non-Paternity Form CAFC303 07/01/2018

that sheriff.

Sign Below in the Presence of a Notary Public

Your Presumed Father's Petition for Declaration of Non-Paternity 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 *Presumed Father's Petition for Declaration of Non-Paternity* are true according to his or her best knowledge, information and belief.

•			
(Sign above in the presence of a No	otary Public)	(Print your name above)	G
The following information must I	oe completed by a	notary public.	NO.
STATE OF)	6		7/19
COUNTY OF) S	5		/S ⁽⁾
On this day of		, 20, before me	e personally appeared
executed the foregoing instrume and deed.	ent and acknowled	ged that he/she executed th	ne same as his/her free act
IN WITNESS WHEREOF, I hav State aforesaid, the day and yea			I seal in the County and
			, Notary Public
	OR.		County, State of Missouri
My commission expires: Attorney Information	ABILLY		
This information may be completed by assistance of an attorney.	/ your attorney. Do not	enter any information here if you	are filing this case without the
I have assisted Petitioner in on behalf of Petitioner.	the preparation of	these pleadings, but I am n	ot entering my appearance
(Attorney - Sign above)		(Missouri Bar Nur	mber)
(Attorney - Print your name above)			
(Street)			
(City)	(State)	(Zip)	
(Telephone Number with Area Code)	(Fax Number with A	rea Code) (F-mail Address	- Ontional)