

# Form CAFC314 - Answer to Petition to Set Aside Judgment of Paternity and Support (Pursuant to §210.854, RSMo)

In what Missouri County is this case to be decided?

In the Circuit Court of  <b>MISSOURI</b>
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What is the case number? (This number is assigned at time of filing)

Case Number
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Division Number
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Answer all questions on this form completely.

## Your Information

1. I am a DEFENDANT and my full name is:			
_____	_____	_____	_____
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
2. <input type="checkbox"/> I am the Mother <input type="checkbox"/> I am a presumed Father			
3. The last four numbers of my Social Security Number are: XXX-XX-_____			
4. My mailing address is:			
_____			
(Street)			
_____	_____	_____	_____
(City)	(State)	(Zip)	
_____	_____	_____	
(Telephone Number)	(E-Mail Address)		

## Other Party's Information

5. The full name of Plaintiff is:			
_____	_____	_____	_____
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)

## Military Information

6. <input type="checkbox"/> I am NOT on active duty in the United States military. <input type="checkbox"/> I am on active duty in the United States military, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.	
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## Important Information

7. I understand that by voluntarily entering my appearance and filing this pleading, I am subjecting myself to the jurisdiction of this court, and the court may enter such orders and judgments as are authorized by law, including orders which effect child support, child custody, parenting time/visitation, parentage and attorney's fees.
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**Agree or  
Disagree  
with Petition**

8. I admit as true EVERYTHING Plaintiff stated in his Petition to Set Aside Judgment of Paternity and Support and incorporate all of those allegations herein EXCEPT the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under oath that I have given the other parties a copy of this Answer to Petition to Set Aside Judgment of Paternity and Support pursuant to Missouri Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following four boxes)*

- Mailing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date) at the following address:  
 \_\_\_\_\_  
 (Street)  
 \_\_\_\_\_  
 (City) (State) (Zip)
- Handing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date).
- Sending a copy to the other party or his or her attorney by fax to  
 \_\_\_\_\_ (fax number) on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).
- (To be used only by written consent of the party filed with the court)* Sending a copy via electronic mail to the other party or his or her attorney at \_\_\_\_\_ (Email Address) on \_\_\_\_\_ (Date).

Defendant, of lawful age, being duly sworn on his or her oath, states that he or she is the party named above and that the facts stated in this Answer to Petition to Set Aside Judgment of Paternity and Support are true according to his or her best knowledge and belief.

▶ \_\_\_\_\_  
 SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to on \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

Sign here in front of  
 a Notary Public

This should only be  
 completed if a lawyer  
 helped you with this  
 form

<p><b>ATTORNEY INFORMATION</b> <i>(To be completed by your attorney)</i></p> <p>_____          Attorney - SIGN HERE Missouri Bar Number</p> <p>_____          PRINT YOUR ATTORNEY'S NAME HERE</p> <p>_____          (Street)</p> <p>_____          (City) (State) (Zip)</p> <p>_____          (Telephone Number) (Fax Number) (Email Address)</p>		<p><i>Do not enter any information here if you are filing this pleading without the assistance of a lawyer. This information should be completed by your attorney.</i></p> <p><input type="checkbox"/> <i>I have assisted the above named party in the preparation of these pleadings, but I am not entering my appearance on his or her behalf.</i></p>
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