

# Form CAFC751 – Petition, Consent and Order for Mother's Appointment as Next Friend

In what Missouri county will this case be filed?

In the Circuit Court of

MISSOURI

If this case has already been filed, what is the case number of the pending case?

Case Number

Division Number

## The Parties

1. I am the mother of the child(ren) listed below and consent to my appointment as next friend of the child(ren). I request that I be appointed as next friend for the child(ren). My name and address is:

(Mother's First Name)

(Middle Name)

(Mother's Last Name)

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(E-Mail Address)

2. The following child(ren) is/are PLAINTIFF(S) in this case and each child who is age 14 years or older requests that I be appointed as next friend for him or her in this case:

a. (Child's full name as it appears on the birth certificate) Birth Date: (mm/dd/yyyy)

CHILD SIGN HERE (if age 14 or older)

b. (Child's full name as it appears on the birth certificate) Birth Date: (mm/dd/yyyy)

CHILD SIGN HERE (if age 14 or older)

c. (Child's full name as it appears on the birth certificate) Birth Date: (mm/dd/yyyy)

CHILD SIGN HERE (if age 14 or older)

d. (Child's full name as it appears on the birth certificate) Birth Date: (mm/dd/yyyy)

CHILD SIGN HERE (if age 14 or older)

e. (Child's full name as it appears on the birth certificate) Birth Date: (mm/dd/yyyy)

CHILD SIGN HERE (if age 14 or older)

f. (Child's full name as it appears on the birth certificate) Birth Date: (mm/dd/yyyy)

CHILD SIGN HERE (if age 14 or older)

## The Parties (Continued)

3. ☐ The child(ren) reside(s) with me.  
☐ The child(ren) reside(s) with the following person(s) at the following address:

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

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)



\_\_\_\_\_  
MOTHER SIGN HERE

\_\_\_\_\_  
PRINT YOUR NAME HERE

### ATTORNEY INFORMATION *(To be completed by your attorney)*

\_\_\_\_\_  
Attorney – SIGN HERE

\_\_\_\_\_  
Missouri Bar Number

\_\_\_\_\_  
Attorney for Plaintiff(s) – PRINT YOUR NAME HERE

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email Address)

*Do not enter any information here if you are filing this case without the assistance of a lawyer.*

*This information should be completed by your attorney.*

☐ *I have assisted Plaintiff(s) in the preparation of these pleadings, but I am not entering my appearance on behalf of Plaintiff(s).*

Mother is appointed as next friend for the minor child(ren) listed above.

So Ordered:

\_\_\_\_\_  
Judge/Commissioner

\_\_\_\_\_  
Date