

Form CAFC411 – Petition, Consent and Order for Parent's Appointment as Next Friend

In what Missouri county will this case be filed?

In the Circuit Court of

MISSOURI

If this case has already been filed, what is the case number of the pending case?

Case Number

Division Number

The Parties

1. I am a parent of the child(ren) listed below and consent to my appointment as next friend of the child(ren). I request that I be appointed as next friend for the child(ren). My name and address is:

(Mother's First Name)

(Middle Name)

(Mother's Last Name)

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(E-Mail Address)

2. The following child(ren) is/are PETITIONER(S) in this case and each child who is age 14 years or older requests that I be appointed as next friend for him or her in this case:

a. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)



_____ CHILD SIGN HERE (if age 14 or older)

b. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)



_____ CHILD SIGN HERE (if age 14 or older)

c. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)



_____ CHILD SIGN HERE (if age 14 or older)

d. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)



_____ CHILD SIGN HERE (if age 14 or older)

e. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)



_____ CHILD SIGN HERE (if age 14 or older)

f. _____ Birth Date: _____
(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)



_____ CHILD SIGN HERE (if age 14 or older)

The Parties (Continued)

3. ☐ The child(ren) reside(s) with me.
☐ The child(ren) reside(s) with the following person(s) at the following address:

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

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(E-Mail Address)



PARENT SIGN HERE

PRINT PARENT'S NAME HERE

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

Attorney – SIGN HERE

Missouri Bar Number

Attorney for Plaintiff(s) – 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(s) in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner(s).*

Parent is appointed as next friend for the minor child(ren) listed above.

So Ordered:

Judge/Commissioner

Date