

# Form CAFC304 – Petition to Set Aside Judgment of Paternity and Support (Pursuant to §210.854, RSMo)

In what Missouri county will this case be filed? *(This should be the same county in which the original judgment was entered)*

In the Circuit Court of	MISSOURI
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If this is an amended petition, what is the case number of the pending case?

Case Number	Division Number
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## The Parties

① I am filing this case and I am the PLAINTIFF. My name is:

\_\_\_\_\_

*(First Name) (Middle Name) (Last Name) (Jr./Sr./III)*

② The child(ren)'s mother is a DEFENDANT in this case and her name is:

\_\_\_\_\_

*(Mother's First Name) (Middle Name) (Mother's Last Name)*

③ The following men are DEFENDANT(S) in this case. Either they -

- were married to the mother of the child(ren) listed below in ④ at the time of each child's birth, or
- were married to the mother of the child(ren) listed below in ④ within 300 days prior to each child's birth, or
- are considered "presumed" fathers of the child(ren) listed below in ④ pursuant to §210.822, RSMo.

*(They will be referred to as "First Presumed Father" and "Second Presumed Father" on these forms)*

a. \_\_\_\_\_

*(First Name) (Middle Name) (Last Name) (Jr./Sr./III)*

b. \_\_\_\_\_

*(First Name) (Middle Name) (Last Name) (Jr./Sr./III)*

④ I am NOT the father of the following minor children who are also DEFENDANT(S) in this case:

a. \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)*

b. \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)*

c. \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)*

d. \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)*

e. \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)*

f. \_\_\_\_\_ Birth Date: \_\_\_\_\_

*(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)*

⑤ Family Support Division is also a DEFENDANT in this case.

① Your Information (Plaintiff)

6. My mailing address is:

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

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

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

7.  This is the first petition I have filed in this case. (Original Petition)  
 This is the second petition I have filed in this case.  
 This is the third petition I have filed in this case.

8. The last four numbers of my Social Security Number are: XXX-XX-\_\_\_\_\_

9. I am \_\_\_\_\_ years old.

10. I reside in the Country of \_\_\_\_\_.

11. I reside in the State of \_\_\_\_\_.

12. I reside in the County of \_\_\_\_\_.

Case Information

13. I want to set aside a judgment that was entered in the Circuit Court of \_\_\_\_\_ (Location of Court) on \_\_\_\_\_ (Date of Judgment) in case number \_\_\_\_\_.

14. Evidence exists which was not considered before the entry of the above judgment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Check one of the following two boxes:

Genetic testing was conducted within 90 days prior to the filing of this petition using DNA methodology to determine the probability or improbability of paternity. This test was performed by an expert as defined in §210.834, RSMo. The test results are attached hereto and indicate that I have been excluded as the children's father.

I request the court enter an order of genetic paternity testing using DNA methodology.

② Mother's Information (Defendant)

16. Mother's mailing address is:

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

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

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

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

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

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

17. The last four numbers of Mother's Social Security Number are:

XXX-XX-\_\_\_\_\_.

18. Mother is \_\_\_\_\_ years old.

19. Mother resides in the Country of \_\_\_\_\_.

20. Mother resides in the State of \_\_\_\_\_.

21. Mother resides in the County of \_\_\_\_\_.

22.  Mother is NOT on active duty in the United States military.  
 Mother is on active duty in the United States military.

23.  Mother has signed a verified "Answer to Petition for Declaration of Non-Paternity" which is being filed with this petition. Therefore, do not issue a summons.  
 Mother should be served at her residence.

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

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

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

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

- Mother should be served at her place of employment.

\_\_\_\_\_  
(Name of Employer)

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

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

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

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

- Service by publication. I don't know where Mother is and I have no way of locating her. Therefore, I am requesting that she be served by publication.  
 Other method of service: \_\_\_\_\_

**3a**  
**Information about the First Presumed Father (Defendant)**

*This is the person named on line 3a on the first page of this petition.*

24. First Presumed Father's mailing address is:

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

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

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

25. The last four numbers of First Presumed Father's Social Security Number are:

XXX-XX-\_\_\_\_\_

26. First Presumed Father is \_\_\_\_\_ years old.

27. First Presumed Father resides in the Country of \_\_\_\_\_.

28. First Presumed Father resides in the State of \_\_\_\_\_.

29. First Presumed Father resides in the County of \_\_\_\_\_.

30.  First Presumed Father is NOT on active duty in the United States military.  
 First Presumed Father is on active duty in the United States military.

31.  First Presumed Father has signed a verified "Answer to Petition for Declaration of Non-Paternity" which is being filed with this motion. Therefore, do not issue a summons.

- First Presumed Father should be served at his residence.

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

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

- First Presumed Father should be served at his place of employment.

\_\_\_\_\_  
 (Employer's Name - if applicable) (Hours of Employment)

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

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

- Service by publication. I don't know where First Presumed Father is and I have no way of locating him. Therefore, I am requesting that he be served by publication. I have filed an Affidavit for Service by Publication and a Notice of Publication.

- Other method of service: \_\_\_\_\_

3b  
Information  
about the  
Second  
Presumed  
Father  
(Defendant)

*This is the person named on line 3b on the first page of this petition.*

32. Second Presumed Father's mailing address is:

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

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

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

33. The last four numbers of Second Presumed Father's Social Security Number are:

XXX-XX-\_\_\_\_\_

34. Second Presumed Father is \_\_\_\_\_ years old.

35. Second Presumed Father resides in the Country of \_\_\_\_\_.

36. Second Presumed Father resides in the State of \_\_\_\_\_.

37. Second Presumed Father resides in the County of \_\_\_\_\_.

38.  Second Presumed Father is NOT on active duty in the United States military.

Second Presumed Father is on active duty in the United States military.

39.  Second Presumed Father has signed a verified "Answer to Petition for Declaration of Non-Paternity" which is being filed with this motion. Therefore, do not issue a summons.

Second Presumed Father should be served at his residence.

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

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

Second Presumed Father should be served at his place of employment.

\_\_\_\_\_  
(Employer's Name - if applicable) (Hours of Employment)

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

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

Service by publication. I don't know where Second Presumed Father is and I have no way of locating him. Therefore, I am requesting that he be served by publication. I have filed an Affidavit for Service by Publication and a Notice of Publication.

Other method of service: \_\_\_\_\_

5 Family Support Division

Additional Information about the Children

40. Summons to issue to be served on:

Director, Family Support Division  
615 Howerton Court  
Jefferson City, Missouri 65102

41. The child(ren) have lived with the following persons at the following address(es) during the past five years. *(State the dates at each address)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

42. *Check all boxes that apply to your case.*

Someone other than me or the other parent has physical custody of one or more of the child(ren) or claims to have custody or visitation rights with respect to one or more of the child(ren).

There are other custody proceeding(s) concerning one or more of the child(ren) pending in a court of this or another state.

I have participated in other litigation concerning the custody of one or more of the child(ren) in this or another other state.

One or more of the child(ren) has been a victim of abuse or neglect.

43. Explanation: *(If you checked any of the boxes in paragraph 42, please explain in detail here.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Request for Relief

THEREFORE, I am requesting that the court


- Set aside the judgment described in Paragraph 13 of this Petition.
- Declare that I am not the father of the children listed in Paragraph 4 of this Petition
- Appoint a guardian ad litem for the children listed in Paragraph 4 of this Petition.

I also request the following relief:

- I am without sufficient funds to pay for my attorney and I request that the other party pay my attorney's fees for this case.
- Other (Please state the other requests)

\_\_\_\_\_  
\_\_\_\_\_

Plaintiff, being of lawful age and duly sworn on his oath, states that he is the plaintiff named above and that the facts stated in this Petition to Set Aside Declaration of Paternity and Support are true according to his best knowledge and belief.

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

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

Sign this in front of a Notary Public

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

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

\_\_\_\_\_  
Attorney - SIGN HERE \_\_\_\_\_ Missouri Bar Number

\_\_\_\_\_  
Attorney for Plaintiff - 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 in the preparation of these pleadings, but I am not entering my appearance on behalf of Plaintiff.*