

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

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

v.

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

and-

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

-and-

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

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

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

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

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

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

- Me  
 Someone else (Enter name below)

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

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

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

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

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

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

2. Check one of the three boxes.

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

3. Next Friend's mailing address is:

\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
\_\_\_\_\_  
(Telephone Number with Area Code) \_\_\_\_\_ (E-mail Address - Optional)

4. Check one of the two boxes.

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

\_\_\_\_\_  
(First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_ (Jr./Sr./III)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
\_\_\_\_\_  
(Telephone Number with Area Code) \_\_\_\_\_ (E-mail Address - Optional)

I consent to serving as Next Friend in this matter.

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

## Consent of Children over the Age of Fourteen

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

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

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

as my Next Friend in this case.

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

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

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

## Attorney Information

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

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

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

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

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

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

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

## ORDER

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

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

\_\_\_\_\_  
(Judge/Commissioner) (Date)