

# Form CAFC201 – Petition for Child Custody

In what Missouri county will this case be filed?

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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*Answer all questions on this form completely.*

## Your Information

1. My full name is: *(You are the “Petitioner” in this case.)*  
\_\_\_\_\_  
(First Name)                  (Middle Name)                  (Last Name)                  (Jr./Sr./III)
2.  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.
3.  I am the Mother  
 I am the Father
4. The last four numbers of my Social Security Number are: XXX-XX-\_\_\_\_\_
5. My mailing address is:  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City)                                  (State)                                  (Zip)  
\_\_\_\_\_  
(Telephone Number)                  (E-Mail Address)

## Other Party’s Information

6. The full name of the other party is: *(He or she is the “Respondent” in this case.)*  
\_\_\_\_\_  
(First Name)                  (Middle Name)                  (Last Name)                  (Jr./Sr./III)
7. The last four numbers of the other party’s Social Security Number are:  
XXX-XX-\_\_\_\_\_
8. The other party’s mailing address is:  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City)                                  (State)                                  (Zip)  
\_\_\_\_\_  
(Telephone Number)                  (E-Mail Address)

## Service Information

9.  The other party has signed a verified "Answer to Petition for Determination of Custody" which is being filed with this motion. Therefore, do not issue a summons.
- The other party should be served at his or her residence.

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

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

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

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

- The other party should be served at his or her place of employment.

\_\_\_\_\_  
(Employer's Name - if applicable)

\_\_\_\_\_  
(Hours of Employment)

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

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

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

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

- Service by publication. I don't know where the other party is and I have no way of locating him or her. Therefore, I am requesting that he or she be served by publication. I have filed an Affidavit for Service by Publication and a Notice of Publication.
- Other method of service: \_\_\_\_\_

10.  The parent receiving support is not receiving Temporary Assistance for Needy Families (TANF).
- The parent receiving support is receiving TANF and therefore the State of Missouri must be served. Summons to issue to be served on:

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

## Case Information

11. I am entitled to ask for custody because:

- Paternity was acknowledged by both parties and father's name appears on the birth certificate of each child listed in this petition. Copies of these birth certificates are attached to this petition.
- An administrative order was entered that determined paternity. A copy of this administrative order is attached to this petition.
- Father and Mother were married at the time of the birth of each child listed in this petition and there are no existing custody judgments.
- Other \_\_\_\_\_

(Explain)

## Military Information

12.  The other party is NOT on active duty in the United States military.  
 The other party is on active duty in the United States military.

## Employment Information

13.  I am self-employed  
 I am unemployed  
 I am employed at:

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

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

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

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

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

14.  The other party is self-employed  
 The other party is unemployed  
 I don't know the other party's employment status  
 The other party is employed at:

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

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

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

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

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

## Children's Information

15. There is/are \_\_\_\_\_ child(ren) who is/are the subject of this proceeding as listed below.

Child's Full Name	Child's Age

Additional Information about the Children

16. 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)

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

17. 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.

18. Explanation: (If you checked any of the boxes in paragraph 17, please explain in detail here.)

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

Proposed Parenting Plan

19. The custody arrangement that is in the best interests of the minor children is set forth in Part A of the attached parenting plan marked Exhibit 1. (You must attach a completed copy of Parenting Plan Form CAFC501 to this petition.)

Request for Relief

THEREFORE, I want the court to enter a judgment concerning custody as per Part A of the attached parenting plan marked Exhibit 1.

I also request the following relief:

- Child support should be set as set forth in Part B of the attached parenting plan marked Exhibit 1.
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)

Petitioner, being of lawful age and duly sworn on his or her oath, states that he or she is the petitioner named above and that the facts stated in this Petition to Determine Child Custody are true according to his or her 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 Movant – 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  
Petitioner in the preparation  
of these pleadings, but I am  
not entering my appearance  
on behalf of Petitioner.*