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

**In re the Marriage of:**

Hamid (First Name) Reza (Middle Name) Hamrah (Last Name) ____ (Jr./Sr./III)

**Petitioner,** *(Enter your full legal name above)*

**-and-**

Nicole (First Name) Marie (Middle Name) Hamrah (Last Name) ____ (Jr./Sr./III)

**Respondent,** *(Enter your spouse's full legal name above)*

**Case Number** 23SL-DR03510
*(Will be assigned when case is filed)*

**Division Number** 20
*(Will be assigned when case is filed)*

FILED
AUG 16 2023
JOAN M. GILMER
CIRCUIT CLERK, ST. LOUIS COUNTY

## Petition for Dissolution of Marriage

Throughout this entire case, you, Hamid (First Name) Reza (Middle Name) Hamrah (Last Name) ____ (Jr./Sr./III), will always be the Petitioner.

Your spouse, Nicole (First Name) Marie (Middle Name) Hamrah (Last Name) ____ (Jr./Sr./III), will always be the Respondent.

**Information about Petitioner** *(Enter your name on the lines)* Hamid (First Name) Reza (Middle Name) Hamrah (Last Name) ____ (Jr./Sr./III)

1. How many petitions have you filed in this case? *(Check one of the three boxes)*
   - ☒ 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.

2. What is your mailing address?
   This is the address the court will use to send information about your case to you. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. Even if you do not wish to give the address at which you live, you must still give the court a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

   10076 Litzsinger Rd
   *(Street)*

   Saint Louis *(City)* Missouri *(State)* 63124 *(Zip)*

   (314) 517-4296 *(Telephone Number with Area Code)* leveragemanagement23@gmail.com *(E-mail Address - Optional)*

3. What are the last four numbers of your social security number?
   The last four digits of your social security number are required by §452.312, RSMo.

   [redacted] ____


This form is available for free at www.selfrepresent.mo.gov

4. Are you over the age of eighteen? *(Check one of the two boxes)*

☒ Yes

☐ No

5. I live in ☒ the United States ☐ another country, which is _____.

6. I live in ☒ Missouri ☐ another state, which is _____.

Missouri law requires that one party to a dissolution of marriage proceeding must have been a resident of the State of Missouri for at least 90 days. If the time is less than four months, state the number of days you have lived in the state.

21 9 11

*Years Months Days*

*(Length of time you have lived in this state)*

7. In what county do you currently live and for what length of time have you lived there?

City of Saint Louis is considered a county. If you live in the city of Saint Louis, you should enter "Saint Louis city" in the blank.

St Louis 18 5 16

*(County)* *Years Months Days*

*(Length of time you have lived in this county)*

8. What is your current employment status? *(Check one of the three boxes)*

☒ Employed

☐ Unemployed

☐ Self-employed

9. If you are employed or self-employed, where do you currently work?

If you are self-employed, enter a brief description of the type of work you perform such as "Landscaping" or "Day care" on the line for the name of your employer. If you are self-employed, you should also enter the address information for your self-employment.

[redacted]

*(City)* *(State)* *(Zip)*

10. What is your total monthly gross income from all sources?

Gross income is the amount of money a person earns before anything such as taxes is deducted. For a more detailed definition of "gross income" see Supreme Court Form No. 14.

[redacted]

*(Total monthly gross income)*

11. Can you support yourself through the combined income from your employment and income from property that you will receive in the dissolution? *(Check one of the two boxes)*

This does not include supporting any minor children.

☐ Yes

☒ No

**Information about Respondent** Nicole (First Name) Marie (Middle Name) Hamrah (Last Name) _____ (Jr./Sr./III)

*(Enter your name on the lines)*

12. What is your spouse's mailing address?

This is the address that the court will use to send information about your case to your spouse. If you do not know your spouse's current address, you should enter the last known address of your spouse.

1408 Fawnvalley Dr
*(Street)*

Saint Louis *(City)* Missouri *(State)* 63131 *(Zip)*

(314) 494-4451 *(Telephone Number with Area Code)* rapidfirenutrition@gmail.com *(E-mail Address - Optional)*

13. What are the last four numbers of your spouse's social security number?

The last four digits of your spouse's social security number are required by §452.312, RSMo. Do not leave this field blank. If you do not know your spouse's social security number, enter "Unknown" in this field.

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14. Is your spouse over the age of eighteen? *(Check one of the two boxes)*

☒ Yes

☐ No

15. My spouse lives in ☒ the United States ☐ another country, which is _____.

16. My spouse lives in ☒ Missouri ☐ another state, which is _____.

If the time is less than four months, state the number of days your spouse has lived in the state.

21 *Years* 9 *Months* 11 *Days*

*(Length of time you have lived in this state)*

17. In what county does your spouse currently live and for how long has your spouse lived there?

If you do not know in which county your spouse lives and cannot find out this information, then you should enter "Unknown." City of Saint Louis is considered a county.

St Louis *(County)* 18 *Years* 5 *Months* 16 *Days*

*(Length of time they have lived in this county)*

18. If your spouse does **not** now live in Missouri, did you and your spouse live together in Missouri during your marriage? *(Check one of the three boxes)*

If you and your spouse have never lived together in the State of Missouri during your marriage and they do not voluntarily enter their appearance in this proceeding, the court will lack personal jurisdiction over your spouse. This **means that the court cannot award any money judgment to you. It may be better to file this case in the state where your spouse lives. You should consult a lawyer for further information.**

☐ Yes

☐ No

☒ Not Applicable (My spouse currently lives in Missouri)

19. What is your spouse's current employment status? *(Check one of the four boxes)*

☒ Employed

☐ Unemployed

☐ Self-employed

☐ Unknown

20. If your spouse is employed or self-employed, where do they currently work?
If your spouse is self-employed, enter a brief description of the type of work they perform, such as "Landscaping" or "Day care," on the line for the name of the employer. If your spouse is self-employed you should also enter the address information for their self-employment.

_____
_____
_____
*(City)* *(State)* *(Zip)*

21. What is your spouse's total monthly gross income from all sources?
Gross income is the amount of money a person earns before anything such as taxes is deducted. If you do not know the exact amount of monthly gross income for your spouse, you should enter your best estimate here.

_____
*(Total monthly gross income)*

22. Can your spouse support themselves through the combined income from their employment and income from property that they will receive in the dissolution? *(Check one of the three boxes)*
This does not include supporting any minor children born of the marriage.

☐ Yes
☒ No
☐ Unknown

23. Is your spouse on active duty in the military? *(Check one of the two boxes)*
If your spouse is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a dissolution of marriage without your spouse's consent. You should contact a lawyer about this situation prior to filing this Petition for Dissolution of Marriage.

☐ Yes
☒ No

## Information about the Marriage

24. What date were you married? 05/03/2003
*(mm/dd/yyyy)*

25. Where did you get your marriage license? *(Check one of the two boxes)*
Enter the state, county and country where your marriage is registered. This is not necessarily the same as the county where you were married. City of Saint Louis is considered a county. If your marriage is registered in the city of Saint Louis, enter "Saint Louis city."

☒ In the United States, in the State of Missouri, County of St Louis
☐ In another country, which is _____

26. What date did you and your spouse separate? 08/10/2019 2020
*(mm/dd/yyyy)*

27. Is there any reasonable likelihood that your marriage can be preserved? *(Check one of the two boxes)*

☐ Yes
☒ No

28. Is your marriage irretrievably broken? *(Check one of the two boxes)*

☒ Yes

☐ No

29. Are you or your spouse pregnant? *(Check all that apply)*

☐ Yes, I am pregnant.

☐ Yes, my spouse is pregnant.

☒ No, neither me nor my spouse are pregnant.

You **must** enter a number on each line below, even if it is 0. Include children no matter how old they are. Do not include deceased children.

30. How many living children do you and your spouse have together that were born **after** the date of this marriage?
Include in this number all living children born to you and your spouse during this marriage as a result of sexual intercourse or artificial insemination. — 2 *(Number of Children)*

31. How many living children did you and your spouse **adopt**?
If you have already accounted for this child in paragraph 30, do not count them in this paragraph. Include in this number all living children who were: (a) born to you or your spouse and later adopted by the other spouse; or (b) adopted by both parties. — 0 *(Number of Children)*

32. How many living children do you and your spouse have together that were born **before** the date of this marriage?
Include in this number all living children born to you and your spouse before this marriage as a result of sexual intercourse or artificial insemination. **You should attach a copy of the birth certificate(s) for these children to your Petition.** — 0 *(Number of Children)*

33. A. How many living children were born to you (if you are female) with someone other than your spouse during this marriage? (This number includes children born after the parties separated.) — 0 *(Number of Children)*
Additional information may be required before the court proceeds with your case.

B. How many living children were born to your spouse (if they are female) with someone other than you during this marriage? (This number includes children born after the parties separated.) — 0 *(Number of Children)*
Additional information may be required before the court proceeds with your case.

34. Enter the total number of children from lines 30, 31, 32 and 33 A and B. — 2 ***(Total Number of Children)***

**If line 34 is zero, then go directly to Question 47. If line 34 is one or more, you must answer the following questions.**

## Information about Children

Question 35 (a-j) represents the information for the first child, Question 36 (a-j) represents the information for the second child, and so on. See the chart below for more information.

**You must list the children regardless of age even if they are in someone else's custody. You must answer every part of the question.**

| Number of children you wrote on line 34 | Questions you should answer |
|---|---|
| 1 | 35 (a-j) and 39-47 |
| 2 | 35 (a-j), 36 (a-j) and 39-47 |
| 3 | 35 (a-j), 36 (a-j), 37 (a-j) and 39-47 |
| 4 | 35 (a-j), 36 (a-j), 37 (a-j), 38 (a-j) and 39-47 |
| More than 4 | 35 (a-j), 36 (a-j), 37 (a-j), 38 (a-j), attach additional pages answering all the questions asked in 38 (a-j) for each additional child and 39-47 |

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35. Child One

To be answered if the answer to question 34 is one or more

35.a What is the full name of this child?

[redacted]

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

35.b What are the last four numbers of this child's Social Security Number? [redacted]

35.c What is the current address of this child?

10076 Litzsinger Rd

(Street)

Saint Louis Missouri 63124

(City) (State) (Zip)

35.d What is this child's age? [redacted]

35.e *Check all of the following boxes that apply:*

☐ This child is married.

☐ This child is on active duty in the military.

☒ This child is self-supporting.

☒ This child is attending high school.

☒ This child is attending college or vocational school.

35.f With whom has this child primarily lived during the previous 60 days?

Hamid Reza Hamrah

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

35.g Who should have legal custody of this child? *(Check one of the four boxes) Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo*

☐ Me (Petitioner)

☐ My Spouse (Respondent)

☒ Both Spouses Jointly

☐ Other Person *(State name)*

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

35.h Who should have physical custody of this child? *(Check one of the four boxes) Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo*

☐ Me (Petitioner)

☒ My Spouse (Respondent)

☐ Both Spouses Jointly

☐ Other Person *(State name)*

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

35.i Who are the parents of this child? *(Check all that apply) If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.*

☒ Me (Petitioner)

☒ My Spouse (Respondent)

☐ Other Person *(State name)*

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

35.j Who are listed as parents on this child's birth certificate? *(Check all that apply)*

☒ Me (Petitioner)

☒ My Spouse (Respondent)

☐ Other Person *(State name)*

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

36. Child Two

To be answered if the answer to question 34 is two or more

36.a What is the full name of this child? [redacted]

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

36.b What are the last four numbers of this child's Social Security Number? [redacted]

36.c What is the current address of this child?

1405 Foxvalley Dr.

(Street)

Des Peres MO 63131

(City) (State) (Zip)

36.d What is this child's age? [redacted]

36.e *Check all of the following boxes that apply:*

- ☐ This child is married.
- ☐ This child is on active duty in the military.
- ☐ This child is self-supporting.
- ☐ This child is attending high school.
- ☒ This child is attending college or vocational school.

36.f With whom has this child primarily lived during the previous 60 days?

Nicki Hamrah

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

36.g Who should have legal custody of this child? *(Check one of the four boxes)* *Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo*

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person*(State name)* _____ _____ _____ _____

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

36.h Who should have physical custody of this child? *(Check one of the four boxes)* *Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo*

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Both Spouses Jointly
- ☐ Other Person*(State name)* _____ _____ _____ _____

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

36.i Who are the parents of this child? *(Check all that apply)* *If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.*

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person*(State name)* _____ _____ _____ _____

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

36.j Who are listed as parents on this child's birth certificate? *(Check all that apply)*

- ☐ Me (Petitioner)
- ☐ My Spouse (Respondent)
- ☐ Other Person*(State name)* _____ _____ _____ _____

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



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37. Child Three

To be answered if the answer to question 34 is **three or more**

37.a What is the full name of this child?

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

37.b What are the last four numbers of this child's Social Security Number? XXX-XX- _____

37.c What is the current address of this child?

_____
*(Street)*

_____ _____ _____
*(City)* *(State)* *(Zip)*

37.d What is this child's age? _____

37.e *Check all of the following boxes that apply:*

☐ This child is married.
☐ This child is on active duty in the military.
☐ This child is self-supporting.
☐ This child is attending high school.
☐ This child is attending college or vocational school.

37.f With whom has this child primarily lived during the previous 60 days?

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

37.g Who should have legal custody of this child? *(Check one of the four boxes)* *Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Both Spouses Jointly
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

37.h Who should have physical custody of this child? *(Check one of the four boxes)* *Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Both Spouses Jointly
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

37.i Who are the parents of this child? *(Check all that apply)* *If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

37.j Who are listed as parents on this child's birth certificate? *(Check all that apply)*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

38. Child Four

To be answered if the answer to question 34 is four or more

38.a What is the full name of this child?

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

38.b What are the last four numbers of this child's Social Security Number? XXX-XX- _____

38.c What is the current address of this child?

_____
*(Street)*

_____ _____ _____
*(City)* *(State)* *(Zip)*

38.d What is this child's age? _____

38.e *Check all of the following boxes that apply:*

☐ This child is married.
☐ This child is on active duty in the military.
☐ This child is self-supporting.
☐ This child is attending high school.
☐ This child is attending college or vocational school.

38.f With whom has this child primarily lived during the previous 60 days?

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

38.g Who should have legal custody of this child? *(Check one of the four boxes)* *Legal custody refers to who will make the decisions concerning health, education and welfare for this child. §452.375.1(2), RSMo*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Both Spouses Jointly
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

38.h Who should have physical custody of this child? *(Check one of the four boxes)* *Physical custody refers to where this child will reside and what time this child spends with each parent. §452.375.1(3), RSMo*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Both Spouses Jointly
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

38.i Who are the parents of this child? *(Check all that apply)* *If you or your spouse are not a parent of this child by sexual intercourse, adoption or artificial insemination, please name the other parent.*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

38.j Who are listed as parents on this child's birth certificate? *(Check all that apply)*

☐ Me (Petitioner)
☐ My Spouse (Respondent)
☐ Other Person*(State name)* _____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*



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**If you have more than four children, attach additional pages answering all the questions asked in 38 (a-j) for each additional child.**

## Additional Information about Children

39. List all addresses at which the children have lived during the past five years and the name of the parent or guardian with whom said children lived.

Hamid (*First Name*) Reza (*Middle Name*) Hamrah (*Last Name*) _____ (*Jr./Sr./III*)

10076 Litzsinger Rd (*Street*)

Saint Louis (*City*) Missouri (*State*) 63124 (*Zip*)

Nicole (*First Name*) Marie (*Middle Name*) Hamrah (*Last Name*) _____ (*Jr./Sr./III*)

1408 Fawnvalley Dr (*Street*)

Saint Louis (*City*) Missouri (*State*) 63131 (*Zip*)

Hamid Hamrah (*First Name*) _____ (*Middle Name*) _____ (*Last Name*) _____ (*Jr./Sr./III*)

10076 Litzsinger Rd Ladue, MO 63124 United States (*Street*)

_____ (*City*) _____ (*State*) _____ (*Zip*)

40. Do you know of anyone other than you or your spouse who has physical custody of any of the children or claims to have custody or visitation rights with respect to any of the children? *(Check one of the two boxes)*

☐ Yes

☒ No

41. Do you have information about any other custody proceeding concerning any of the children pending in a court of this or any other state? *(Check one of the two boxes)*

☐ Yes

☒ No

42. Have you participated in other litigation concerning the custody of any of the children in this or any other state? *(Check one of the two boxes)*

☐ Yes

☒ No

43. Have any of the children been a victim of abuse or neglect? *(Check one of the two boxes)*

☐ Yes

☒ No

44. If you answered "Yes" to questions 40, 41, 42 or 43, please explain.

_____

_____



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45. Have any orders pertaining to any of the children been entered by the Family Support Division? *(Check one of the two boxes)*

☐ Yes, I have attached a copy of the order to this *Petition for Dissolution of Marriage*

☒ No

46. Are you or your spouse currently receiving Temporary Assistance to Needy Families (TANF) benefits? *(Check one of the two boxes)*

☐ Yes

☒ No

## Other Allegations

47. Are there any other allegations?

If there are any other statements you wish to include in your Petition, you should enter them here.

_____

_____

## Request for Relief

I want the court to do the following: *(Check all that apply)*

☒ Grant a dissolution of my marriage

☒ Grant custody of the child(ren) of the marriage as stated herein (if applicable)

☒ Enter appropriate orders with respect to the support of the child(ren) (if applicable)

☐ Divide the marital property and debts

☐ Award maintenance to me

☒ Award maintenance to my spouse

☐ Change my name to my former name of

_____ _____ _____ _____

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

☐ Other (Please state the other request(s))

_____

_____

_____

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## Directions for Service on Respondent Spouse

**Before your case can proceed, your spouse must be given notice that you have filed this case. This notice must be given in one of the methods described in this section.**

If you do not know the location of your spouse and you have no way of contacting them, you must attempt to serve your spouse at their last known address or place of employment. Once you make an honest and reasonable effort to personally serve your spouse and are still unable to get service, then you may file a *Request for Service by Publication* asking the court to publish notice of your *Petition* in the local newspaper. The *Request for Service by Publication* is available on the Representing Yourself website at selfrepresent.mo.gov. **If you have service by publication, you are not entitled to obtain any kind of money judgment against your spouse for such things as child support. This option should only be used as a last resort.**

☒ Respondent Spouse has signed a verified *Respondent's Answer* to *Petition for Dissolution of Marriage*, which is being filed with the Petition for Dissolution of Marriage. Therefore, do not issue a summons.

If you check this box, you must file the Respondent's Answer to Petition for Dissolution of Marriage at the same time you file this petition. The Respondent's Answer to Petition for Dissolution of Marriage must be signed by your spouse in front of a notary public.

☐ Respondent Spouse should be served with a summons at their home:

Your spouse must be served within 30 days of the issuance of the summons. **If you are going to have your spouse served, you must file another copy of all your documents in this case to be served on your spouse.**

_____
*(Street)*

_____ _____ _____
*(City)* *(State)* *(Zip)*

☐ Respondent Spouse should be served with a summons at their place of employment:

Your spouse must be served within 30 days of the issuance of the summons. **If you are going to have your spouse served, you must file another copy of all your documents in this case to be served on your spouse.**

_____ _____
*(Employer's Name)* *(Hours of Employment)*

_____
*(Street)*

_____ _____ _____
*(City)* *(State)* *(Zip)*

☐ Respondent Spouse cannot be served in Missouri. Therefore, service by registered mail is requested. A copy of the *Affidavit for Service by Mail* is attached to this form. See Missouri Supreme Court Rule 54.12(b).

**If you listed children in this *Petition* and either you or your spouse receive Temporary Assistance for Needy Families (TANF) benefits, you must serve the Family Support Division with a copy of your *Petition* and *Parenting Plan*.**

☐ Me or my spouse currently receive TANF benefits through the Family Support Division. The Family Support Division shall be served at the following address:

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

**If you request a summons to be served outside of the county where you filed this *Petition*, the court will mail the summons to you. You must then deliver the summons to the sheriff of the county where the summons will be served. You must also pay the appropriate service fee to that sheriff.**

## Sign Below in the Presence of a Notary Public

Your *Petition for Dissolution of Marriage* is required to be verified in the presence of a notary public by §452.310.1, RSMo.

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in the *Petition for Dissolution of Marriage* are true according to his or her best knowledge, information and belief.

▶ _____ Hamid Reza Hamrah

*(Sign above in the presence of a Notary Public)* *(Print your name above)*

The following information must be completed by a notary public.

STATE OF Missouri )
)SS
COUNTY OF St Louis )

On this 20th day of July, 2023, before me personally appeared, Hamid Reza Hamrah, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

RONDA R. MARY
Notary Public, Notary Seal
State of Missouri
St. Louis County
Commission # 20695088
My Commission Expires 02-24-2024

_____, Notary Public

St Louis County, State of Missouri

My commission expires: 2/24/2024

## 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 Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.

NONE, PRO SE _____

*(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)*