

IN THE CIRCUIT COURT OF _____, MISSOURI

	}	
Plaintiff(s),		Case No. _____
-v.-		
Defendant(s).		Division No. _____

Judgment of Non-Paternity

Parties

1. As used herein, "Plaintiff" refers to _____ and "Defendant" refers to _____.
2. Appearances *(Check all that apply)*

<input type="checkbox"/> Defendant(s) remains in default as to the pleadings.	<input type="checkbox"/> Plaintiff appears by attorney.	<input type="checkbox"/> Guardian ad Litem appears in person.
<input type="checkbox"/> Plaintiff appears in person.	<input type="checkbox"/> Defendant appears by attorney.	<input type="checkbox"/> Cause submitted upon affidavit of Plaintiff.
<input type="checkbox"/> Defendant appears in person.	<input type="checkbox"/> Third Party _____ appears by attorney.	<input type="checkbox"/> Cause submitted upon affidavit of Defendant.
<input type="checkbox"/> Third Party _____ appears in person.		
<input type="checkbox"/> Additional Appearances: _____		
3. The last four digits of Plaintiff's Social Security Number are _____, and the last four digits of Defendant's Social Security Number are _____.
4. Defendant(s) is/are not on active duty in the armed services of the United States now or any time since the filing of the petition herein.
 Defendant _____ 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):"

Name of Child	Birth Date

A certified copy of this judgment is to be mailed to the following person(s): *(Check all applicable boxes)*

Plaintiff's Attorney

Defendant's Attorney

Guardian ad Litem

(Signature of Attorney)

(Signature of Attorney)

(Signature of Guardian ad Litem)

(Street)

(Street)

(Street)

(City) (State) (Zip)

(City) (State) (Zip)

(City) (State) (Zip)

(Telephone Number)

(Telephone Number)

(Telephone Number)

Plaintiff

Defendant

Third Party/Defendant

(Signature of Plaintiff)

(Signature of Defendant)

(Signature of Third Party)

(Street)

(Street)

(Street)

(City) (State) (Zip)

(City) (State) (Zip)

(City) (State) (Zip)

(Telephone Number)

(Telephone Number)

(Telephone Number)