## Form CAFC312 - Answer to Mother's Petition for Declaration of Paternity, Custody and/or Support

In what Missouri County is this case to be decided?		In the Circuit Court of		MISSOURI		
What is the case number? (This number is assigned at time of filing)		Case Number		Division Number		
Answer all o	questions on th	is form complete	ely.			
Your Information	(First Name)  2.	sumed Father numbers of my Soci dress is:	al Security Number a	are: XXX-XX	_/III)	
Other Party's Information	5. The full name  (First Name)	of PLAINTIFF is:(Middle Name)	(Last Name)		: <u>/</u> III)	
Military Information	☐ I am on ac	5.   I am NOT on active duty in the United States military.  I am on active duty in the United States military, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.				
Important Information	am subjectir orders and ju	ng myself to the juris udgments as are au	diction of this court,	nce and filing this ple and the court may er uding orders awarding d attorney's fees.	nter such	

Agree or Disagree with Petition		Petition for Declaration of all of those allegations herein	
ustody and/or Support Illowing four boxes)	pursuant to Missouri Supre	es a copy of this Answer to Mother's one Court Rule 43.01(d) by: (You MUttorney on	IST check at least ONE of the
	<del>.</del>		
(Street)	<del></del>		
Sending a copy to t	(State) he other party or his or her a he other party or his or her a		(Date).
To be used only by party or his or her a	written consent of the party	r filed with the court) Sending a copy	via electronic mail to the other
SIGN HERE	knowledge and belief.	PRINT YOUR NAME HERE	
ubscribed and sworn to	o on		
otary Public		Sign here in front of a Notary Public	This should only be completed if a lawyer helped you with this
y Commission Expires:	:	a recary r dollo	form
· ·			
TORNEY INFORMAT	ION (To be completed by your	attorney)	Do not enter any information here if you are
Attorney – SIGN HERE		Missouri Bar Number	filing this pleading without the assistance of a lawyer.
PRINT YOUR ATTORNE	Y'S NAME HERE	······································	This information should be completed by your attorney.
(Street)			☐ I have assisted the
(City)	(Stat	e) (Zip)	above named party in the preparation of these pleadings, but I am not
(Telephone Number)	(Fax Number) (Ema	ail Address)	entering my appearance on his or her behalf.