## Form CAFC111 - Answer to Motion to Modify Child Custody

In what Missouri county was the custody judgment entered?		In the Circuit Court of		MISSOURI		
What is the case number of the custody judgment?		Case Number		Division Number		
Answer all o	questions on th	is form complete	ely.			
Your Information	1. My current full name is:					
	(First Name)  2.  I filed the	(Middle Name)	(Last Name)	(Jr./Sr./III)		
	<ol> <li>I filed the original case. (Petitioner/Plaintiff)         <ul> <li>I did not file the original case. (Respondent/Defendant)</li> </ul> </li> <li>I am the Mother             <ul> <li>I am the Father</li> </ul> </li> <li>The last four numbers of my Social Security Number are: XXX-XX</li> <li>My mailing address is:</li> </ol>					
	(Street)					
	(City)		(State)	(Zip)		
	(Telephone Num	ber) (E-	Mail Address)			
Other Party's Information	o. The current fair hame of the other party is.					
	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)		
Military						
Information	7.   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 pleading, I and the court may enter such ding orders awarding child I attorney's fees.		

Agree or Disagree with Motion				in his or her Motion to Modify ns herein EXCEPT the following:
				lodify Child Support pursuant to
Missouri Supreme Court  Mailing a copy to th				_ (Date) at the following address:
(Street)				
(City) Handing a copy to the Sending a copy	(Date).			
(To be used only by party or his or her a	written consent of the transfer of the transfe	ne party filed with th		/ via electronic mail to the other (Email Address) on
	named above and	that the facts stat	ted in this Answer to N	rn on his or her oath, states that Motion to Modify Child Support
SIGN HERE		PRINT	YOUR NAME HERE	
Subscribed and sworn to	on		n here in front of	This should only be completed if a lawyer
Notary Public		a No	otary Public	helped you with this form
My Commission Expires:				
ATTORNEY INFORMAT	Do not enter any information here if you are			
Attorney – SIGN HERE		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)		(State)	(Zip)	above named party in the preparation of these pleadings, but I am not
(Telephone Number)	(Fax Number)	(Email Address)		entering my appearance on his or her behalf.