

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

In re:

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

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

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

**Petition, Consent and Order for Parent's Appointment as Next Friend**

**Child's Information**

1. The following child is the **Petitioner** in this case and requests that I be appointed as Next Friend for him or her in this case:

\_\_\_\_\_  
(Child's First Name) (Child's Middle Name) (Child's Last Name) (Jr./Sr./III) Birth Date: \_\_\_\_\_  
(mm/dd/yyyy)

2. The child whose name is to be changed is (Check one of the two boxes):

- age 0 - 13 years  
 age 14 - 17 years.

**If the child is 14 years or older, the child must sign below to consent to the appointment of Next Friend:**

I \_\_\_\_\_ am age 14-17 years old and  
(Child's First Name) (Child's Middle Name) (Child's Last Name) (Jr./Sr./III)

consent to the appointment of \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

as Next Friend in this matter.



\_\_\_\_\_  
(Signature of Child Age 14 years or Older)

**Your Information**

3. My full legal name is:

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

4. Check one of the two boxes.

- I am the mother of the child.  
 I am the father of the child.

5. My mailing address is:

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

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

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

6. Check one of the two boxes.

- The child resides with me.  
 The child resides 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.

▶ \_\_\_\_\_  
(Parent sign above) (Print Parent's name above) (Date)

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

Parent is appointed as Next Friend for the minor child listed above.  
SO ORDERED:

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