MOTHER'S PATERNITY

FORMS

Do not file this page with the court.

MOTHER'S PATERNITY FORMS

(These forms may be used by a mother asking for orders of paternity, custody and support.)

Introduction

These forms are available to you at no cost on the Representing Yourself website. Some courts may provide paper copies of these forms for a fee. Only a lawyer may charge you a fee for preparing these forms. You are required to complete the Litigant Awareness Program on selfrepresent.mo.gov before preparing these forms. Your local court may also have other educational programs available to help you in the preparation of these forms.

General Information about Forms

The forms must be downloaded with Adobe Acrobat Reader or Adobe Acrobat DC to save the information you enter. Adobe Acrobat Reader DC is available for free from the Adobe website. Save the forms before you begin entering information. After you have filled in the forms on your computer, save the information and print the forms to file them with the court.

If you are working on a public computer, **don't save your personal information on the public computer**. Use a USB memory stick or other removable device.

The forms listed below are interactive. If you fill in the forms on your computer, some of the information you enter on one line may automatically transfer to another line. The forms also contain bookmarks that help you to navigate through the forms. In addition, there are "links" embedded in the forms. These links are usually blue and can take you to a related location in the forms or to a related website.

You are the Petitioner. The other parties to your case are Respondents.

Upon Completion of the Forms

1. You must file the following **original, signed forms with the court:**
    - *Mother's Petition for Declaration of Paternity, Custody and Support*
    - *Petition, Consent and Order for Appointment as Next Friend in Paternity Action*
    - *Parenting Plan*, Parts A and B
    - *Statement of Income and Expenses (For use in Paternity Action)*
    - *Statement of Property and Debt (For use in Paternity Action)*
    - *Filing Information Sheet*
    - *Family Court Cover Sheet, if it applies*
    - *Certificate of completion of Litigant Awareness Program*
    - *Notice of Hearing*
    - *Judgment of Paternity*

2. Each of the parties listed in question 6 of *Mother's Petition for Declaration of Paternity, Custody and Support* is a Respondent.

3. Unless a Respondent files an *Answer to Petition for Declaration of Paternity, Custody and Support* before being served, you must file a copy of all of the forms filed for each Respondent. The copies will be used to personally serve the Respondents with the forms.

4. If a Respondent files an *Answer to Petition for Declaration of Paternity, Custody and Support* before being served, you still must provide that Respondent with a copy of all the forms.

5. You should also keep a copy of these forms for your records.

6. You must pay the required filing fee. Check with your local court to determine amounts due.

7. You should check with your local court to see if additional forms are required.

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1. Mother's Petition for Declaration of Paternity, Custody and Support (Form CAFC302)
   This is the first form you should complete.

2. Petition, Consent and Order for Appointment as Next Friend in Paternity Action (Form CAFC751)
   The court must appoint someone to represent the interests of the child(ren) in a paternity action. That person is called the "Next Friend." This person may be the mother, father or another person with legal or physical custody of the child(ren). If your child(ren) are 14 or older, they must sign this form consenting to the appointment of their Next Friend.

3. Parenting Plan (Form CAFC501)
   There are two parts to this form, Part A and Part B. Part A deals with custody issues of the children, and Part B deals with support issues of the children. You must complete both parts of the *Parenting Plan*.

   If you have different custody or support arrangements for some of the children, you must complete a separate *Parenting Plan* for each set of children.

   If the parents agree on the *Parenting Plan*, you may both sign and file one plan. This *Parenting Plan* can then be introduced into evidence at your hearing for the court to approve.

4. Statement of Income and Expenses (For use in Paternity Action) (Form CAFC252)
   This form requires you to list income and expenses for both you and the other parent.

5. Statement of Property and Debt (For use in Paternity Action) (Form CAFC242)
   This form requires you to list your property and debt.

6. Answer to Petition for Declaration of Paternity, Custody and Support (Form CAFC315-R)
   The Respondents may complete this form in response to your petition. A respondent may file this answer with the court if they do not want to be personally served with your petition. By signing this form, the Respondent is allowing the court to decide your case. The Respondent may also use this form to disagree with your statements on your forms.

7. Filing Information Sheet (Form FI-10)
   This form is required by most courts to enter the information about your case into the court's computer system.

8. Notice of Hearing (Form CAFC721)
   In Missouri, the circuit court keeps its schedule of hearings, called the docket. Some circuits require a pretrial hearing, case management, or settlement conference before the final hearing. In some circuits, a litigant will not be placed on the docket automatically, but will need to request a hearing to get on the docket. You should check with your local court to determine how your court schedules its docket.

9. Judgment of Paternity (Form CAFC370)
   This is the proposed judgment you will offer to the court. Different courts handle the preparation of the judgment in different ways. In some courts, the judge will direct you to prepare a judgment, and in other courts, the judge will prepare the judgment.

Do not file this page with the court.

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

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner, *(Enter your full legal name above)*

-and-

The MINOR CHILD(REN) as listed
in question 1 of the *Mother's Petition for Declaration of Paternity, Custody and Support*,
By Next Friend,

v.

Respondents shall be listed in the order used in question 6 of this *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 1, *(Enter full legal name of Respondent 1 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 2, *(Enter full legal name of Respondent 2 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 3. *(Enter full legal name of Respondent 3 above)*

Case Number _____
(Will be assigned when case is filed)

Division Number _____
(Will be assigned when case is filed)

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

Mother's Petition for Declaration of Paternity, Custody and Support

The Parties

This *Petition* is for a mother to ask the court to determine who is the father of her child(ren). A mother must file a separate *Mother's Petition for Declaration of Paternity, Custody and Support* for each father of her children. Throughout this case you will always be referred to as the Petitioner. The other parties will be referred to as Respondent(s).

1. I ask the court to determine paternity for the following child(ren):

   a. _____ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

   b. _____ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

c. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

d. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

e. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

f. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

2. I ask this court to find _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

is the father of the child(ren) listed in this *Petition*.

3. Were you married to a man at the time you became pregnant with any child(ren) listed in this *Petition*? *(Check one of the two boxes)*
☐ Yes ☐ No

If yes, who were you married to?_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

4. Were you married to a man at the time any of the children listed in this *Petition* were born? *(Check one of the two boxes)*
☐ Yes ☐ No

If yes, who were you married to?_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

5. An acknowledgment of paternity is an affidavit that the parents sign to put a father on a child's birth certificate. Did any man sign an acknowledgment of paternity for the child(ren) listed in this *Petition* at the hospital or at any other time? *(Check one of the two boxes)*
☐ Yes ☐ No

If yes, who listed himself as the father on the acknowledgment of paternity or birth certificate?

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

6. List the names of all men you named in questions 2, 3, 4 and 5. These persons are the Respondents to this *Petition.*

If you list more than 3 different persons in response to questions 2, 3, 4 and 5, attach additional pages answering the questions 15 through 23 of this *Petition* for each additional Respondent. You must also attach additional Directions for Service pages (available on page 9 of this *Petition*) for each additional Respondent.

Respondent 1 - _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

Respondent 2 - _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

Respondent 3 - _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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

7. 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.

_____
(Street)

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

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

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

XXX-XX- _____

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

☐ Yes ☐ No

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

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

12. I live in the county of _____ .

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

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

☐ Employed ☐ Unemployed ☐ Self-employed

14. 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.

_____
(Employer's name or type of self-employment)

_____
(Street)

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

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

Information about Respondent 1

Provide information for Respondent 1 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
(Enter the full legal name of Respondent 1 on the lines above)

15. What is Respondent 1's mailing address?

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

_____
(Street)

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

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

16. What are the last four numbers of Respondent 1's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- _____

17. Is Respondent 1 over the age of eighteen? *(Check one of the two boxes)*

☐ Yes ☐ No

18. Respondent 1 lives in ☐ the United States ☐ another country, which is _____ .

19. Respondent 1 lives in ☐ Missouri ☐ another state, which is _____ .

20. Respondent 1 lives in the county of _____ .

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

21. Respondent 1 is currently ☐ employed ☐ unemployed ☐ self-employed ☐ employment unknown. *(Check one of the four boxes)*

22. If Respondent 1 is employed or self-employed, where do they currently work?

If this Respondent 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 this Respondent is self-employed you should also enter the address information for their self-employment.

_____
(Employer's name or type of self-employment)

_____
(Street)

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

23. Respondent 1 ☐ is ☐ is **not** on active duty in the military. *(Check "is" or "is not")*

If this Respondent is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without this Respondent's consent. You should contact a lawyer about this situation prior to filing this *Petition*.

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Information about Respondent 2

Provide information for Respondent 2 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
(Enter the full legal name of Respondent 2 on the lines above)

24. What is Respondent 2's mailing address?

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

_____
(Street)

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

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

25. What are the last four numbers of Respondent 2's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- _____

26. Is Respondent 2 over the age of eighteen? *(Check one of the two boxes)*
☐ Yes ☐ No

27. Respondent 2 lives in ☐ the United States ☐ another country, which is _____ .

28. Respondent 2 lives in ☐ Missouri ☐ another state, which is _____ .

29. Respondent 2 lives in the county of _____ .

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

30. Respondent 2 is currently ☐ employed ☐ unemployed ☐ self-employed ☐ employment unknown. *(Check one of the four boxes)*

31. If Respondent 2 is employed or self-employed, where do they currently work?

If this Respondent 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 this Respondent is self-employed you should also enter the address information for their self-employment.

_____
(Employer's name or type of self-employment)

_____
(Street)

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

32. Respondent 2 ☐ is ☐ is **not** on active duty in the military. *(Check "is" or "is not")*

If this Respondent is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without this Respondent's consent. You should contact a lawyer about this situation prior to filing this *Petition*.

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Information about Respondent 3

Provide information for Respondent 3 as listed in response to question 6 of this *Petition*. Respondents shall be listed in the order used in question 6 of this *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
(Enter the full legal name of Respondent 3 on the lines above)

33. What is Respondent 3's mailing address?

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

_____
(Street)

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

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

34. What are the last four numbers of Respondent 3's social security number?

Do not leave this field blank. If you do not know this Respondent's social security number, enter "Unknown" in this field.

XXX-XX- _____

35. Is Respondent 3 over the age of eighteen? *(Check one of the two boxes)*

☐ Yes ☐ No

36. Respondent 3 lives in ☐ the United States ☐ another country, which is _____ .

37. Respondent 3 lives in ☐ Missouri ☐ another state, which is _____ .

38. Respondent 3 lives in the county of _____ .

City of Saint Louis is considered a county. If this Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

39. Respondent 3 is currently ☐ employed ☐ unemployed ☐ self-employed ☐ employment unknown. *(Check one of the four boxes)*

40. If Respondent 3 is employed or self-employed, where do they currently work?

If this Respondent 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 this Respondent is self-employed you should also enter the address information for their self-employment.

_____
(Employer's name or type of self-employment)

_____
(Street)

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

41. Respondent 3 ☐ is ☐ is **not** on active duty in the military. *(Check "is" or "is not")*

If this Respondent is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without this Respondent's consent. You should contact a lawyer about this situation prior to filing this *Petition*.

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Information about the Children

42. List the name of the parent or guardian with whom the children have lived and the address where said children have lived during the past five years. Enter the dates at each address. If the child(ren) have lived at more than three addresses in the past five years, attach an additional page to this *Petition* listing the information requested in question 42 for each additional address.

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

_____
(Street)

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

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

_____
(Street)

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

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

_____
(Street)

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

43. Do you know of anyone other than you or the other parent 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

44. 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

45. 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

46. Have any of the children been a victim of abuse or neglect? *(Check one of the two boxes)*
☐ Yes ☐ No

47. If you answered "Yes" to questions 43, 44, 45 or 46, please explain.

_____

_____

_____

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48. Has the Family Support Division opened a child support case for any child(ren) listed in this *Petition*? *(Check one of the two boxes)*
☐ Yes ☐ No

If yes, list the eight digit IV-D number(s). _____

If yes, has the Family Support Division issued a child support order? *(Check one of the two boxes)*
☐ Yes ☐ No

List the judicial case number(s). _____

49. Do any of the children listed in this *Petition* currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? *(Check one of the two boxes)*
☐ Yes ☐ No

If yes, you must serve the Family Support Division with a copy of *Mother's Petition for Declaration of Paternity, Custody and Support* and other forms filed with this *Petition*. Instructions on how to serve the Family Support Division are listed on page 12 of this *Petition*.

Request for Relief

I am requesting that _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

be declared the father of the child(ren) listed in question 1 of this *Petition* and that any other persons listed in questions 3 through 5 of this *Petition* be excluded as the father of the children.

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

☐ Child Custody should be as set forth in Part A of the attached *Parenting Plan* marked Exhibit _____. The custody arrangement that is in the best interests of the minor children is set forth in Part A of the attached *Parenting Plan* marked Exhibit _____.

☐ Child Support should be as set forth in Part B of the attached *Parenting Plan* marked Exhibit _____.

☐ I want to change the child(ren)'s names as follows:

_____

_____

_____

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

_____

_____

_____

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Directions for Service on Respondent 1 *(Enter the name of Respondent 1 on the lines below)*

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

You must fill out Directions for Service on each person listed in response to question 6 of this *Petition*.

Check one of the following service options:

☐ Respondent 1 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Mother's Petition for Declaration of Paternity, Custody and Support.* Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 1 in front of a notary public.

☐ Respondent 1 should be served with a summons at their home:

Respondent 1 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 1 served, you must file another copy of all your documents in this case to be served on Respondent 1.**

_____
(Street)

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

☐ Respondent 1 should be served with a summons at their place of employment:

Respondent 1 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 1 served, you must file another copy of all your documents in this case to be served on Respondent 1.**

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

_____
(Street)

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

☐ Respondent 1 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 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.

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Directions for Service on Respondent 2 *(Enter the name of Respondent 2 on the lines below)*

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

You must fill out Directions for Service on each person listed in response to question 6 of this *Petition*.

Check one of the following service options:

☐ Respondent 2 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Mother's Petition for Declaration of Paternity, Custody and Support.* Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 2 in front of a notary public.

☐ Respondent 2 should be served with a summons at their home:

Respondent 2 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 2 served, you must file another copy of all your documents in this case to be served on Respondent 2.**

_____
(Street)

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

☐ Respondent 2 should be served with a summons at their place of employment:

Respondent 2 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 2 served, you must file another copy of all your documents in this case to be served on Respondent 2.**

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

_____
(Street)

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

☐ Respondent 2 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 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.

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Directions for Service on Respondent 3 *(Enter the name of Respondent 3 on the lines below)*

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

You must fill out Directions for Service on each person listed in response to question 6 of this *Petition*.

Check one of the following service options:

☐ Respondent 3 has signed a verified *Answer to Petition for Declaration of Paternity, Custody and Support*, which is being filed with the *Mother's Petition for Declaration of Paternity, Custody and Support.* Therefore, do not issue a summons.

If you check this box, you must file the *Answer to Petition for Declaration of Paternity, Custody and Support* at the same time you file this *Petition*. The *Answer* must be signed by Respondent 3 in front of a notary public.

☐ Respondent 3 should be served with a summons at their home:

Respondent 3 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 3 served, you must file another copy of all your documents in this case to be served on Respondent 3.**

_____
(Street)

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

☐ Respondent 3 should be served with a summons at their place of employment:

Respondent 3 must be served within 30 days of the issuance of the summons. **If you are going to have Respondent 3 served, you must file another copy of all your documents in this case to be served on Respondent 3.**

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

_____
(Street)

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

☐ Respondent 3 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 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.

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Service on Family Support Division (if necessary)

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

☐ The child(ren) 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

Sign Below in the Presence of a Notary Public

Your *Mother's Petition for Declaration of Paternity, Custody and Support* is required to be verified in the presence of a notary public.

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 *Mother's Petition for Declaration of Paternity, Custody and Support* are true according to his or her best knowledge, information and belief.

▶ _____ _____
(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 _____)
) SS
COUNTY OF _____)

On this _____ day of _____ , 20____ , before me personally appeared _____ , 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.

_____
_____ , Notary Public
_____ County, State of Missouri

My commission expires: _____

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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.

_____ _____
(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)*

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

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner, *(Enter your full legal name above)*

v.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 1, *(Enter full legal name of Respondent 1 above)*

and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 2, *(Enter full legal name of Respondent 2 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 3. *(Enter full legal name of Respondent 3 above)*

Case Number _____
(Will be assigned when case is filed)

Division Number _____
(Will be assigned when case is filed)

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Petition, Consent and Order for Appointment as Next Friend in Paternity Action

You are bringing this action on behalf of yourself and your child(ren). An adult must be appointed to represent their interests because they cannot file a case on their own. The court calls that person a "Next Friend."

1. I request that the court appoint *(Check one of the two boxes)*
   ☐ Me
   ☐ Someone else *(Enter name below)*

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

   as Next Friend for the following minor child(ren):

   a. _____ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

   b. _____ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

   c. _____ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

d. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

e. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

f. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

2. *Check one of the three boxes.*
   - ☐ The Next Friend is the mother of the child(ren).
   - ☐ The Next Friend is the father of the child(ren).
   - ☐ The Next Friend is not a parent of the child(ren), but currently has legal or physical custody of the child(ren).

3. Next Friend's mailing address is:

_____
(Street)

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

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

4. *Check one of the two boxes.*
   - ☐ The child(ren) reside(s) with the Next Friend
   - ☐ The child(ren) reside(s) 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.

▶ _____ _____ ___/___/___
(Next Friend sign above) *(Print Next Friend's name above)* *(Date - mm/dd/yyyy)*

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Consent of Children over the Age of Fourteen

Under Missouri law, children age 14 or older must consent to the appointment of a Next Friend.

I, being age 14 or older, consent to the appointment of (Enter the name of Next Friend below)

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

as my Next Friend in this case.

▶ _____ _____ ___/___/___
(Child sign above, if age 14 or older) *(Print Child's name above)* *(Date - mm/dd/yyyy)*

▶ _____ _____ ___/___/___
(Child sign above, if age 14 or older) *(Print Child's name above)* *(Date - mm/dd/yyyy)*

▶ _____ _____ ___/___/___
(Child sign above, if age 14 or older) *(Print Child's name above)* *(Date - mm/dd/yyyy)*

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

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

is appointed as Next Friend for the minor child(ren) listed above.
SO ORDERED:

_____ _____
(Judge/Commissioner) *(Date)*

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Exhibit _____

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

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

-and-

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

Case Number _____
(Use number from pending case)

Division Number _____
(Use number from pending case)

Parenting Plan

Part A - Custody of the Children

1. Plan Author(s) *(Check all applicable boxes)*
   - ☐ Both parents wrote this *Parenting Plan*.
   - ☐ Petitioner ☐ Respondent wrote this *Parenting Plan*. *(Check Petitioner or Respondent if you choose this option)*
   - ☐ The court wrote this *Parenting Plan*.
   - ☐ The Guardian ad Litem wrote this *Parenting Plan*.
   - ☐ Other _____ _____ _____ _____
     (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. Names and Ages of Children
   Enter the total number of children to whom this *Parenting Plan* applies:_____ .
   The names and ages of the children (hereinafter referred to simply as "the children") are as follows:

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

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3. Duration of Plan

The terms and conditions set forth in this *Parenting Plan* shall remain in full force and effect until the children are emancipated or until this plan is modified by a court of competent jurisdiction.

If you have questions about emancipation or jurisdiction, please consult an attorney or review the definitions on the Representing Yourself website.

Decisions Concerning the Children

4. Types of Decisions

The three types of decisions that parents must make concerning their children are major decisions, daily or everyday decisions, and emergency decisions.

A. Major Decisions

Major decisions are the important decisions about the children. Major decisions are made by **the parent or parents with legal custody**. The following are examples of major decisions:

- The choice or change of schools, including college or special tutoring,
- The choice or change of doctor, surgeon or dentist,
- Church or religious instruction, training or education,
- Selection of child care (daycare, babysitters, afterschool programs),
- Major medical care, surgery, or any medical procedure requiring hospitalization or out-patient surgery,
- Major dental work and orthodontics,
- Psychological or psychiatric treatment or counseling,
- The choice or change of camps or other special or extracurricular activities, including sports,
- The extent of any travel away from home,
- Part or full-time employment of the children,
- Whether the child gets a driver's license, drives or purchases a motor vehicle,
- Birth control and sex education,
- Actual or potential legal action on behalf of the children.

B. Daily or Everyday Decisions

Daily or everyday decisions are routine decisions like minor medical treatment, bedtimes, homework, chores, selection of clothing and normal daily activities.

Daily decisions shall be made by **the parent having actual physical custody at the time** of the decision. The parents shall work together to create consistent routines for the best interests of the child.

C. Emergency Decisions affecting Health and Safety

Emergency decisions are decisions of an urgent nature. They affect the immediate health and safety of the children and have to be made before it is possible to contact the other parent.

The parent who is with the minor child requiring emergency care may make the emergency decision. The parent making the emergency decision shall advise the other parent of the nature and extent of the emergency as soon as possible.

5. Access to Medical, Dental and Educational Records of the Children

Unless otherwise provided in this *Parenting Plan*, both parents are entitled to access records and information pertaining to the children, including, but not limited to, full and complete medical, dental, and educational records subject to Part A, Paragraph 21.

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6. Legal Custody *(Check one of the three boxes)*

☐ Joint Legal Custody

> "Joint legal custody" means that the parents share the decision-making rights, responsibilities, and authority relating to the health, education and welfare of the child, and, unless allocated, apportioned, or decreed, the parents shall confer with one another in the exercise of decision-making rights, responsibilities, and authority. §452.375.1(2), RSMo.

It is in the best interests of the children that the parents have joint legal custody of the children. Major decisions shall be made by both parents together. If they disagree on a major decision they shall resolve their disagreement through the dispute resolution procedure set forth in Paragraph 9.

☐ Sole Legal Custody *(Check Petitioner or Respondent if you choose this option)*

It is in the best interests of the children that ☐ Petitioner ☐ Respondent has sole legal custody of the children. The parent with sole legal custody shall make all major decisions affecting the children. The parents cannot share joint legal custody because:

> Missouri Law requires a statement of the reasons for a request for no shared decision-making. You **must** enter a reason on this line.

_____

_____

☐ Third Party - Sole Legal Custody to Third Party

It is in the best interest of the children that

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

(hereinafter referred to as "Third Party") has sole legal and sole physical custody of the children. Major decisions affecting the children shall be made by Third Party. Both parents are unfit, unsuitable, or unable to be a custodian of the children or the welfare of the children requires that neither parent have legal custody.

7. Communication between Parents *(Check each box that is appropriate in your case)*

Communication between the parents concerning the children may be by any of the following methods:

☐ In person
☐ Home telephone
☐ Work telephone
☐ Mobile telephone
☐ Letter via U.S. Postal Service
☐ E-mail
☐ Using the following third person. This third person will be:

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

The children shall not be used as messengers.

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8. Issues not to be Discussed in the Presence of the Children

The parents shall not make negative, derogatory or degrading statements about the other parent in front of the children. Both parents shall exercise their best efforts to promote the respect, love and affection of the children toward the other parent. The parents shall avoid discussing parenting issues, financial issues, and other topics related to these proceedings when the children are present.

The parents should prevent other people from making negative, derogatory or degrading statements about the other parent in the presence of the children.

9. Dispute Resolution Procedure

This is the manner in which the parents will resolve disagreements concerning the children. This includes disagreements on the meaning or interpretation of any provision of this plan. The parents shall present their disagreements to a mediator chosen by them for non-binding mediation. In the event that the parents cannot resolve the dispute by mediation, they may submit the issue to the court through appropriate proceedings.

Additional dispute resolution procedures are as follows:_____

_____

_____

When the Children Will Physically Be with Each Parent

10. Physical Custody *(Check one of the four boxes)*

☐ **Joint Physical Custody** *(Check Petitioner or Respondent if you choose this option)*

> "Joint physical custody" means an order awarding each of the parents significant but not necessarily equal, periods of time during which a child resides with or is under the care and supervision of each of the parents. Joint physical custody shall be shared by the parents in such a way as to assure the child of frequent, continuing and meaningful contact with both parents. §452.375.1(3), RSMo.

It is in the best interest of the children that both parents have joint physical custody of the children. Use the address of ☐ Petitioner ☐ Respondent as the address of the children for mailing and educational purposes.

☐ **Sole Physical Custody with Visitation to the Other Parent** *(Check Petitioner or Respondent if you choose this option)*

It is in the best interests of the children that ☐ Petitioner ☐ Respondent has sole physical custody of the children and that the other parent has visitation as set forth herein.

☐ **Sole Physical Custody and Supervised Visitation to the Other Parent** *(Check Petitioner or Respondent if you choose this option)*

It is in the best interests of the children that ☐ Petitioner ☐ Respondent has sole physical custody of the children and that the other parent has supervised visitation as set forth herein.

Unsupervised visitation with ☐ Petitioner ☐ Respondent would endanger the children's physical health or impair their emotional development because:

_____

Visitation will be supervised by _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

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☐ **Physical Custody to a Third Party**

It is in the best interest of the children that

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

(hereinafter referred to as "Third Party") has sole physical custody of the children. Both parents are unfit, unsuitable, or unable to be a custodian of the children or the welfare of the children requires that neither parent have physical custody.

11. Residential Schedules

Each exchange should be written on the Weekend and Weekday Exchange Schedule. The parents shall have physical custody of the children as they agree. In the event they do not agree, then the parents shall exchange the children as set forth in the residential schedules.

Each parent shall consider reasonable changes when requested by the other parent or the children. If a significant change is made, either parent may reduce their agreement to writing. All changes are unenforceable unless in writing and signed by both parents.

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Sample - Weekday and Weekend Exchange Schedule

This page is a sample to help you understand how to fill out the form. Do not file this sample page with the court.

Enter the parent who is receiving custody and the specified time for each exchange.

	DAY OF WEEK	EXCHANGES FOR DAY
WEEK ONE	Sunday	Susan
	Monday	Susan
	Tuesday	Susan
	Wednesday	3:30 p.m. Walter picks up children from school
	Thursday	8:00 a.m. Walter drops children off at school 3:30 p.m. Susan picks up children from school
	Friday	5:30 p.m. Walter picks up children from Susan's house
	Saturday	Walter
WEEK TWO	Sunday	7:00 p.m. Susan picks up children from Walter's house
	Monday	Susan
	Tuesday	Susan
	Wednesday	3:30 p.m. Walter picks up children from school
	Thursday	8:00 a.m. Walter drops children off at school 3:30 p.m. Susan picks up children from school
	Friday	Susan
	Saturday	Susan

SAMPLE
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Weekday and Weekend Exchange Schedule

Enter the parent who is receiving custody and the specified time for each exchange.
See previous page of this *Parenting Plan* for a sample schedule.

	DAY OF WEEK	EXCHANGES FOR DAY
WEEK ONE	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
WEEK TWO	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

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See the following page to determine when each week begins.

Determination of Week One and Week Two

Determination of **week one** or **week two** on the Weekday and Weekend Exchange Schedule

For purposes of this *Parenting Plan*, **week one** is defined as a week that has Sunday on one of the following dates:

January	1	2	3	4	5	6	7	15	16	17	18	19	20	21	29	30	31
February	1	2	3	4	12	13	14	15	16	17	18	26	27	28	29		
March	1	2	3	4	12	13	14	15	16	17	18	26	27	28	29	30	31
April	1	9	10	11	12	13	14	15	23	24	25	26	27	28	29		
May	7	8	9	10	11	12	13	21	22	23	24	25	26	27			
June	4	5	6	7	8	9	10	18	19	20	21	22	23	24			
July	2	3	4	5	6	7	8	16	17	18	19	20	21	22	30	31	
August	1	2	3	4	5	13	14	15	16	17	18	19	27	28	29	30	31
September	1	2	10	11	12	13	14	15	16	24	25	26	27	28	29	30	
October	8	9	10	11	12	13	14	22	23	24	25	26	27	28			
November	5	6	7	8	9	10	11	19	20	21	22	23	24	25			
December	3	4	5	6	7	8	9	17	18	19	20	21	22	23	31		

For purposes of this *Parenting Plan*, **week two** is defined as a week that has Sunday on one of the following dates:

January	8	9	10	11	12	13	14	22	23	24	25	26	27	28			
February	5	6	7	8	9	10	11	19	20	21	22	23	24	25			
March	5	6	7	8	9	10	11	19	20	21	22	23	24	25			
April	2	3	4	5	6	7	8	16	17	18	19	20	21	22	30	31	
May	1	2	3	4	5	6	14	15	16	17	18	19	20	28	29	30	31
June	1	2	3	11	12	13	14	15	16	17	25	26	27	28	29	30	
July	1	9	10	11	12	13	14	15	23	24	25	26	27	28	29		
August	6	7	8	9	10	11	12	20	21	22	23	24	25	26			
September	3	4	5	6	7	8	9	17	18	19	20	21	22	23			
October	1	2	3	4	5	6	7	15	16	17	18	19	20	21	29	30	31
November	1	2	3	4	12	13	14	15	16	17	18	26	27	28	29	30	
December	1	2	10	11	12	13	14	15	16	24	25	26	27	28	29	30	

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12. Holidays

A different schedule can apply on holidays. The times each parent will have with the children during the holidays are set forth on the Holiday Exchange Schedule.

Include the name of the parent who will have the holiday and the times to exchange the children.

Holiday Exchange Schedule

Holiday	Even Numbered Years	Odd Numbered Years	Physical Custody	
			From	To
	List name of parent	*List name of parent*	*Time - Include a.m. or p.m.*	*Time - Include a.m. or p.m.*
Martin Luther King Day				
President's Day				
Memorial Day				
Independence Day				
Labor Day				
Thanksgiving				
Halloween				
Christmas Eve				
Christmas Day				
Mother's Day				
Father's Day				
Petitioner's Birthday				
Respondent's Birthday				
Child(ren)'s Birthday(s)				
Other holidays, including school holidays, special occasions (specify)				

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13. Vacation Schedule *(Check one of the two boxes)*

☐ No specific weeks will be set aside for our vacations.

☐ Each parent may designate _____ week(s) each year during which they will have exclusive physical custody of the children and the regular schedules do not apply. However, during this period, the Holiday Schedule still applies. Petitioner shall have first choice of weeks in odd-numbered years. Respondent will have first choice of weeks in even-numbered years. The parent with the first choice of weeks must designate the vacation weeks by March 31 of each year. The parent with the second choice of weeks must designate the weeks by April 15 of each year.

_____

_____

_____

Holidays and vacations do not alter the "Week One" or "Week Two" designation, but they do apply ahead of the regular schedule. If the holiday schedule conflicts with any other schedule, the holiday schedule takes precedence.

Other Provisions Concerning the Children

14. Location of Exchanges *(Check one of the four boxes)*

If a specific location for an exchange is not stated on the schedule, then the exchange shall occur at the following location:

☐ All exchanges shall occur at the children's school or child care provider when school or child care is in session. If, or when, school or child care is not in session, all exchanges shall occur at the locations as follows:

_____

_____

☐ All exchanges shall occur at ☐ Petitioner's ☐ Respondent's residence. *(Check Petitioner or Respondent if you choose this option)*

☐ The parent receiving custody of the children shall pick up the children at the other parent's residence.

☐ Exchanges shall occur at the locations as follows:

_____

_____

15. Transportation

Each parent will pay the expenses associated with his or her own transportation to and from the exchange location unless otherwise indicated in this *Parenting Plan*.

16. Notification of Change from Residential Schedule

In the event either parent cannot exercise the scheduled time with the children, he or she should tell the other parent as soon as possible, but not later than 24 hours before the start of the scheduled time with the children. If a parent anticipates that he or she may have to cancel at the last minute, he or she should advise the other parent of the possible last minute conflict. If a parent fails to notify the other as set forth above, he or she shall be responsible for the reasonable costs incurred by the other parent.

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17. Telephone Contact with Children *(Check one of the two boxes)*

Each parent may contact the children in a reasonable manner when the children are with the other parent.

☐ Neither parent may contact the children at the other parent's residence earlier than _____ a.m. or later than _____ p.m.

☐ There are no restrictions on the time to contact the children.

Each parent shall provide the other parent with the telephone number at which the children may be contacted. Neither parent shall configure their telephone system in such a manner as to "block" or prevent the other parent from calling.

When a parent travels out of town with the children for at least 24 hours, he or she must notify the other parent of the children's destination. He or she must also provide a telephone number where the children can be reached.

18. Children's Activities

The parent who has the children at the time of the activity is responsible for getting the children to their school or extracurricular activities. Each parent shall not schedule activities that occur primarily when the children are with the other parent without the other parent's consent.

19. Relocation

§452.377, RSMo states, "Absent exigent circumstances as determined by a court with jurisdiction, **you as a party to this action are ordered to notify, in writing by certified mail, return receipt requested, and at least sixty days prior to the proposed relocation**, each party to this action of any proposed relocation of the principal residence of the child, including the following information:

(1) The intended new residence, including the specific address and mailing address, if known, and if not known, the city;
(2) The home telephone number of the new residence, if known;
(3) The date of the intended move or proposed relocation;
(4) A brief statement of the specific reasons for the proposed relocation of the child; and
(5) A proposal for a revised schedule of custody or visitation with the child.
(6) The other party's right, if that party is a parent, to file a motion, pursuant to §452.377, RSMo, seeking an order to prevent the relocation and an accompanying affidavit setting forth the specific good-faith factual basis for opposing the relocation within thirty days of receipt of the notice.

Your obligation to provide this information to each party continues as long as you or any other party by virtue of this order is entitled to custody of a child covered by this order. Your failure to obey the order of this court regarding the proposed relocation may result in further litigation to enforce such order, including contempt of court. In addition, your failure to notify a party of a relocation of the child may be considered in a proceeding to modify custody or visitation with the child. Reasonable costs and attorney fees may be assessed against you if you fail to give the required notice."

The residence of the children may be relocated sixty (60) days after providing notice unless a parent files a motion seeking an order to prevent the relocation within thirty (30) days after receipt of notice. Such motion shall be accompanied by an affidavit setting forth the specific factual bases supporting a prohibition of the relocation.

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20. The courts must consider any pattern of domestic violence when it awards custody of the children. *(Check one of the three boxes.)*

Domestic violence is abuse committed against another family or household member. Missouri law requires the court consider issues related to domestic violence before making decisions related to the children.

☐ There has been no pattern of domestic violence between the parents.

☐ There has been a pattern of domestic violence between the parents, with ☐ Petitioner ☐ Respondent committing violent acts against the other parent or another family or household member. *(Check Petitioner or Respondent if you choose this option)*

☐ There has been a pattern of domestic violence between the parents, with both parents committing violent acts against the other parent or another family or household member.

21. If the court restricts a parent's visitation or custody with a child due to domestic violence, the court may also restrict that parent's access to address information within a child's educational records. *(Check one of the three boxes)*

☐ There has been no domestic violence by either parent.

☐ There has been domestic violence committed by ☐ Petitioner ☐ Respondent against the other parent or one of the children. The educational records of the children **shall not** include the address of the other parent or the children. *(Check Petitioner or Respondent if you choose this option)*

☐ There has been domestic violence committed by ☐ Petitioner ☐ Respondent against the other parent or one of the children. However, the educational records of the children may include the address of the other parent or the children. *(Check Petitioner or Respondent if you choose this option)*

▶ _____ _____
(Petitioner - Sign above) *(Petitioner - Print your name above)*

▶ _____ _____
(Attorney for Petitioner - Sign above) *(Attorney for Petitioner - Print your name above)*

▶ _____ _____
(Respondent - Sign above) *(Respondent - Print your name above)*

▶ _____ _____
(Attorney for Respondent - Sign above) *(Attorney for Respondent - Print your name above)*

▶ _____ _____
(Guardian ad Litem - Sign above) *(Guardian ad Litem - Print your name above)*

(If heard by a Family Court Judge)

_____
(Judge)

_____
(Date)

(If heard by a Family Court Commissioner)

Findings and Recommendations of Commissioner:

_____ _____
(Commissioner) *(Date)*

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.

_____ _____
(Judge) *(Date)*

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Exhibit _____

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

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

-and-

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

Case Number _____
(Use number from pending case)

Division Number _____
(Use number from pending case)

Parenting Plan

Part B - Support of the Children

1. Plan Author(s) *(Check all applicable boxes)*
   - ☐ Both parents wrote this *Parenting Plan*.
   - ☐ Petitioner ☐ Respondent wrote this *Parenting Plan*. *(Check Petitioner or Respondent if you choose this option)*
   - ☐ The court wrote this *Parenting Plan*.
   - ☐ The Guardian ad Litem wrote this *Parenting Plan*.
   - ☐ Other _____ _____ _____ _____
     (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. Names and Ages of Children
   Enter the total number of children to whom this *Parenting Plan* applies:_____ .
   The names and ages of the children (hereinafter referred to simply as "the children") are as follows:

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

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Child Support Calculations

Child Support

Child support is an amount of money paid by one parent to the other parent for the support of the children. In addition to a regular monthly child support payment, other expenses of the children may be divided between the parents as child support.

Form 14

The Form 14 is a form used to calculate a presumed amount of child support. The Form 14 is part of this *Parenting Plan* and is found on Part B, Page 8. The court will usually follow the Form 14, however, if the court finds that the child support calculated pursuant to the Form 14 is unjust or inappropriate, it will set child support at a different amount.

Parents must also determine the division and amount of other expenses of the children such as medical and dental insurance, uncovered medical and dental expenses, childcare, and other extraordinary expenses. These expenses are part of the child support obligations of each parent.

Parents may agree on an amount of child support and the division of expenses. The court does not have to accept this agreement and can set different support amounts. Even if the parents have agreed on an amount of child support, **they must still calculate a Form 14 for the court**.

Missouri law further provides that "An award of joint physical custody does not preclude an award of child support pursuant to Section 452.340 and applicable supreme court rules in determining an amount reasonable or necessary for the support of the child." §452.375.12, RSMo. Child support may be appropriate even if both parties have custody of the children an equal amount of time.

3. Parent to Pay Child Support *(Check one of the two boxes)*

   One parent must be called the "parent paying support" and the other parent must be called the "parent receiving support." This is true even if no child support is going to be paid.

   ☐ Petitioner ☐ Respondent will pay regular monthly child support to ☐ Petitioner ☐ Respondent. *(Check Petitioner or Respondent if you choose this option)*

   ☐ No regular monthly child support will be paid by either parent. ☐ Petitioner ☐ Respondent will be referred to as "parent paying support" for purposes of the Form 14 calculation only. The other parent will be referred to as "parent receiving support." *(Check Petitioner or Respondent if you choose this option)*

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Medical and Dental Insurance for the Children

Cost of Medical or Dental Insurance for the Children

The cost of medical or dental insurance for the children is the monthly amount of any premium paid. If the parent's employer deducts the amount of premium from his or her pay, then the cost of medical or dental insurance includes the amount of the premium paid. It does not include the cost of medical or dental insurance for the parent, the parent's spouse, or other children that are not covered by this *Parenting Plan*. The cost of medical or dental insurance for the children is included on Line 6c of the Form 14.

The Form 14 states: "If the amount of the actual health insurance costs for the children who are the subject of this proceeding is not available or cannot be verified, the amount of the health insurance costs attributable to the children who are the subject of this proceeding shall be calculated by dividing the total monthly costs for the policy of health insurance by the total number of persons for whom the costs are paid or to be paid and then multiplying the resulting figure by the number of children insured under the policy who are the subject of this proceeding."

4. Parent Responsible for Medical Insurance *(Check one of the three boxes)*

☐ Neither parent is required to maintain **medical** insurance for the benefit of the children. A health benefit plan is not available at reasonable cost through either parent's employer or union. If the parents receive child support services through the Family Support Division, the parents shall notify the Family Support Division of any changes in employment, whether health insurance is available through their employer, other group plan or the Affordable Care Act, provide the name of the insurance provider when coverage is available, and any other changes in access to health insurance coverage.

☐ Petitioner ☐ Respondent shall maintain and pay the cost of **medical** insurance for the benefit of the children.

5. Parent Responsible for Dental Insurance *(Check one of the three boxes)*

☐ Neither parent is required to maintain **dental** insurance for the benefit of the children. A health benefit plan is not available at reasonable cost through either parent's employer or union. If the parents receive child support services through the Family Support Division, the parents shall notify the Family Support Division of any changes in employment, whether dental insurance is available through their employer, other group plan or the Affordable Care Act, provide the name of the insurance provider when coverage is available, and any other changes in access to health insurance coverage.

☐ Petitioner ☐ Respondent shall maintain and pay the cost of **dental** insurance for the benefit of the children.

6. Medical and Dental Insurance for the Children

You must enter an amount on both lines, even if you enter "0." These amounts should also be entered on line 6c of the Form 14.

The total cost of medical and/or dental insurance paid by Petitioner for the minor children is $ _____ per month.

The total cost of medical and/or dental insurance paid by Respondent for the minor children is $ _____ per month.

In the event either parent is required to maintain medical or dental insurance, the parent providing the health benefit plan shall provide to the other parent an insurance identification card.

If support rights have been assigned to the state of Missouri or the Family Support Division is providing support enforcement services to either parent, the parent paying support shall notify the Family Support Division regarding the availability of medical insurance coverage through an employer or a group plan, provide the name of the insurance provider when coverage is available, and inform the division of any change in access to such insurance coverage.

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Health Expenses Not Covered by Insurance

7. Medical, Dental, Vision, or Psychological Expenses not Covered by Insurance

Any parent who receives a bill for medical, dental, vision or psychological expenses of the children shall submit a copy of that bill to the other parent within 30 days of the receipt of the bill.

(Check one of the three boxes)

☐ The parent ☐ receiving support ☐ paying support will pay all reasonable and necessary medical and dental expenses of the children not covered by insurance. Other parent will reimburse the parent paying expenses for _____ percent of all such expenses that are actually paid by the parent paying expenses and are in excess of $250 per year per child. This does not include the uninsured extraordinary costs set forth in Paragraph 8 below. *§454.603.5(2), RSMo. (Check parent "receiving support" or parent "paying support" if you choose this option)*

Medical and dental expenses are defined by §213(d)(1)(A) of the Internal Revenue Code.

§454.633.3, RSMo provides that if you have checked this first box in Paragraph 7 and you have not provided a percentage, then each parent will be responsible for one-half of all reasonable and necessary medical or dental expenses of the children not covered by insurance except as set forth in Paragraph 8 below.

☐ The parent ☐ receiving support ☐ paying support will be responsible for all reasonable and necessary medical or dental expenses of the children not covered by insurance. The other parent does not have the financial resources to contribute to the payment of medical or dental expenses of the children not covered by insurance. This does not apply to the medical costs listed in Paragraph 8 below. *§454.603.5(2), RSMo. (Check parent "receiving support" or parent "paying support" if you choose this option)*

☐ All reasonable and necessary medical or dental expenses of the children are covered by insurance. *§454.603.5(1), RSMo.*

8. Payment of Uninsured Extraordinary Medical Costs

Extraordinary medical costs are predictable and recurring, such as expenses for dental treatment, orthodontic treatment, asthma treatment and physical therapy. These expenses **may** be included in the Form 14 calculation.

If no extraordinary medical costs are to be included on the Form 14, you may leave this information blank.

Uncovered Extraordinary Medical Costs to be Paid by Parent Paying Support **included** on the Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these uncovered extraordinary medical costs of the children is $_____ per month.

You must include this amount on the Form 14 - Line 6d

Uncovered Extraordinary Medical Costs to be Paid by Parent receiving Support **included** on the Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these uncovered extraordinary medical costs of the children is $ _____ per month.

You must include this amount on the Form 14 - Line 6d

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Child Care Expenses

Child care expenses related to employment are expenses incurred by a parent during periods of time while the parent is working and the children are in his or her physical custody.

9. Work-Related Child Care Costs

The work-related child care expenses of the parent receiving support are $ _____ per month.

The work-related child care expenses of the parent paying support are $ _____ per month.

(Check one of the four boxes)

☐ There are no work-related child care costs incurred by the parents.

☐ The work-related child care costs will be included in the child support calculation on the Form 14.

The amount of work-related child care costs for the parent receiving support must be placed on Line 6a(1) of the Form 14.

The amount of work-related child care costs for the parent paying support must be placed on Line 6b of the Form 14.

☐ Each parent will pay their own reasonable work-related child care expenses related to his or her employment. The cost of reasonable work-related child care expenses has **not** been included in the child support calculation on the Form 14. Neither parent will reimburse the other parent for any portion of the child care expenses.

☐ The parent paying support shall reimburse the parent receiving support for _____ percent of all reasonable work-related child care expenses actually paid by the parent receiving support. The work related child care expenses have **not** been included on the Form 14. To be eligible for reimbursement of work-related child care expenses, the parent receiving support must appropriately report expenses to the Internal Revenue Service.

10. Child Care Expenses Unrelated to Employment

Incidental child care costs not related to employment are to be paid by the parent with physical custody at the time the child care costs are incurred.

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Extraordinary Child-Rearing Costs of the Children Including College Costs

Extraordinary Child-Rearing Costs

Extraordinary child-rearing costs may include, but are not limited to, the following expenses:

- Educational expenses for college or post-secondary education,
- Special, private or parochial elementary and secondary schooling expenses,
- Tutoring sessions,
- Camps,
- Lessons,
- Athletic activities,
- Travel and other activities intended to enhance the athletic, social or cultural development of a child.

11. Educational Expenses for College or Post-Secondary Education

As used herein, educational expenses for college or post-secondary education (also referred to as college expenses) include tuition, fees, books, dormitory cost for room and board. It does not include room and board while residing with either parent. This term shall be the actual cost to the child. In the event the child receives a scholarship or other aid which reduces the tuition, fees, books, or dormitory costs for room and board, then the educational expenses for college or post-secondary education does not include the amount of such scholarship or aid. For this purpose, loans to the student shall not be considered 'scholarship or other aid'.

The maximum educational expenses for college or post-secondary education, as defined herein, shall not exceed the cost for tuition, fees, books, and dormitory costs for room and board at the University of Missouri at Columbia, regardless of what institution the child attends.

Responsibility for educational expenses for college or post-secondary education shall not exceed more than eight semesters at a college or university.

Continued Eligibility for Child Support when Child is in College

§452.340.5, RSMo provides that "[t]o remain eligible for such continued parental support, at the beginning of each semester **the child** shall submit to each parent a transcript or similar official document provided by the institution of vocational or higher education which includes the courses the child is enrolled in and has completed for each term, the grades and credits received for each such course, and an official document from the institution listing the courses which the child is enrolled in for the upcoming term and the number of credits for each such course."

The child must carry a minimum number of credit hours each semester.

12. Extraordinary Child-Rearing Costs

Extraordinary child-rearing costs incurred by the parents may be included on the Form 14, or the parents may agree to divide these costs on some percentage basis. The extraordinary child-rearing costs are to be paid as set forth in the next paragraph.

Part B, Page 7, Paragraph 13, of this *Parenting Plan*

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13. Payment of Extraordinary Child-Rearing Costs of the Children

a. Extraordinary Child-Rearing Costs **included** on the Form 14

Extraordinary Child-Rearing Costs Paid by Parent Paying Support **included** on the Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these extraordinary child-rearing costs of the children is $ _____ per month.

You must include this amount on the Form 14 - Line 6e

Extraordinary Child-Rearing Costs Paid by Parent Receiving Support **included** on the Form 14	Amount of Expense
_____	$_____ per month
_____	$_____ per month
_____	$_____ per month

The total cost of these extraordinary child-rearing costs of the children is $ _____ per month.

You must include this amount on the Form 14 - Line 6e

b. Extraordinary Child-Rearing Costs **not included** on the Form 14

Extraordinary Child-Rearing Costs Paid by Parent Paying Support **not included** on the Form 14	Percentage to be Paid by Parent Receiving Support
_____	_____ %
_____	_____ %
_____	_____ %

Parent receiving support will reimburse the other parent the above percentage amount of each of these extraordinary child-rearing costs of the children so long as those expenses are actually paid by the other parent.

Extraordinary Child-Rearing Costs Paid by Parent Receiving Support **not included** on the Form 14	Percentage to be Paid by Parent Paying Support
_____	_____ %
_____	_____ %
_____	_____ %

Parent paying support will reimburse the other parent the above percentage amount of each of these extraordinary child-rearing costs of the children so long as those expenses are actually paid by the other parent.

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FORM NO. 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

☐ Respondent / ☐ Petitioner is the "Parent Paying Support" Total Number of Children: _____	PARENT RECEIVING SUPPORT	PARENT PAYING SUPPORT	COMBINED
1. MONTHLY GROSS INCOME			
1a. Monthly court-ordered maintenance being received			
2. ADJUSTMENTS			
2a. Other monthly child support pursuant to court or administrative order			
2b. Monthly court-ordered maintenance being paid			
2c. Monthly support obligation for other children.			
(1) Number of other children primarily residing in each parent's custody			
(2) Each parent's support obligation from support schedule using the parent's Line 1 monthly gross income			
(3) Monthly child support received under court or administrative order for children included in line 2c(1)			
2c. TOTAL adjustment [Line 2c(2) minus Line 2c(3)]			
3. ADJUSTED MONTHLY GROSS INCOME (sum of lines 1 and 1a, minus lines 2a, 2b and 2c).			
4. PROPORTIONATE SHARE OF COMBINED ADJUSTED MONTHLY GROSS INCOME (Each parent's line 3 income divided by combined line 3 income).			
5. BASIC CHILD SUPPORT AMOUNT (From support chart using combined line 3 income).			
6. ADDITIONAL CHILD-REARING COSTS OF PARENTS			
6a. Child Care Costs of Parent Receiving Support			
(1) Reasonable work-related child care costs of the parent receiving support.			
(2) Child Care Tax Credit (**See Form 14 Directions**)			
6a. TOTAL adjusted Child Care Costs [Line 6a(1) minus Line 6a(2)]			
6b. Reasonable work-related child care costs of the parent paying support			
6c. Health insurance costs for the children who are subjects of this proceeding			
6d. Uninsured agreed-upon or court-ordered extraordinary medical costs			
6e. Other agreed-upon or court-ordered extraordinary child-rearing costs			
7. TOTAL ADDITIONAL CHILD-REARING COSTS (Enter sum of lines 6a, 6b, 6c, 6d and 6e).			
8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and line 7).			
9. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 8 by each parent's line 4)			
10. CREDIT FOR ADDITIONAL CHILD-REARING COSTS (Line 7 of parent paying support).			
11. ADJUSTMENT FOR A PORTION OF AMOUNTS EXPENDED BY THE PARENT OBLIGATED TO PAY SUPPORT DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. (**See Form 14 Directions**) (Multiply line 5 by _____ %).			
12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).			

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Amount of Child Support

14. Presumed Monthly Amount of Child Support *(Complete all applicable amounts)*

The court-ordered support amount is set forth in Part B, Paragraph 16.

The presumed child support amount calculated pursuant to Form 14 for six children is:$_____.
The presumed child support amount calculated pursuant to Form 14 for five children is: $_____ .
The presumed child support amount calculated pursuant to Form 14 for four children is: $_____ .
The presumed child support amount calculated pursuant to Form 14 for three children is:$_____ .
The presumed child support amount calculated pursuant to Form 14 for two children is: $_____ .
The presumed child support amount calculated pursuant to Form 14 for one child is: $ _____ .

15. Should the court order the presumed monthly amount of child support? *(Check one of the two boxes)*

Court-ordered child support will be set at the time of the court proceeding. The court is not bound by the suggestions of the parents and may set an amount greater or less than the suggested amounts of court-ordered child support set forth in this *Parenting Plan*. If the court approves and adopts this plan, then the support provisions herein will become the order of the court.

☐ Yes. The court-ordered child support is the same as the presumed child support amount. The presumed child support amount as calculated herein is not rebutted as being unjust and inappropriate.

☐ No. The court-ordered child support is different from the presumed child support amount in the Form 14. After consideration of all statutory and other relevant factors pursuant to §452.340.8, RSMo, the presumed child support amount is rebutted as unjust and inappropriate due to

_____

_____ .

16. Court-Ordered Child Support *(Check all applicable boxes)*

This is the amount of child support that actually will be paid by the parent paying support.

You should check each box that applies. For example, if this *Parenting Plan* pertains to three children, then you should check the boxes for three children, two children and one child. You should also enter an amount of support for three children, two children, and one child, respectively. You must attach a Form 14 for each level. For example, if you have three children, then you must attach one Form 14 for three children, one Form 14 for two children, and one Form 14 for one child.

If you check one of the boxes below, you must check all the boxes below it. Once again, if you only check the box for two children and do not check the box for one child, then no support is owed when only one child remains.

☐ Six or More Children - The parent paying support is to pay to the parent receiving support $_____ per month when the parent receiving support is entitled to support for six or more children covered by this *Parenting Plan*.

☐ Five Children - The parent paying support is to pay to the parent receiving support $ _____ per month when the parent receiving support is entitled to support for five children covered by this *Parenting Plan*.

☐ Four Children - The parent paying support is to pay to the parent receiving support $ _____ per month when the parent receiving support is entitled to support for four children covered by this *Parenting Plan*.

☐ Three Children - The parent paying support is to pay to the parent receiving support $ _____ per month when the parent receiving support is entitled to support for three children covered by this *Parenting Plan*.

☐ Two Children - The parent paying support is to pay to the parent receiving support $ _____ per month when the parent receiving support is entitled to support for two children covered by this *Parenting Plan*.

☐ One Child - The parent paying support is to pay to the parent receiving support $ _____ per month when the parent receiving support is entitled to support for one child covered by this *Parenting Plan*.

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17. Starting Date for Child Support *(Check one of the two boxes if either parent is paying child support in Part B, Paragraph 16)*

Notification by the Parent Receiving Support when Child Support Changes

Missouri law provides that "[u]nless otherwise agreed in writing or expressly provided in the judgment, provisions for the support of the child are terminated by emancipation of the child. The parent entitled to receive child support shall have the duty to notify the parent obligated to pay support of the child's emancipation and failing to do so, the parent entitled to receive child support shall be liable to the parent obligated to pay support for child support paid following emancipation of a minor child, plus interest." §452.370.4, RSMo.

☐ The first child support payment is due on the date of the entry of the judgment.

☐ The first child support payment is due on _____ .

Income Tax Considerations

18. Income Tax Dependents

The Form 14 calculation assumes that the parent receiving support will claim the children as dependents. If the parent paying support is entitled to claim one or more of the children, then the Form 14 guidelines are unjust and inappropriate and the second box in Paragraph 15 should be checked.

The parents shall be entitled to claim the minor children as dependents for income tax purposes as follows:

Name of Child	In odd numbered tax years, this parent will claim this child as a dependent	In even numbered tax years, this parent will claim this child as a dependent

Parent paying support must be current with all support obligations as of December 31 of the tax year in which the child is to be claimed. Each parent will sign any appropriate documents to allow the other parent to make such claims.

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Payment of Child Support and Income Withholding

Income Withholding

Income Withholding means that the child support is taken directly out of the paycheck of the parent paying support. These payments could be taken out of money from an employer, or other types of payments like Social Security disability benefits, unemployment compensation benefits or military retirement benefits. The amount withheld is sent to the Family Support Payment Center. The Family Support Payment Center will then forward the support to the parent receiving support. Child support withheld under an income withholding order cannot be sent directly to the parent receiving support. A record will be kept of all payments. If the parent paying support is currently unemployed or self-employed, income withholding may still be ordered, but it will not take effect until the parent paying support begins receiving regular income.

If income withholding is not ordered, then the child support may be paid directly to the parent receiving support. The parent paying support may also voluntarily send payments to the Family Support Payment Center. If the child support is not paid to the Family Support Payment Center, it is extremely important that each parent keep accurate records of the amount of child support paid. This means that the parent paying support may not receive credit for his or her payments if he or she does not have receipts or cancelled checks. Because of this, it is proper to request a receipt from the parent receiving support.

If parents receive Temporary Assistance For Needy Families (TANF) benefits through the Missouri Family Support Division or receive child support enforcement services through the Missouri Family Support Division, child support **must** be paid through the Family Support Payment Center.

Even if the court does not order income withholding right now, the Family Support Division may issue an income withholding order at a later time if the parent paying support fails to make timely child support payments as ordered.

19. Method of Payment of Child Support *(Check one of the five boxes if either parent is paying child support in Part B, Paragraph 16)*

- ☐ Child support shall be paid through income withholding. An application for income withholding for support shall be prepared by the parent receiving support and issued by the circuit clerk upon the effective date of this judgment. Child support is ordered to be paid to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- ☐ Income withholding will not issue because a written agreement has been reached between the parents that provides for an alternative arrangement. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- ☐ Income withholding will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate withholding would not be in the best interest of the child and the parent paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- ☐ Income Withholding will not issue because a written agreement has been reached between the parents that provides for an alternative arrangement. Child support shall be paid directly to the parent receiving support.
- ☐ Income Withholding will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate withholding would not be in the best interest of the child and the parent paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the parent receiving support.

THIS FORM IS NOT ADVICE FOR THE PARTIES. SELFREPRESENT.MO.GOV.

20. Additional Provisions Pertaining to Support of the Children:

_____

_____

_____

▶ _____ *(Petitioner - Sign above)*	_____ *(Petitioner - Print your name above)*
▶ _____ *(Attorney for Petitioner - Sign above)*	_____ *(Attorney for Petitioner - Print your name above)*
▶ _____ *(Respondent - Sign above)*	_____ *(Respondent - Print your name above)*
▶ _____ *(Attorney for Respondent - Sign above)*	_____ *(Attorney for Respondent - Print your name above)*
▶ _____ *(Guardian ad Litem - Sign above)*	_____ *(Guardian ad Litem - Print your name above)*

(If heard by a Family Court Judge)

_____
(Judge)

_____
(Date)

(If heard by a Family Court Commissioner)

Findings and Recommendations of Commissioner:

_____ _____
(Commissioner) *(Date)*

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.

_____ _____
(Judge) *(Date)*

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2016 Schedule of Basic Child Support Obligation

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
0 – 1000	60	60	60	60	60	60
1050	91	94	94	95	95	95
1100	122	127	128	129	130	130
1150	153	161	162	164	164	165
1200	184	194	196	198	199	200
1250	215	228	230	233	234	235
1300	246	261	264	267	269	270
1350	277	295	298	302	303	305
1400	308	328	332	336	338	340
1450	318	362	366	371	373	375
1500	328	395	400	405	408	410
1550	337	429	434	440	442	445
1600	346	462	468	474	477	480
1650	356	496	502	509	512	515
1700	365	529	536	543	547	550
1750	373	543	570	578	581	585
1800	382	556	604	612	616	620
1850	391	569	638	647	651	655
1900	400	582	672	681	686	690
1950	409	594	702	716	720	725
2000	418	607	717	750	755	760
2050	426	620	732	785	790	795
2100	435	633	747	819	825	830
2150	444	645	762	851	859	865
2200	453	658	777	868	894	901
2250	461	670	791	884	929	936
2300	470	683	806	900	964	972
2350	479	695	820	916	998	1007
2400	488	707	835	932	1025	1043
2450	496	720	849	948	1043	1078
2500	505	732	863	964	1061	1114
2550	514	745	878	981	1079	1149
2600	523	758	893	997	1097	1192
2650	532	771	908	1014	1115	1212
2700	541	783	922	1030	1133	1232
2750	550	796	937	1047	1152	1252
2800	559	809	952	1064	1170	1272
2850	568	822	968	1081	1189	1293
2900	577	835	984	1099	1209	1314
2950	586	849	999	1116	1228	1335
3000	595	862	1015	1134	1247	1355
3050	604	875	1030	1151	1266	1376
3100	613	888	1046	1168	1285	1397
3150	622	901	1062	1186	1304	1418
3200	631	914	1077	1203	1323	1439
3250	641	928	1093	1221	1343	1459
3300	650	941	1108	1238	1362	1480
3350	659	954	1124	1255	1381	1501
3400	668	967	1139	1273	1400	1522
3450	676	979	1154	1289	1417	1541
3500	684	990	1167	1304	1434	1559
3550	692	1002	1181	1319	1451	1577
3600	700	1013	1194	1334	1467	1595
3650	708	1025	1208	1349	1484	1613
3700	715	1036	1221	1364	1501	1631
3750	723	1047	1234	1378	1516	1648
3800	730	1057	1246	1391	1530	1664
3850	739	1070	1261	1408	1549	1684
3900	748	1083	1276	1425	1567	1704

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
3950	756	1095	1291	1442	1586	1724
4000	765	1108	1306	1459	1604	1744
4050	773	1119	1319	1473	1620	1761
4100	780	1130	1331	1487	1636	1778
4150	787	1141	1344	1501	1652	1795
4200	795	1151	1357	1516	1667	1812
4250	802	1162	1370	1530	1683	1829
4300	810	1173	1383	1544	1699	1847
4350	817	1183	1394	1557	1713	1862
4400	822	1190	1402	1566	1723	1873
4450	827	1197	1410	1575	1732	1883
4500	832	1204	1418	1584	1742	1894
4550	837	1211	1426	1593	1752	1904
4600	842	1218	1434	1602	1762	1915
4650	847	1225	1442	1610	1771	1926
4700	852	1232	1450	1619	1781	1936
4750	857	1239	1458	1628	1791	1947
4800	862	1246	1466	1637	1801	1957
4850	867	1253	1473	1646	1810	1968
4900	872	1260	1481	1655	1820	1978
4950	877	1267	1489	1664	1830	1989
5000	882	1274	1497	1672	1840	2000
5050	887	1281	1505	1681	1849	2010
5100	892	1288	1513	1690	1859	2021
5150	897	1295	1521	1699	1869	2031
5200	902	1302	1529	1708	1879	2042
5250	907	1309	1537	1717	1888	2053
5300	912	1316	1545	1726	1898	2063
5350	917	1323	1553	1734	1908	2074
5400	922	1330	1561	1743	1918	2084
5450	927	1337	1569	1752	1927	2095
5500	932	1344	1576	1761	1937	2106
5550	937	1351	1584	1770	1947	2116
5600	941	1357	1592	1778	1956	2126
5650	945	1362	1598	1785	1963	2134
5700	949	1367	1604	1791	1970	2142
5750	952	1373	1610	1798	1978	2150
5800	956	1378	1615	1804	1985	2158
5850	960	1383	1621	1811	1992	2166
5900	963	1388	1627	1818	1999	2173
5950	967	1393	1633	1824	2007	2181
6000	970	1398	1639	1831	2014	2189
6050	974	1403	1645	1838	2021	2197
6100	978	1408	1651	1844	2029	2205
6150	981	1414	1657	1851	2036	2213
6200	985	1419	1663	1857	2043	2221
6250	989	1424	1669	1864	2051	2229
6300	992	1429	1675	1871	2058	2237
6350	996	1434	1681	1877	2065	2245
6400	999	1439	1687	1884	2072	2253
6450	1003	1444	1693	1891	2080	2261
6500	1007	1450	1698	1897	2087	2268
6550	1010	1455	1704	1904	2094	2276
6600	1014	1460	1710	1910	2102	2284
6650	1018	1465	1716	1917	2109	2292
6700	1021	1470	1722	1924	2116	2300
6750	1025	1475	1728	1930	2123	2308
6800	1028	1480	1734	1937	2131	2316
6850	1032	1485	1739	1943	2137	2323
6900	1035	1489	1743	1947	2142	2328
6950	1037	1492	1747	1952	2147	2334
7000	1040	1496	1751	1956	2152	2339
7050	1043	1500	1755	1961	2157	2344
7100	1046	1504	1759	1965	2162	2350

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
7150	1049	1507	1763	1969	2166	2355
7200	1052	1511	1767	1974	2171	2360
7250	1054	1515	1771	1978	2176	2366
7300	1057	1519	1775	1983	2181	2371
7350	1060	1522	1779	1987	2186	2376
7400	1063	1526	1783	1992	2191	2381
7450	1066	1530	1787	1996	2196	2387
7500	1068	1534	1791	2001	2201	2392
7550	1071	1537	1795	2005	2206	2397
7600	1074	1541	1799	2009	2210	2403
7650	1077	1545	1803	2014	2215	2408
7700	1080	1548	1807	2018	2220	2413
7750	1083	1552	1811	2023	2225	2419
7800	1085	1556	1815	2027	2230	2424
7850	1088	1560	1819	2032	2235	2429
7900	1091	1563	1823	2036	2240	2435
7950	1094	1567	1827	2041	2245	2440
8000	1097	1571	1831	2045	2250	2445
8050	1099	1575	1835	2049	2254	2451
8100	1102	1578	1838	2053	2258	2455
8150	1103	1579	1840	2055	2260	2457
8200	1105	1581	1842	2057	2263	2460
8250	1106	1583	1843	2059	2265	2462
8300	1108	1585	1845	2061	2267	2464
8350	1109	1587	1847	2063	2269	2467
8400	1110	1588	1849	2065	2272	2469
8450	1112	1590	1851	2067	2274	2472
8500	1113	1592	1852	2069	2276	2474
8550	1115	1594	1854	2071	2278	2476
8600	1116	1595	1856	2073	2280	2479
8650	1117	1597	1857	2075	2282	2481
8700	1119	1599	1859	2077	2284	2483
8750	1120	1601	1861	2079	2287	2485
8800	1122	1602	1863	2081	2289	2488
8850	1123	1604	1864	2083	2291	2490
8900	1124	1606	1866	2084	2293	2492
8950	1126	1607	1868	2086	2295	2495
9000	1127	1609	1870	2088	2297	2497
9050	1128	1611	1871	2090	2299	2499
9100	1130	1613	1873	2092	2301	2502
9150	1131	1614	1875	2094	2303	2504
9200	1133	1616	1876	2096	2306	2506
9250	1134	1618	1878	2098	2308	2508
9300	1135	1619	1880	2100	2310	2511
9350	1137	1621	1882	2102	2312	2513
9400	1140	1625	1886	2107	2318	2519
9450	1144	1632	1894	2115	2327	2529
9500	1149	1639	1901	2124	2336	2540
9550	1154	1645	1909	2132	2346	2550
9600	1158	1652	1917	2141	2355	2560
9650	1163	1658	1924	2149	2364	2570
9700	1168	1665	1932	2158	2373	2580
9750	1172	1671	1939	2166	2383	2590
9800	1177	1678	1947	2174	2392	2600
9850	1182	1684	1954	2183	2401	2610
9900	1187	1691	1962	2192	2411	2621
9950	1192	1699	1970	2201	2421	2632
10000	1197	1706	1979	2210	2431	2643
10050	1202	1713	1987	2220	2442	2654
10100	1207	1720	1995	2229	2452	2665
10150	1212	1728	2004	2238	2462	2676
10200	1217	1735	2012	2248	2472	2687
10250	1221	1740	2018	2255	2480	2696
10300	1224	1745	2024	2261	2487	2703

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
10350	1228	1750	2029	2267	2493	2710
10400	1231	1754	2035	2273	2500	2718
10450	1234	1759	2040	2279	2507	2725
10500	1238	1764	2046	2285	2513	2732
10550	1241	1768	2051	2291	2520	2739
10600	1244	1773	2057	2297	2527	2747
10650	1247	1778	2062	2303	2534	2754
10700	1251	1782	2067	2309	2540	2761
10750	1254	1787	2073	2315	2547	2769
10800	1257	1792	2078	2322	2554	2776
10850	1261	1796	2084	2328	2560	2783
10900	1264	1801	2089	2334	2567	2790
10950	1267	1806	2095	2340	2574	2798
11000	1271	1811	2100	2346	2581	2805
11050	1274	1815	2106	2352	2587	2812
11100	1277	1820	2111	2358	2594	2820
11150	1280	1825	2117	2364	2601	2827
11200	1284	1829	2122	2370	2607	2834
11250	1287	1834	2127	2376	2614	2841
11300	1290	1839	2133	2383	2621	2849
11350	1294	1843	2138	2389	2627	2856
11400	1297	1848	2144	2395	2634	2863
11450	1299	1851	2148	2399	2639	2868
11500	1302	1855	2152	2403	2644	2874
11550	1304	1858	2156	2408	2649	2879
11600	1307	1862	2160	2412	2653	2884
11650	1309	1865	2163	2417	2658	2889
11700	1312	1869	2167	2421	2663	2895
11750	1315	1872	2171	2425	2668	2900
11800	1317	1876	2175	2430	2673	2905
11850	1320	1879	2179	2434	2678	2910
11900	1322	1883	2183	2438	2682	2916
11950	1325	1886	2187	2443	2687	2921
12000	1327	1890	2191	2447	2692	2926
12050	1330	1893	2195	2452	2697	2931
12100	1332	1897	2199	2456	2702	2937
12150	1335	1900	2203	2460	2706	2942
12200	1337	1904	2207	2465	2711	2947
12250	1340	1907	2211	2469	2716	2952
12300	1342	1911	2214	2474	2721	2958
12350	1345	1914	2218	2478	2726	2963
12400	1347	1918	2222	2482	2731	2968
12450	1350	1921	2226	2487	2735	2973
12500	1352	1925	2230	2491	2740	2979
12550	1355	1928	2234	2496	2745	2984
12600	1357	1932	2238	2500	2750	2989
12650	1360	1935	2242	2504	2755	2994
12700	1363	1939	2246	2509	2760	3000
12750	1365	1942	2250	2513	2764	3005
12800	1368	1946	2254	2517	2769	3010
12850	1370	1949	2258	2522	2774	3015
12900	1373	1953	2262	2526	2779	3021
12950	1375	1956	2266	2531	2784	3026
13000	1378	1960	2270	2535	2789	3031
13050	1381	1964	2274	2541	2795	3038
13100	1383	1968	2279	2546	2800	3044
13150	1386	1972	2284	2551	2806	3050
13200	1389	1976	2288	2556	2812	3056
13250	1392	1980	2293	2561	2818	3063
13300	1395	1984	2298	2567	2823	3069
13350	1398	1988	2302	2572	2829	3075
13400	1401	1992	2307	2577	2835	3081
13450	1403	1996	2312	2582	2840	3088
13500	1406	2000	2316	2587	2846	3094

THIS FORM IS NOT ACCEPTABLE FOR FILING

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
13550	1409	2004	2321	2593	2852	3100
13600	1412	2008	2326	2598	2858	3106
13650	1415	2012	2330	2603	2863	3113
13700	1418	2016	2335	2608	2869	3119
13750	1420	2020	2340	2614	2875	3125
13800	1423	2024	2344	2619	2881	3131
13850	1426	2028	2349	2624	2886	3137
13900	1429	2033	2354	2629	2892	3144
13950	1432	2037	2358	2634	2898	3150
14000	1435	2041	2363	2640	2904	3156
14050	1437	2045	2368	2645	2909	3162
14100	1440	2049	2372	2650	2915	3169
14150	1443	2053	2377	2655	2921	3175
14200	1446	2057	2382	2660	2926	3181
14250	1449	2061	2386	2666	2932	3187
14300	1452	2065	2391	2671	2938	3194
14350	1454	2069	2396	2676	2944	3200
14400	1457	2073	2400	2681	2949	3206
14450	1460	2077	2405	2687	2955	3212
14500	1463	2081	2410	2692	2961	3218
14550	1466	2085	2414	2697	2967	3225
14600	1469	2089	2419	2702	2972	3231
14650	1471	2093	2424	2707	2978	3237
14700	1474	2097	2428	2713	2984	3243
14750	1477	2101	2433	2718	2990	3250
14800	1480	2105	2438	2723	2995	3256
14850	1483	2109	2442	2728	3001	3262
14900	1486	2113	2447	2733	3007	3268
14950	1488	2117	2452	2739	3013	3275
15000	1491	2121	2456	2744	3018	3281
15050	1494	2125	2461	2749	3024	3287
15100	1497	2129	2466	2754	3030	3293
15150	1500	2133	2470	2759	3035	3300
15200	1503	2137	2475	2765	3041	3306
15250	1505	2141	2480	2770	3047	3312
15300	1508	2146	2484	2775	3053	3318
15350	1511	2150	2489	2780	3058	3324
15400	1514	2154	2494	2786	3064	3331
15450	1517	2158	2498	2791	3070	3337
15500	1520	2162	2503	2796	3076	3343
15550	1522	2166	2508	2801	3081	3349
15600	1525	2170	2512	2806	3087	3356
15650	1528	2174	2517	2812	3093	3362
15700	1531	2178	2522	2817	3099	3368
15750	1534	2182	2526	2822	3104	3374
15800	1537	2186	2531	2827	3110	3381
15850	1539	2190	2536	2832	3116	3387
15900	1542	2194	2540	2838	3121	3393
15950	1545	2198	2545	2843	3127	3399
16000	1548	2202	2550	2848	3133	3405
16050	1551	2206	2554	2853	3139	3412
16100	1554	2210	2559	2859	3144	3418
16150	1556	2214	2564	2864	3150	3424
16200	1559	2218	2568	2868	3155	3430
16250	1562	2222	2572	2873	3160	3435
16300	1565	2225	2576	2878	3165	3441
16350	1568	2229	2580	2882	3170	3446
16400	1570	2233	2584	2887	3176	3452
16450	1573	2237	2589	2892	3181	3457
16500	1576	2240	2593	2896	3186	3463
16550	1579	2244	2597	2901	3191	3468
16600	1581	2248	2601	2905	3196	3474
16650	1584	2252	2605	2910	3201	3480
16700	1587	2255	2609	2915	3206	3485

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
16750	1589	2259	2613	2919	3211	3490
16800	1592	2262	2617	2923	3215	3495
16850	1594	2265	2621	2927	3220	3500
16900	1597	2269	2625	2932	3225	3505
16950	1600	2272	2628	2936	3229	3510
17000	1602	2276	2632	2940	3234	3515
17050	1605	2279	2636	2944	3239	3520
17100	1607	2282	2640	2948	3243	3526
17150	1610	2286	2643	2953	3248	3531
17200	1612	2289	2647	2957	3253	3536
17250	1615	2293	2651	2961	3257	3541
17300	1617	2296	2655	2965	3262	3546
17350	1620	2300	2659	2970	3267	3551
17400	1622	2303	2662	2974	3271	3556
17450	1625	2306	2666	2978	3276	3561
17500	1627	2310	2670	2982	3280	3566
17550	1630	2313	2674	2986	3285	3571
17600	1632	2317	2677	2991	3290	3576
17650	1635	2320	2681	2995	3294	3581
17700	1637	2323	2685	2999	3299	3586
17750	1640	2327	2689	3003	3304	3591
17800	1642	2330	2693	3008	3308	3596
17850	1645	2334	2696	3012	3313	3601
17900	1647	2337	2700	3016	3318	3606
17950	1650	2340	2704	3020	3322	3611
18000	1652	2344	2708	3024	3327	3616
18050	1655	2347	2711	3029	3332	3621
18100	1657	2351	2715	3033	3336	3626
18150	1660	2354	2719	3037	3341	3631
18200	1662	2357	2723	3041	3345	3636
18250	1665	2361	2727	3046	3350	3642
18300	1668	2365	2731	3050	3356	3647
18350	1671	2369	2736	3056	3361	3654
18400	1673	2373	2740	3061	3367	3660
18450	1676	2377	2745	3066	3372	3666
18500	1679	2380	2749	3071	3378	3672
18550	1682	2384	2754	3076	3384	3678
18600	1684	2388	2758	3081	3389	3684
18650	1687	2392	2763	3086	3395	3690
18700	1690	2396	2768	3091	3401	3696
18750	1693	2400	2772	3097	3406	3702
18800	1696	2404	2777	3102	3412	3709
18850	1698	2408	2781	3107	3417	3715
18900	1701	2412	2786	3112	3423	3721
18950	1704	2416	2790	3117	3429	3727
19000	1707	2420	2795	3122	3434	3733
19050	1709	2424	2800	3127	3440	3739
19100	1712	2428	2804	3132	3446	3745
19150	1715	2432	2809	3137	3451	3751
19200	1718	2436	2813	3143	3457	3758
19250	1721	2440	2818	3148	3462	3764
19300	1723	2444	2823	3153	3468	3770
19350	1726	2448	2827	3158	3474	3776
19400	1729	2452	2832	3163	3479	3782
19450	1732	2456	2836	3168	3485	3788
19500	1735	2460	2841	3173	3491	3794
19550	1737	2464	2845	3178	3496	3800
19600	1740	2468	2850	3183	3502	3806
19650	1743	2472	2855	3189	3507	3813
19700	1746	2476	2859	3194	3513	3819
19750	1748	2479	2864	3199	3519	3825
19800	1751	2483	2868	3204	3524	3831
19850	1754	2487	2873	3209	3530	3837
19900	1757	2491	2877	3214	3536	3843

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
19950	1760	2495	2882	3219	3541	3849
20000	1762	2499	2887	3224	3547	3855
20050	1765	2503	2891	3229	3552	3861
20100	1768	2507	2896	3235	3558	3868
20150	1771	2511	2900	3240	3564	3874
20200	1774	2515	2905	3245	3569	3880
20250	1776	2519	2909	3250	3575	3886
20300	1779	2523	2914	3255	3581	3892
20350	1782	2527	2919	3260	3586	3898
20400	1785	2531	2923	3265	3592	3904
20450	1787	2535	2928	3270	3597	3910
20500	1790	2539	2932	3275	3603	3916
20550	1793	2543	2937	3281	3609	3923
20600	1796	2547	2942	3286	3614	3929
20650	1799	2551	2946	3291	3620	3935
20700	1801	2555	2951	3296	3626	3941
20750	1804	2559	2955	3301	3631	3947
20800	1807	2563	2960	3306	3637	3953
20850	1810	2567	2964	3311	3642	3959
20900	1813	2571	2969	3316	3648	3965
20950	1815	2575	2974	3321	3654	3972
21000	1818	2578	2978	3327	3659	3978
21050	1821	2582	2983	3332	3665	3984
21100	1824	2586	2987	3337	3671	3990
21150	1826	2590	2992	3342	3676	3996
21200	1829	2594	2996	3347	3682	4002
21250	1832	2598	3001	3352	3687	4008
21300	1835	2602	3006	3357	3693	4014
21350	1838	2606	3010	3362	3699	4020
21400	1840	2610	3015	3368	3704	4027
21450	1843	2614	3019	3373	3710	4033
21500	1846	2618	3024	3378	3716	4039
21550	1849	2622	3029	3383	3721	4045
21600	1851	2626	3033	3388	3727	4051
21650	1854	2630	3038	3393	3732	4057
21700	1857	2634	3042	3398	3738	4063
21750	1860	2638	3047	3403	3743	4069
21800	1862	2641	3050	3407	3747	4073
21850	1864	2643	3053	3410	3751	4078
21900	1866	2646	3056	3414	3755	4082
21950	1868	2649	3059	3417	3759	4086
22000	1870	2652	3063	3421	3763	4090
22050	1872	2655	3066	3425	3767	4095
22100	1874	2658	3069	3428	3771	4099
22150	1876	2661	3072	3432	3775	4103
22200	1878	2664	3076	3435	3779	4108
22250	1881	2666	3079	3439	3783	4112
22300	1883	2669	3082	3443	3787	4116
22350	1885	2672	3085	3446	3791	4121
22400	1887	2675	3089	3450	3795	4125
22450	1889	2678	3092	3454	3799	4129
22500	1891	2681	3095	3457	3803	4134
22550	1893	2684	3098	3461	3807	4138
22600	1895	2687	3101	3464	3811	4142
22650	1897	2689	3105	3468	3815	4147
22700	1899	2692	3108	3472	3819	4151
22750	1901	2695	3111	3475	3823	4155
22800	1903	2698	3114	3479	3827	4160
22850	1906	2701	3118	3482	3831	4164
22900	1908	2704	3121	3486	3835	4168
22950	1910	2707	3124	3490	3839	4173
23000	1912	2710	3127	3493	3843	4177
23050	1914	2712	3131	3497	3847	4181
23100	1916	2715	3134	3500	3850	4185

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
23150	1918	2718	3137	3504	3854	4190
23200	1920	2721	3140	3508	3858	4194
23250	1922	2724	3143	3511	3862	4198
23300	1924	2727	3147	3515	3866	4203
23350	1926	2730	3150	3519	3870	4207
23400	1928	2733	3153	3522	3874	4211
23450	1931	2735	3156	3526	3878	4216
23500	1933	2738	3160	3529	3882	4220
23550	1935	2741	3163	3533	3886	4224
23600	1937	2744	3166	3537	3890	4229
23650	1939	2747	3169	3540	3894	4233
23700	1941	2750	3173	3544	3898	4237
23750	1943	2753	3176	3547	3902	4242
23800	1945	2756	3179	3551	3906	4246
23850	1947	2758	3182	3555	3910	4250
23900	1949	2761	3186	3558	3914	4255
23950	1951	2764	3189	3562	3918	4259
24000	1953	2767	3192	3565	3922	4263
24050	1955	2770	3195	3569	3926	4268
24100	1958	2773	3198	3573	3930	4272
24150	1960	2776	3202	3576	3934	4276
24200	1962	2779	3205	3580	3938	4280
24250	1964	2781	3208	3584	3942	4285
24300	1966	2784	3211	3587	3946	4289
24350	1968	2787	3215	3591	3950	4293
24400	1970	2790	3218	3594	3954	4298
24450	1972	2793	3221	3598	3958	4302
24500	1974	2796	3224	3602	3962	4306
24550	1976	2799	3228	3605	3966	4311
24600	1978	2802	3231	3609	3970	4315
24650	1980	2804	3234	3612	3974	4319
24700	1983	2807	3237	3616	3978	4324
24750	1985	2810	3240	3620	3982	4328
24800	1987	2813	3244	3623	3986	4332
24850	1989	2816	3247	3627	3990	4337
24900	1991	2819	3250	3630	3993	4341
24950	1993	2822	3253	3634	3997	4345
25000	1995	2825	3257	3638	4001	4350
25050	1997	2827	3260	3641	4005	4354
25100	1999	2830	3263	3645	4009	4358
25150	2001	2833	3266	3649	4013	4363
25200	2003	2836	3270	3652	4017	4367
25250	2005	2839	3273	3656	4021	4371
25300	2008	2842	3276	3659	4025	4375
25350	2010	2845	3279	3663	4029	4380
25400	2012	2848	3283	3667	4033	4384
25450	2014	2850	3286	3670	4037	4388
25500	2016	2853	3289	3674	4041	4393
25550	2018	2856	3292	3677	4045	4397
25600	2020	2859	3295	3681	4049	4401
25650	2022	2862	3299	3685	4053	4406
25700	2024	2865	3302	3688	4057	4410
25750	2026	2868	3305	3692	4061	4414
25800	2028	2871	3308	3695	4065	4419
25850	2030	2873	3312	3699	4069	4423
25900	2033	2876	3315	3703	4073	4427
25950	2035	2879	3318	3706	4077	4432
26000	2037	2882	3321	3710	4081	4436
26050	2039	2885	3325	3714	4085	4440
26100	2041	2888	3328	3717	4089	4445
26150	2043	2891	3331	3721	4093	4449
26200	2045	2894	3334	3724	4097	4453
26250	2047	2897	3337	3728	4101	4458
26300	2049	2899	3341	3732	4105	4462

THIS FORM IS NOT A LEGAL DOCUMENT

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
26350	2051	2902	3344	3735	4109	4466
26400	2053	2905	3347	3739	4113	4470
26450	2055	2908	3350	3742	4117	4475
26500	2058	2911	3354	3746	4121	4479
26550	2060	2914	3357	3750	4125	4483
26600	2062	2917	3360	3753	4129	4488
26650	2064	2920	3363	3757	4133	4492
26700	2066	2922	3367	3760	4136	4496
26750	2068	2925	3370	3764	4140	4501
26800	2070	2928	3373	3768	4144	4505
26850	2072	2931	3376	3771	4148	4509
26900	2074	2934	3379	3775	4152	4514
26950	2076	2937	3383	3779	4156	4518
27000	2078	2940	3386	3782	4160	4522
27050	2080	2943	3389	3786	4164	4527
27100	2083	2945	3392	3789	4168	4531
27150	2085	2948	3396	3793	4172	4535
27200	2087	2951	3399	3797	4176	4540
27250	2089	2954	3402	3800	4180	4544
27300	2091	2957	3405	3804	4184	4548
27350	2093	2960	3409	3807	4188	4552
27400	2095	2963	3412	3811	4192	4557
27450	2097	2966	3415	3815	4196	4561
27500	2099	2968	3418	3818	4200	4565
27550	2101	2971	3422	3822	4204	4570
27600	2103	2974	3425	3825	4208	4574
27650	2105	2977	3428	3829	4212	4578
27700	2108	2980	3431	3833	4216	4583
27750	2110	2983	3434	3836	4220	4587
27800	2112	2986	3438	3840	4224	4591
27850	2114	2989	3441	3844	4228	4596
27900	2116	2991	3444	3847	4232	4600
27950	2118	2994	3447	3851	4236	4604
28000	2120	2997	3451	3854	4240	4609
28050	2122	3000	3454	3858	4244	4613
28100	2124	3003	3457	3862	4248	4617
28150	2126	3006	3460	3865	4252	4622
28200	2128	3009	3464	3869	4256	4626
28250	2130	3012	3467	3872	4260	4630
28300	2133	3014	3470	3876	4264	4635
28350	2135	3017	3473	3880	4268	4639
28400	2137	3020	3476	3883	4272	4643
28450	2139	3023	3480	3887	4276	4647
28500	2141	3026	3483	3890	4279	4652
28550	2143	3029	3486	3894	4283	4656
28600	2145	3032	3489	3898	4287	4660
28650	2147	3035	3493	3901	4291	4665
28700	2149	3037	3496	3905	4295	4669
28750	2151	3040	3499	3908	4299	4673
28800	2153	3043	3502	3912	4303	4678
28850	2155	3046	3506	3916	4307	4682
28900	2158	3049	3509	3919	4311	4686
28950	2160	3052	3512	3923	4315	4691
29000	2162	3055	3515	3927	4319	4695
29050	2164	3058	3519	3930	4323	4699
29100	2166	3060	3522	3934	4327	4704
29150	2168	3063	3525	3937	4331	4708
29200	2170	3066	3528	3941	4335	4712
29250	2172	3069	3531	3945	4339	4717
29300	2174	3072	3535	3948	4343	4721
29350	2176	3075	3538	3952	4347	4725
29400	2178	3078	3541	3955	4351	4730
29450	2180	3081	3544	3959	4355	4734
29500	2183	3083	3548	3963	4359	4738

Combined Adjusted Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
29550	2185	3086	3551	3966	4363	4742
29600	2187	3089	3554	3970	4367	4747
29650	2189	3092	3557	3973	4371	4751
29700	2191	3095	3561	3977	4375	4755
29750	2193	3098	3564	3981	4379	4760
29800	2195	3101	3567	3984	4383	4764
29850	2197	3104	3570	3988	4387	4768
29900	2199	3106	3573	3992	4391	4773
29950	2201	3109	3577	3995	4395	4777
30000	2203	3112	3580	3999	4399	4781

Child Care Tax Credit Table[1]

Gross Monthly Income of Parent Receiving Support	Tax Credit (Percentage)	Maximum Credit for One Child	Maximum Credit for More than One Child
$0 to $1250	35	$88	$175
$1251 to $1416	34	$85	$170
$1417 to 1583	33	$83	$165
$1584 to 1750	32	$80	$160
$1751 to 1916	31	$78	$155
$1917 to 2083	30	$75	$150
$2084 to 2250	29	$74	$145
$2251 to 2416	28	$70	$140
$2417 to 2583	27	$68	$135
$2584 to 2750	26	$65	$130
$2751 to 2916	25	$63	$125
$2917 to 3083	24	$60	$120
$3084 to 3250	23	$58	$115
$3251 to 3416	22	$55	$110
$3417 to 3583	21	$53	$105
$3583 or above	20	$50	$100

[1] Form 2441, Internal Revenue Service (2015)

Line 11 Adjustment

Number of Overnight Periods	Adjustment
Less than 36	0%
36-72	6%
73-91	9%
92-109	10%
110-115	13%
116-119	15%
120-125	17%
126-130	20%
131-136	23%
137-141	25%
142-147	27%
148-152	28%
153-158	29%
159-164	30%
165-170	31%
171-175	32%
176-180	33%
181-183	34%

Area above double line in the first column on the first page is drawn below the income level that represents the self-support reserve.

	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
Self Support Reserve	1400	1700	1900	2100	2350	2550

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner, *(Enter full legal name of Petitioner above)*

-and-

The MINOR CHILD(REN) as listed in question 1 of the *Petition for Declaration of Paternity, Custody and Support*, By Next Friend,

v.

Respondents shall be listed in the order used in question 6 of the *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 1, *(Enter full legal name of Respondent 1 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 2, *(Enter full legal name of Respondent 2 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 3. *(Enter full legal name of Respondent 3 above)*

Case Number _____
(Use number on Petition)

Division Number _____
(Use number on Petition)

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

Statement of Income and Expenses (For use in Paternity Action)

Monthly Income Information	Petitioner	Respondent
1. Monthly gross income from salaries, wages and commissions including bonuses	_____	_____
2. Monthly self-employment income	_____	_____
3. Monthly social security benefits not including Supplemental Security Income (SSI)	_____	_____
4. Monthly retirement benefits	_____	_____

Monthly Income Information (Continued)

	Petitioner	Respondent
5. Monthly pension income	_____	_____
6. Monthly interest income	_____	_____
7. Monthly trust and annuity income	_____	_____
8. Monthly income from dividends and partnership distributions	_____	_____
9. Monthly unemployment compensation benefits	_____	_____
10. Monthly severance pay	_____	_____
11. Monthly workers compensation benefits	_____	_____
12. Monthly disability insurance benefits	_____	_____
13. Monthly veterans disability benefits	_____	_____
14. Monthly military allowances for subsistence and quarters	_____	_____
15. **Total monthly gross income. Add paragraphs 1 through 14.** (Form 14 - Line 1)	_____	_____
16. Monthly Supplemental Security Income benefits (SSI)	_____	_____
17. Monthly payments of Temporary Assistance for Needy Families (TANF)	_____	_____
18. Monthly Medicaid benefits	_____	_____
19. Monthly food stamps	_____	_____
20. Number of unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(1))	_____	_____
Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(3))	_____	_____
21. Monthly maintenance received in **this** case	_____	_____
22. Monthly maintenance received in **other** cases	_____	_____
23. **Total monthly court-ordered maintenance received. Add paragraphs 21 and 22.** (Form 14 - Line 1a)	_____	_____

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

Monthly Expense Information	Petitioner	Respondent
24. Monthly court- or administratively-ordered child support being paid for children who are **not** the subject of this proceeding (Form 14 - Line 2a)	_____	_____
25. Monthly Maintenance		
a. Monthly maintenance paid in **this** case	_____	_____
b. Monthly maintenance paid in **other** cases	_____	_____
Total monthly court-ordered maintenance paid. Add paragraphs 25a and 25b. (Form 14 - Line 2b)	_____	_____
26. Reasonable monthly work-related child care costs of each party for the children who are the subject of this proceeding (Form 14 - Line 6a and Line 6b)	_____	_____
27. Monthly health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)	_____	_____
28. Monthly uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)	_____	_____
29. Other monthly extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)	_____	_____
30. All other monthly expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 27, etc.)	_____	_____
31. **Total monthly expenses. Add paragraphs 24 through 30. (Do not include 25a and 25b. Use the total amounts from 25.)**	_____	_____

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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 *Statement of Income and Expenses (For use in Paternity Action)* to each of the following parties at the address shown:

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

Sign Below in the Presence of a Notary Public

_____ , of lawful age, being duly sworn on his or her oath, states that he or she is the person named below and that the facts stated in this *Statement of Income and Expenses (For use in Paternity Action)* are true according to his or her best knowledge, information and belief.

▶ _____ _____
(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 _____)
) SS
COUNTY OF _____)

On this _____ day of _____ , 20_____ , before me personally appeared, _____, 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.

_____
_____ , Notary Public
_____ County, State of Missouri

My commission expires: _____

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner, *(Enter full legal name of Petitioner above)*

-and-

The MINOR CHILD(REN) as listed in question 1 of the *Petition for Declaration of Paternity, Custody and Support*, By Next Friend,

v.

Respondents shall be listed in the order used in question 6 of the *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 1, *(Enter full legal name of Respondent 1 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 2, *(Enter full legal name of Respondent 2 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 3. *(Enter full legal name of Respondent 3 above)*

Case Number _____
(Use number on Petition)

Division Number _____
(Use number on Petition)

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

Statement of Property and Debt
(For use in Paternity Action)

Statement completed by _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
(Enter your full legal name above)

Your Property (either alone or with anyone else) *(Check "Yes" or "No" for each of the following questions)*

			Estimated Value
Do you own a house, condominium or other real estate?	☐ Yes	☐ No	_____
Do you own a car, truck or motorcycle?	☐ Yes	☐ No	_____
Do you own a mobile home, trailer, boat or airplane?	☐ Yes	☐ No	_____
Do you have any bank accounts?	☐ Yes	☐ No	_____

Your Property (either alone or with anyone else) (Continued)

			Estimated Value
Do you have any right to receive any pension or retirement benefits other than Social Security?	☐ Yes	☐ No	_____
Do you have an IRA or 401(k) or other retirement account?	☐ Yes	☐ No	_____
Do you have any furniture, appliances or other household goods worth more than $100?	☐ Yes	☐ No	_____
Do you have any jewelry, clothing or other personal items worth more than $100?	☐ Yes	☐ No	_____
Do you own a business?	☐ Yes	☐ No	_____
Do you own any stocks or bond?	☐ Yes	☐ No	_____
Do you have any life insurance that could be cashed in?	☐ Yes	☐ No	_____
Does anyone owe you money?	☐ Yes	☐ No	_____
Do you have any lawsuits against anyone?	☐ Yes	☐ No	_____
Do you have any farm equipment, animals or crops?	☐ Yes	☐ No	_____
Do you have any interest in any trusts?	☐ Yes	☐ No	_____
Do you have any other asset or property?	☐ Yes	☐ No	_____

Your Debts (either alone or with anyone else) *(Check "Yes" or "No" for each of the following questions)*

			Amount Due
Are you currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13)	☐ Yes	☐ No	_____
Do you owe a mortgage on a house or condominium or land?	☐ Yes	☐ No	_____
Do you owe money on a car?	☐ Yes	☐ No	_____
Do you owe money on any credit cards?	☐ Yes	☐ No	_____
Do you owe any money to any family or friends?	☐ Yes	☐ No	_____
Do you owe any medical or dental bills?	☐ Yes	☐ No	_____
Do you owe any student loans?	☐ Yes	☐ No	_____
Do you owe any other debts?	☐ Yes	☐ No	_____

What debts should I list on this form?

All debts owed by you should be listed. You should list all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution. Make sure to list all credit cards and any amounts owed pursuant to any bankruptcy or other repayment plans.

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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 *Statement of Property and Debt (For use in Paternity Action)* to each of the following parties at the address shown:

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

Sign Below in the Presence of a Notary Public

Your *Statement of Property and Debt (For use in Paternity Action)* is required to be verified in the presence of a notary public.

_____ , of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in this *Statement of Property and Debt (For use in Paternity Action)* are true according to his or her best knowledge, information and belief.

▶ _____ _____

(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 _____)
) SS
COUNTY OF _____)

On this _____ day of _____ , 20_____ , before me personally appeared, _____, 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.

_____

_____ , Notary Public

_____ County, State of Missouri

My commission expires: _____

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner, *(Enter full legal name of Petitioner above)*

-and-

The MINOR CHILD(REN) as listed in question 1 of the *Petition for Declaration of Paternity, Custody and Support*, By Next Friend,

v.

Respondents shall be listed in the order used in question 6 of the *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 1, *(Enter full legal name of Respondent 1 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 2, *(Enter full legal name of Respondent 2 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 3. *(Enter full legal name of Respondent 3 above)*

Case Number _____
(Use number on Petition)

Division Number _____
(Use number on Petition)

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

Answer to Petition for Declaration of Paternity, Custody and Support

This form may be used by a Respondent answering the *Petition for Declaration of Paternity, Custody and Support.*

1. My name is _____ _____ _____ _____ .
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

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 for child support, child custody, parenting time/visitation, and attorney's fees.

3. I admit as true **everything** the Petitioner stated in *Petition for Declaration of Paternity, Custody and Support* 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. *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*.

5. My mailing address is:

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.

_____
(Street)

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

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

6. The last four numbers of my social security number are XXX-XX- _____ .

7. *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.

8. List the name of the parent or guardian with whom the children have lived and the address where said children have lived during the past five years. Enter the dates at each address. If the child(ren) have lived at more than three addresses in the past five years, attach an additional page to this *Answer* listing the information requested in question 8 for each additional address.

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

_____
(Street)

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

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

_____
(Street)

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

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

_____
(Street)

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

9. Do you know of anyone other than you or the other parent 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

10. 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

11. 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

12. Have any of the children been a victim of abuse or neglect? *(Check one of the two boxes)*
☐ Yes ☐ No

13. If you answered "Yes" to questions 9, 10, 11 or 12, please explain.

_____

_____

_____

14. Has the Family Support Division opened a child support case for any child(ren) listed in the *Petition*? *(Check one of the two boxes)*
☐ Yes ☐ No

If yes, list the eight digit IV-D number(s). _____

If yes, has the Family Support Division issued a child support order? *(Check one of the two boxes)*
☐ Yes ☐ No

List the judicial case number(s). _____

15. Do any of the children listed in the *Petition* currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? *(Check one of the two boxes)*
☐ Yes ☐ No

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Request for Relief

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

☐ Find that _____ _____ _____ _____ is the father of
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
the minor child(ren).

☐ Grant custody of the minor child(ren) as requested in question 4.

☐ Child support should be as set forth in Part B of the attached *Parenting Plan* marked Exhibit _____ .

☐ Enter appropriate orders with respect to the support of the minor child(ren).

☐ 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 *Answer to Petition for Declaration of Paternity, Custody and Support* 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 (For use in Paternity Action)* at the time you file this document. Failure to do so could cause your *Answer to Petition for Declaration of Paternity, Custody and Support* 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 *Answer to Petition for Declaration of Paternity, Custody and Support*. You may file a joint *Parenting Plan* with the other parent.

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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 *Answer to Petition for Declaration of Paternity, Custody and Support* are true according to his or her best knowledge, information and belief.

▶ _____ _____
(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 _____)
) SS
COUNTY OF _____)

On this _____ day of _____ , 20____ , before me personally appeared _____ , 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.

_____
_____ , Notary Public
_____ County, State of Missouri

My commission expires: _____

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)*

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Case Number (For Court Use Only) _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – DOMESTIC RELATIONS CASES

Required at Case Initiation and with Responsive Filings

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The **full** Social Security Number (SSN) is ***required*** pursuant to Section 509.520 RSMo. This is a confidential document due to the SSN and possible confidential addresses. This information is used to open a case in the courts case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
(i.e. Petitioner v. Respondent)

Case Type Code: _____ Case Type Description: _____

Petitioner/Plaintiff Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last)_____(First) _____(Middle)_____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID: _____Party Type Code: _____

Respondent/Defendant Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last)_____(First) _____(Middle)_____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Employer Information

Petitioner/Plaintiff Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Respondent/Defendant Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

The following information regarding children is required. Complete this section for any child subject to the action of this case.

*MACSS – Missouri Automated Child Support System

Children:

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

☐ Check if more than ten children and attach additional sheet

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown on previous page): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.

Instructions to Clerk

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.

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

In re:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner, *(Enter your full legal name above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent. *(Enter the other party's full legal name above)*

Case Number _____
(Use number from pending case)

Division Number _____
(Use number from pending case)

Notice of Hearing

Information about the Hearing

1. **The hearing will be held promptly at the courthouse in the above county and division.**

2. Type of matter to be heard: _____
(Write the name of the petition or motion you want the court to hear.)

3. The date of the hearing is: ____/____/____
(mm/dd/yyyy)

4. The time of the hearing is: _____ ☐ a.m. ☐ p.m.

Person Giving Notice

_____
(Sign Above)

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

_____
(Street)

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

(____) _____ (____) _____
(Telephone Number with Area Code) *(Fax Number with Area Code)*

_____
(E-mail Address - Optional)

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

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, that on _____ (date) I have sent/given a copy of this *Notice of Hearing* to each of the following parties at the address shown:

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

▶ _____ _____

(Sign above) (*Print your name above)*

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Not Approved for use in Contested Cases

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

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner, *(Enter your full legal name above)*

-and-

The MINOR CHILD(REN) as listed in question 1 of the *Petition for Declaration of Paternity, Custody and Support*, By Next Friend,

v.

Respondents shall be listed in the order used in question 6 of the *Petition*.

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 1, *(Enter full legal name of Respondent 1 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 2, *(Enter full legal name of Respondent 2 above)*

-and-

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Respondent 3. *(Enter full legal name of Respondent 3 above)*

Case Number _____
(Will be assigned when case is filed)

Division Number _____
(Will be assigned when case is filed)

Judgment of Paternity

1. As used herein, "Mother" refers to _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

   and "Father" refers to _____ _____ _____ _____ .
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. Appearances *(Check all that apply)*

   ☐ The following Respondents fail to appear and remain in default as to the pleadings:

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

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

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

☐ Mother appears in person. ☐ Father appears in person.
☐ Mother appears by attorney. ☐ Father appears by attorney.
☐ Guardian ad Litem appears in person.

☐ Third Party_____ _____ _____ _____ appears in person.
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

☐ Third Party_____ _____ _____ _____ appears by attorney.
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

☐ Additional appearances:

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

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

3. The last four numbers of Mother's social security number are _____ and the last four numbers of Father's social security number are _____ .

4. *Check one of the two boxes.*
☐ Respondent(s) is/are not on active duty in the armed services of the United States now or any time since the filing of the petition herein.
☐ Respondent _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
is on active duty in the armed services of the United States, but has waived his or her rights pursuant to the Servicemembers Civil Relief Act of 2003.

Children

5. This judgment pertains to the following child(ren) hereinafter referred to as "minor child(ren):"

a. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

b. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

c. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

d. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

e. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

f. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

Paternity

6. *Check all that apply.*

☐ The court finds that there is/are no previous legal finding(s) of paternity for the minor child(ren).

A legal finding of paternity may be a court judgment or an acknowledgment of paternity, which is an affidavit signed by the parents to get the father's name on a child's birth certificate. Genetic (DNA) testing or an administrative child support order done by the Family Support Division are **not** legal findings of paternity.

☐ The court finds that _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

is the father of the minor child(ren).

☐ The court finds that _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

is **not** the father of the minor child(ren).

☐ Other _____

Child Custody

7. *Check one of the two boxes.*

☐ The court does **not** have "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren) and therefore enters no further orders with respect to the custodial arrangements of the minor child(ren).

☐ The court has "jurisdiction" (as defined in the Uniform Child Custody Jurisdiction and Enforcement Act, §452.700, RSMo, et seq.) over the custody arrangements of the minor child(ren).

The court approves the provisions of Part A of the *Parenting Plan* marked Exhibit _____ pertaining to the custodial arrangements of the minor child(ren) and finds that the custodial arrangements contained in said *Parenting Plan* are in the best interests of the minor child(ren).

Therefore, the court orders the provisions of Part A of said *Parenting Plan* pertaining to the custodial arrangements of the minor child(ren) and incorporates by reference all of the terms and conditions pertaining to the custodial arrangements of the minor child(ren) set forth in Part A of said *Parenting Plan* as if fully set forth herein.

The sheriff or other law enforcement officers shall enforce the rights of any person to custody or visitation pursuant to §452.425, RSMo.

In the event of noncompliance with this order, the aggrieved party may file a verified motion for contempt. If custody, visitation, or third-party custody is denied or interfered with by a parent or third party without good cause, the aggrieved person may file a family access motion with the court stating the specific facts that constitute a violation of the custody provisions of the judgment of dissolution, legal separation, or judgment of paternity. The circuit clerk will provide the aggrieved party with an explanation of the procedures for filing a family access motion and a simple form for use in filing the family access motion. A family access motion does not require the assistance of legal counsel to prepare and file.

Child Support

8. *Check one of the two boxes.*
   - ☐ The court does not have jurisdiction to enter any orders with respect to the support of the minor child(ren).
   - ☐ The court orders the provisions of Part B of the *Parenting Plan* marked Exhibit _____ , pertaining to the support of the minor child(ren) and incorporates by reference all of the terms and conditions set forth in Part B of said *Parenting Plan* as if fully set forth herein.

9. *Check if applicable.*
   - ☐ The State of Missouri has provided public assistance under the TANF program for the minor child(ren) herein. The total amount due as authorized by law and the guidelines is _____ and judgment is entered against

     _____ _____ _____ _____ and in favor of
     (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

     the State of Missouri for said amount.

Guardian Ad Litem Fees

10. *Check all that apply.*
    - ☐ Mother shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.
    - ☐ Father shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.
    - ☐ Guardian ad Litem fees previously ordered to be paid by _____ have been satisfied.

Other Orders

11. Change(s) of Names of the Minor Child(ren)
    a. The name of _____ _____ _____ _____
    (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

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

    b. The name of _____ _____ _____ _____
    (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

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

c. The name of _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

is changed to _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

d. The name of _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

is changed to _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

e. The name of _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

is changed to _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

f. The name of _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

is changed to _____ _____ _____ _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

12. *Check all that apply.*

☐ Some or all of the children named above were born in the State of Missouri. The Missouri Bureau of Vital Records shall amend the birth record of the minor child(ren) pursuant to §210.841 and §210.849, RSMo, to reflect that Father is the biological father of the minor child(ren) as stated above and to remove any biographical information of any father currently listed on the birth record(s). A certified copy of this judgment shall be sent to the Missouri Bureau of Vital Records.

☐ Some or all of the children were not born in the State of Missouri. It is the responsibility of the parties to apply to the applicable state's department of vital records for amendment of the birth certificate(s).

_____

_____

13. *Check if applicable.*

☐ Other orders are as per the attached Exhibit _____ , which is incorporated by reference as if fully set forth herein.

_____

Court Costs

14. *Check one of the two boxes.*
    - ☐ Court costs are to be paid from the court cost deposit(s) previously posted.
    - ☐ Court costs are waived.

Waiver of Right to Rehearing (If case is heard by a Commissioner pursuant to §487.010, RSMo, et seq.)

We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

☐ Signature of Petitioner's Attorney _____
☐ Signature of Respondent's Attorney _____
☐ Signature of Guardian ad Litem _____
☐ Signature of Petitioner _____
☐ Signature of Respondent _____
☐ Signature of Third Party/Respondent _____

(If heard by a Family Court Judge)

_____
(Judge)

_____
(Date)

(If heard by a Family Court Commissioner)
Findings and Recommendations of Commissioner:

_____ _____
(Commissioner) *(Date)*

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.

_____ _____
(Judge) *(Date)*

A certified copy of this judgment is to be mailed to the following person(s): *(Check all applicable boxes)*

☐ _____	☐ _____	☐ _____
(Print Name of Petitioner's Attorney)	*(Print Name of Respondent's Attorney)*	*(Print Name of Guardian ad Litem)*
_____	_____	_____
(Street)	*(Street)*	*(Street)*
_____	_____	_____
(City, State, Zip)	*(City, State, Zip)*	*(City, State, Zip)*
(_____) _____	(_____) _____	(_____) _____
(Telephone Number with Area Code)	*(Telephone Number with Area Code)*	*(Telephone Number with Area Code)*
☐ _____	☐ _____	☐ _____
(Print Name of Petitioner)	*(Print Name of Respondent)*	*(Print Name of Third Party/Respondent)*
_____	_____	_____
(Street)	*(Street)*	*(Street)*
_____	_____	_____
(City, State, Zip)	*(City, State, Zip)*	*(City, State, Zip)*
(_____) _____	(_____) _____	(_____) _____
(Telephone Number with Area Code)	*(Telephone Number with Area Code)*	*(Telephone Number with Area Code)*