

IN THE CIRCUIT COURT OF _____, MISSOURI
(County where court is located. City of Saint Louis is considered a county.)

In re:

(Child's First Name) (Child's Middle Name) (Child's Last Name) (Jr./Sr./III)
Petitioner (Enter Child's full legal name above)

Case Number _____
(Use number on Petition)

Division Number _____
(Use number on Petition)

Petition, Consent and Order for Parent's Appointment as Next Friend

Child's Information

1. The following child is the **Petitioner** in this case and requests that I be appointed as Next Friend for him or her in this case:

(Child's First Name) (Child's Middle Name) (Child's Last Name) (Jr./Sr./III) Birth Date: _____
(mm/dd/yyyy)

2. The child whose name is to be changed is (Check one of the two boxes):

- age 0 - 13 years
 age 14 - 17 years.

If the child is 14 years or older, the child must sign below to consent to the appointment of Next Friend:

I _____ am age 14-17 years old and
(Child's First Name) (Child's Middle Name) (Child's Last Name) (Jr./Sr./III)

consent to the appointment of _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

as Next Friend in this matter.



(Signature of Child Age 14 years or Older)

Your Information

3. My full legal name is:

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

4. Check one of the two boxes.

- I am the mother of the child.
 I am the father of the child.

5. My mailing address is:

(Street)

(City) (State) (Zip)

(Telephone Number with Area Code) (E-mail Address - Optional)

6. Check one of the two boxes.

- The child resides with me.
 The child resides with the following person at the following address:

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

(Street)

(City) (State) (Zip)

(Telephone Number with Area Code) (E-mail Address - Optional)

I consent to serving as Next Friend in this matter.

▶ _____
(Parent sign above) (Print Parent's name above) (Date)

Attorney Information

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

- I have assisted the parent listed above in preparation of these pleadings, but I am not entering my appearance on behalf of the parent listed above.

(Attorney - Sign above) (Missouri Bar Number)

(Attorney - Print your name above)

(Street)

(City) (State) (Zip)

(Telephone Number with Area Code) (Fax Number with Area Code) (E-mail Address - Optional)

ORDER

Parent is appointed as Next Friend for the minor child listed above.

SO ORDERED:

(Judge/Commissioner) (Date)