IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Judge or Division:	**Case Number:** **MACSS Case ID:**
Petitioner: vs.	Petitioner's Address:
Respondent:	Respondent's Address:

(Date File Stamp)

Answer Objecting to Termination of Child Support

NOTE: This form may be used only where a claim is made that no child remains entitled to support.

Directions: If you are the person receiving support and you disagree with termination of the obligation to pay support for the child, you may file this Answer with the Circuit Clerk. (See Certificate of Person Receiving Support below.) Your failure to file this Answer with the Court within 30 days of your receipt of the Affidavit may result in entry by default of a judgment terminating the obligation to pay support for the child.

I, _____, am receiving support for _____ (name) (hereinafter referred to as the child), whose age is _____. I disagree that the child is no longer entitled to support and, therefore, object to termination of the obligation of _____ (name) to pay support for the child for the following reasons:

For issues contesting the date of termination, please attach appropriate verification (i.e. copy of marriage license, military documents, death certificate, college enrollment documentation, etc.)

The facts in this Answer are true to my best knowledge and belief and are made under penalty of perjury.

_____ _____
Signature of Person Receiving Support Date

Certificate of Person Receiving Support

I certify that on _____ (date), I filed the original of this Answer with the Circuit Clerk of _____ (County/City of St. Louis), Missouri, at _____ (address) and mailed a copy of this Answer to _____ (name), the person paying support, at _____ (address), _____ (city), _____ (state).

_____
Signature of Person Receiving Support