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

FILED
AUG 22 2023
REBECCA UHLICH
CLERK, CIRCUIT COURT
SALINE COUNTY MO

In re the Marriage of:

Eric (First Name) Leroy (Middle Name) Browder (Last Name) ____ (Jr./Sr./III)
Petitioner, *(Enter your spouse's full legal name above)*

-and-

Amber (First Name) Yvette (Middle Name) Browder (Last Name) ____ (Jr./Sr./III)
Respondent. *(Enter your full legal name above)*

Case Number 23SA-CV00676
(Use number on Petition)

Division Number 6
(Use number on Petition)

Respondent's Answer to Petition for Dissolution of Marriage

This form shall be filled out by the Respondent who is responding to the *Petition for Dissolution of Marriage*.

1. I am answering the following pleading *(Check one of the three boxes)*
   - ☑ The first petition my spouse filed in this case (Original petition)
   - ☐ The second petition my spouse filed in this case (First amended petition)
   - ☐ The third petition my spouse filed in this case (Second amended petition)

2. I understand that by voluntarily entering my appearance and filing this pleading, I am subjecting myself to the jurisdiction of this court, and the court may enter such orders and judgments as are authorized by law, including orders awarding maintenance (formerly alimony), child support, child custody, parenting time/visitation, division of property, division of debts and attorney's fees.

3. I admit as true **everything** my spouse stated in his or her *Petition for Dissolution of Marriage* and incorporate all of those allegations herein **except** the following:

   Any statement not specifically denied will be deemed admitted and you may not have the opportunity to disagree with this statement when the case is presented to the court.

   _____

   _____

   _____

   _____

4. 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.

800 S. Miami Ave Apt#8
(Street)

Marshall (City) MO (State) 65340 (Zip)

(660) 631-6438 (Telephone Number with Area Code) browderamber-37@gmail.com (E-mail Address - Optional)

5. What are the last four numbers of your social security number?

The last four numbers of your social security number are required by §452.312.2, RSMo.

XXX-XX- [redacted]

6. *Check one of the three boxes.*

- ☑ I am not on active duty in the armed services of the United States of America.
- ☐ I am on active duty in the armed services of the United States of America, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.
- ☐ I am on active duty in the armed services of the United States of America and I do **not** waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

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

The last four numbers of your spouse's social security number are required by §452.312.2, RSMo.

XXX-XX- [redacted]

Information about Children of the Marriage

8. Below list the names, ages and last four digits of the social security numbers of all living children who were (a) born after the date of your marriage; (b) adopted including children born to you or your spouse and later adopted by the other spouse, or adopted by both parties; (c) born to you and your spouse before this marriage as a result of sexual intercourse, or artificial insemination; or (d) children born to you (if you are female) or your spouse (if they are female) after the date of marriage as a result of sexual intercourse or artificial insemination with someone outside the marriage.

(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)
(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)	(Child's Age)	(Last 4 digits)

If you listed children in response to Question 8, you must answer questions 9 through 13. If there are no living children born of the marriage, you may skip to the Request for Relief on Page 4.

9. 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.

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

(Street)

(City) (State) (Zip)

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

(Street)

(City) (State) (Zip)

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

(Street)

(City) (State) (Zip)

10. 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

11. 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

12. 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

13. *Check one of the two boxes.*
    - ☐ I agree with the *Parenting Plan* filed by the Petitioner.
    - ☐ I do **not** agree with the *Parenting Plan* filed by the Petitioner and will file a separate *Parenting Plan.*

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

Amber	Yvette	~~Brooder~~ Wood	
(First Name)	*(Middle Name)*	*(Last Name)*	*(Jr./Sr./III)*

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

_____

_____

_____

Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on _____ (date) I have sent/given a copy of this *Respondent's Answer to Petition for Dissolution of Marriage* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

Notice

Some local rules may also require that you file a *Statement of Income and Expenses* and a *Statement of Property and Debt and Proposed Separation Agreement* at the time you file this document. Failure to do so could cause your *Respondent's Answer to Petition for Dissolution of Marriage* to be stricken. Also, if there are any unemancipated children, you are required to file a proposed *Parenting Plan* within 30 days after the date you were served or the date you filed this *Respondent's Answer to Petition for Dissolution of Marriage*. You may file a joint *Parenting Plan* with your spouse. See §452.310.7, RSMo.

Sign Below in the Presence of a Notary Public

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

▶ Amber Y. Browder — Amber Y. Browder

(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 Saline)

On this 22nd day of August, 2023, before me personally appeared Amber Yvette Browder, 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.

JENNIFER SANDOVAL
Notary Public - Notary Seal
STATE OF MISSOURI
Saline County
My Commission Expires: 5/17/2025
Commission # 21859516

Jennifer Sandoval
Jennifer Sandoval, Notary Public
Saline County, State of Missouri

My commission expires: 05/17/2025

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

(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)*