

# **MOTHER'S PETITION FOR DECLARATION OF PATERNITY FORMS**

Do not file this page with the court.

# **MOTHER'S PETITION FOR DECLARATION OF PATERNITY, CUSTODY AND/OR SUPPORT FORMS PACKAGE**

## **Introduction**

### **The Unauthorized Practice of Law**

These forms are provided at no cost to you by the Missouri Supreme Court Committee on Access to Family Courts so that you may have access to the Missouri Courts. It is a crime for another person to charge you a fee for preparing these forms for you unless that person is a licensed lawyer. If anyone other than a lawyer attempts to charge you for preparing these forms, you should notify the Office of Chief Disciplinary Counsel, 3335 American Avenue, Jefferson City, Missouri, 65109.

### **General Information about All Forms**

Information that you enter on these forms can be saved on your computer **ONLY** if you are using Adobe Acrobat version 8.0 or higher. They can be completed using the free Adobe Reader, but you will not be able to save the information you enter.

The forms listed below are interactive. You can enter the information on these forms before you print them. If you fill the forms in on your computer, much of the information you enter on one form is automatically transferred to other forms. For example, if you type your first name on the "Mother's Petition for Declaration of Paternity, Custody and/or Support," your first name will also appear on the other forms.

Some forms refer to the mother and father as the parties, while other forms refer to the parties as the Plaintiff and the Defendant. The Parenting Plan refers to the Mother and Father. It is assumed that you are the mother of the children and that you are the person that is filing the case.

This package also contains bookmarks. These bookmarks help you to navigate throughout these forms. In addition, there are "links" embedded in the forms. These links are usually green, and can take you to a related location in the forms.

If all of the other parties sign an "Answer" so that service of process is not required, then you only have to file one copy of the "Petition for Declaration of Paternity, Custody and/or Support", "Income and Expense Statement", "Property and Debt Statement", and "Parenting Plan". If all of the other parties do not sign an "Answer", then you must file one additional copy of all of these forms for each of the defendants that has to be served. You should also keep a copy of these forms for your records.

Some additional forms may be required by some Missouri Courts. You should check with your local court.

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### 1. Mother's Petition for Declaration of Paternity, Child Custody and/or Support (Form CAFC302)

This is the first form you should complete. Information that you enter on this form will be transferred to all the other forms in the package.

### 2. Mother's Petition for her Appointment as Next Friend (for Children under the Age of 14 Years) (Form CAFC302a)

This is the first form you should complete. Information that you enter on this form will be transferred to all the other forms in the package.

### 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.

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.

You do not have to file a parenting plan. You must file Part A of the Parenting Plan if you want the court to enter child custody orders with respect to the children. You must file Part B of the Parenting Plan if you want the court to enter child support orders with respect to the children.

### 4. Income and Expense Statement (Form CAFC250)

This form requires that you list income and expenses for both you and the other party. A lawyer can assist you in finding out this information.

### 5. Property and Debt Statement (Form CAFC240)

This form is required by most courts and helps the court reach a decision in your case.

### 6. Answer to Petition for Child Custody (Form CAFC312) Copy for Father

There are three separate copies of this form in this package. This first copy should be used by the person that you are alleging is the father of the children. Father may sign this form if he does not want to be personally served. By signing this form, Father is allowing the court to decide your case. Father may also use this form to disagree with your statements on your forms.

### 7. Answer to Petition for Child Custody (Form CAFC312) Copy for First Presumed Father

There are three separate copies of this form in this package. This second copy should be used by the person that you are alleging is a presumed father of the children. The First Presumed Father may sign this form if he does not want to be personally served. By signing this form, the First Presumed Father is allowing the

court to decide your case. The First Presumed Father may also use this form to disagree with your statements on your forms.

**8. Answer to Petition for Child Custody (Form CAFC312) Copy for Second Presumed Father**

There are three separate copies of this form in this package. This third copy should be used by the person that you are alleging is another presumed father of the children. The Second Presumed Father may sign this form if he does not want to be personally served. By signing this form, the Second Presumed Father is allowing the court to decide your case. The Second Presumed Father may also use this form to disagree with your statements on your forms.

**9. Paternity Judgment (Form CAFC370)**

This is a “proposed” judgment. 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.

**10. Filing Information Sheet (Form CAFC067)**

This form is required by most courts to enter the information about your case into the Court’s computer system.

**11. Notice of Hearing (Form CAFC721)**

You must use this form to give the other party notice of any hearings in this case. The court will not consider any issues at any time in your case unless the other party is properly notified using this form.

# Form CAFC302 – Mother’s Petition for Declaration of Paternity, Custody and/or Support

In what Missouri county will this case be filed?

In the Circuit Court of  <b>MISSOURI</b>
--

If this is an amended petition, what is the case number of the pending case?

Case Number	Division Number
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*Answer all questions on this form completely.*

## The Parties

<p>① I am filing this case and I am the PLAINTIFF. My name is:</p> <p>_____ (Mother's First Name) (Middle Name) (Mother's Last Name)</p>																					
<p>② I am also the Next Friend of my child(ren) who are the children of Father listed below in Paragraph ③. The child(ren) are also PLAINTIFF(S) in this case. Their names and ages are as follows: (He, she or they will be referred to as "the Child(ren)" on these forms.)</p> <table><tr><td>a.</td><td>_____ (Child's full name as it appears on the birth certificate)</td><td>Age: _____ (Child's Age)</td></tr><tr><td>b.</td><td>_____ (Child's full name as it appears on the birth certificate)</td><td>Age: _____ (Child's Age)</td></tr><tr><td>c.</td><td>_____ (Child's full name as it appears on the birth certificate)</td><td>Age: _____ (Child's Age)</td></tr><tr><td>d.</td><td>_____ (Child's full name as it appears on the birth certificate)</td><td>Age: _____ (Child's Age)</td></tr><tr><td>e.</td><td>_____ (Child's full name as it appears on the birth certificate)</td><td>Age: _____ (Child's Age)</td></tr><tr><td>f.</td><td>_____ (Child's full name as it appears on the birth certificate)</td><td>Age: _____ (Child's Age)</td></tr></table>				a.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)	b.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)	c.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)	d.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)	e.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)	f.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)
a.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)																			
b.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)																			
c.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)																			
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e.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)																			
f.	_____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)																			
<p>③ The father of the child(ren) listed in Paragraph 2 above is a DEFENDANT in this case and his name is: (He will be referred to as "Father" on these forms)</p> <p>_____ (Father's First Name) (Middle Name) (Father's Last Name) (Jr./Sr./III)</p>																					
<p>④ The following men are presumed fathers of one or more of the child(ren) and are also DEFENDANT(S) in this case : (Include the names of any men that were married to Mother at the time of the birth of the child(ren) or at any time within 300 days prior to the birth of the child(ren))</p> <table><tr><td>a.</td><td>_____ (First Name)</td><td>_____ (Middle Name)</td><td>_____ (Last Name)</td><td>_____ (Jr./Sr./III)</td></tr><tr><td>b.</td><td>_____ (First Name)</td><td>_____ (Middle Name)</td><td>_____ (Last Name)</td><td>_____ (Jr./Sr./III)</td></tr></table>				a.	_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)	b.	_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)								
a.	_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)																	
b.	_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)																	

① Your  
Information  
(Plaintiff)

5. My mailing address is:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

6. ☐ This is the first petition I have filed in this case. (Original Petition)  
☐ This is the second petition I have filed in this case.  
☐ This is the third petition I have filed in this case.

7. The last four numbers of my Social Security Number are: XXX-XX-\_\_\_\_\_

8. I am \_\_\_\_\_ years old.

9. I reside in the Country of \_\_\_\_\_.

10. I reside in the State of \_\_\_\_\_.

11. I reside in the County of \_\_\_\_\_ -

Employment  
Information

12. ☐ I am self-employed  
☐ I am unemployed  
☐ I am employed at:

\_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

13. ☐ Father is self-employed  
☐ Father is unemployed  
☐ I don't know Father's employment status  
☐ Father is employed at:

\_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

### ③ Father's Information (Defendant)

14. Father's mailing address is:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

15. The last four numbers of Father's Social Security Number are:

XXX-XX-\_\_\_\_\_.

16. Father is \_\_\_\_\_ years old.

17. Father resides in the Country of \_\_\_\_\_.

18. Father resides in the State of \_\_\_\_\_.

19. Father resides in the County of \_\_\_\_\_.

20. ☐ Father is NOT on active duty in the United States military.  
☐ Father is on active duty in the United States military.

### Service Information for Father

21. ☐ Father has signed a verified "Answer to Mother's Petition for Declaration of Paternity, Custody and/or Support" which is being filed with this petition. Therefore, do not issue a summons.  
☐ Father should be served at his residence.

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- ☐ Father should be served at his place of employment.

\_\_\_\_\_  
(Employer's Name - if applicable)

\_\_\_\_\_  
(Hours of Employment)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- ☐ Service by publication. I don't know where Father is and I have no way of locating him. Therefore, I am requesting that he be served by publication.  
☐ Other method of service: \_\_\_\_\_

4a

Information  
about the  
First  
Presumed  
Father  
(Defendant)

*This is the person named on line 4a on the first page of this petition.*

22. First Presumed Father's mailing address is:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

23. The last four numbers of First Presumed Father's Social Security Number are:

XXX-XX-\_\_\_\_\_

24. First Presumed Father is \_\_\_\_\_ years old.

25. First Presumed Father resides in the Country of \_\_\_\_\_.

26. First Presumed Father resides in the State of \_\_\_\_\_.

27. First Presumed Father resides in the County of \_\_\_\_\_.

28. ☐ First Presumed Father is NOT on active duty in the United States military.  
☐ First Presumed Father is on active duty in the United States military.

Service  
Information  
for First  
Presumed  
Father  
(Defendant)

29. ☐ First Presumed Father has signed a verified "Answer to Father's Petition for Declaration of Paternity, Custody and/or Support" which is being filed with this motion. Therefore, do not issue a summons.  
☐ First Presumed Father should be served at his residence.

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- ☐ First Presumed Father should be served at his place of employment.

\_\_\_\_\_  
(Employer's Name - if applicable)

\_\_\_\_\_  
(Hours of Employment)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- ☐ Service by publication. I don't know where First Presumed Father is and I have no way of locating him. Therefore, I am requesting that he be served by publication. I have filed an Affidavit for Service by Publication and a Notice of Publication.  
☐ Other method of service: \_\_\_\_\_



4b

Information  
about the  
Second  
Presumed  
Father  
(Defendant)

*This is the person named on line 4b on the first page of this petition.*

30. Second Presumed Father's mailing address is:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

31. The last four numbers of Second Presumed Father's Social Security Number are:

XXX-XX-\_\_\_\_\_

32. Second Presumed Father is \_\_\_\_\_ years old.

33. Second Presumed Father resides in the Country of \_\_\_\_\_.

34. Second Presumed Father resides in the State of \_\_\_\_\_.

35. Second Presumed Father resides in the County of \_\_\_\_\_.

36. ☐ Second Presumed Father is NOT on active duty in the United States military.  
☐ Second Presumed Father is on active duty in the United States military.

Service  
Information  
for Second  
Presumed  
Father  
(Defendant)

37. ☐ Second Presumed Father has signed a verified "Answer to Father's Petition for Declaration of Paternity, Custody and/or Support" which is being filed with this motion. Therefore, do not issue a summons.

☐ Second Presumed Father should be served at his residence.

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

☐ Second Presumed Father should be served at his place of employment.

\_\_\_\_\_  
(Employer's Name - if applicable)

\_\_\_\_\_  
(Hours of Employment)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

☐ Service by publication. I don't know where Second Presumed Father is and I have no way of locating him. Therefore, I am requesting that he be served by publication. I have filed an Affidavit for Service by Publication and a Notice of Publication.

☐ Other method of service: \_\_\_\_\_

Family  
Support  
Division

38. ☐ The parent receiving support is not receiving public assistance.  
☐ The parent receiving support is receiving public assistance and therefore the State of Missouri must be served. Summons to issue to be served on:

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

Additional  
Information  
about the  
Children

39. The child(ren) have lived with the following persons at the following address(es) during the past five years. *(State the dates at each address)*

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40. Check all boxes that apply to your case.

- ☐ Someone other than me or the other parent has physical custody of one or more of the child(ren) or claims to have custody or visitation rights with respect to one or more of the child(ren).  
☐ There are other custody proceeding(s) concerning one or more of the child(ren) pending in a court of this or another state.  
☐ I have participated in other litigation concerning the custody of one or more of the child(ren) in this or another other state.  
☐ One or more of the child(ren) has been a victim of abuse or neglect.

41. Explanation: *(If you checked any of the boxes in paragraph 40, please explain in detail here.)*

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## Request for Relief

THEREFORE, I am requesting that I be declared the father of the children listed in paragraph 4 of this petition, that the persons listed in paragraph 3 of this petition be excluded as fathers of the children listed in paragraph 4 of this petition.

I also request the following relief:

- ☐ Child custody should be as set forth in Part A of the attached Parenting plan marked Exhibit 1. 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 1.
- ☐ Child support should be set as set forth in Part B of the attached parenting plan marked Exhibit 1.
- ☐ I am without sufficient funds to pay for my attorney and I request that the other party pay my attorney's fees for this case.
- ☐ I want to change the child(ren)'s names as follows:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Other (Please state the other requests)  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff, being of lawful age and duly sworn on her oath, states that she is the plaintiff named above and that the facts stated in this Petition for Declaration of Paternity, Child Custody and/or Support are true according to her best knowledge and belief.

▶ \_\_\_\_\_  
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

Sign this in front of a  
Notary Public

This should only be  
completed if a lawyer  
helped you with this  
form

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

\_\_\_\_\_  
*Attorney – SIGN HERE*

\_\_\_\_\_  
*Missouri Bar Number*

\_\_\_\_\_  
*Attorney for Plaintiff – PRINT YOUR NAME HERE*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Fax Number)*

\_\_\_\_\_  
*(Email Address)*

*Do not enter any  
information here if you are  
filing this case without the  
assistance of a lawyer.*

*This information should  
be completed by your  
attorney.*

☐ *I have assisted Plaintiff  
in the preparation of these  
pleadings, but I am not  
entering my appearance on  
behalf of Plaintiff.*

# Form CAFC302a – Mother’s Petition for her Appointment as Next Friend (for children under the age of 14 years)

In what Missouri county will this case be filed?

In the Circuit Court of <div style="text-align: right;">MISSOURI</div>
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If this is an amended petition, what is the case number of the pending case?

Case Number	Division Number
-------------	-----------------

## The Parties

1. I am filing this case and I am the PLAINTIFF. My name and address are:

_____ (Mother's First Name)	_____ (Middle Name)	_____ (Mother's Last Name)
_____ (Street)		
_____ (City)	_____ (State)	_____ (Zip)
_____ (Telephone Number)		
_____ (E-Mail Address)		

2. I am the mother of the Children listed below and consent to my appointment as next friend of the Children. I request that I be appointed as next friend for the following children: (referred to as "the Child(ren)" on these forms.)

a. _____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)
b. _____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)
c. _____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)
d. _____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)
e. _____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)
f. _____ (Child's full name as it appears on the birth certificate)	Age: _____ (Child's Age)

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

_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	_____ (Jr./Sr./III)
_____ (Street)			
_____ (City)	_____ (State)	_____ (Zip)	
_____ (Telephone Number)			
_____ (E-Mail Address)			

Plaintiff, being of lawful age and duly sworn on her oath, states that she is the plaintiff named above and that the facts stated in this Petition for her Appointment as Next Friend are true according to her best knowledge and belief.

▶ \_\_\_\_\_  
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

Sign this in front of a  
Notary Public

This should only be  
completed if a lawyer  
helped you with this  
form

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

\_\_\_\_\_  
Attorney – SIGN HERE

\_\_\_\_\_  
Missouri Bar Number

\_\_\_\_\_  
Attorney for Plaintiff – PRINT YOUR NAME HERE

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email Address)

*Do not enter any  
information here if you are  
filing this case without the  
assistance of a lawyer.*

*This information should  
be completed by your  
attorney.*

☐ *I have assisted Plaintiff  
in the preparation of these  
pleadings, but I am not  
entering my appearance on  
behalf of Plaintiff.*

So Ordered:

\_\_\_\_\_  
Judge/Commissioner

\_\_\_\_\_  
Date

EXHIBIT NO. \_\_\_\_\_

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI  
(County where court is located)

\_\_\_\_\_  
(First) (Middle) (Last) (Jr./Sr./III)  
**Petitioner/Plaintiff,**

**-and-**

\_\_\_\_\_  
(First) (Middle) (Last) (Jr./Sr./III)  
**Respondent/Defendant.**

If this parenting plan is filed after the case has been filed, you MUST enter the Case Number.

**Case No.** \_\_\_\_\_

**Division No.** \_\_\_\_\_

## PARENTING PLAN Part A – Custody of the Children

### 1. Identification of the Parties

Check one, and only one, of the following two boxes.

- ☐ Mother is the Petitioner/Plaintiff. Father is the Respondent/Defendant.  
☐ Father is the Petitioner/Plaintiff. Mother is the Respondent/Defendant.

### 2. Plan Author(s)

Check all applicable boxes.

- ☐ Court  
☐ Mother  
☐ Father  
☐ Guardian ad Litem  
☐ \_\_\_\_\_

### 3. Names and Ages of Children

Enter the total number of children to whom this parenting plan is applicable: \_\_\_\_\_.

The names and ages of the children (hereinafter referred to simply as “the children”) are as follows:

Full Name of Child	Child's Age

### 4. 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.

## Decisions Concerning the Children

“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. RSMo. §452.375.1(2)

### 5. 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 significant 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 physician, surgeon or dentist,
- Religious instruction, training or education,
- Selection of child care providers,
- Major medical care, surgery, or any medical procedure requiring hospitalization or out-patient surgery,
- Major dental work and orthodontia,
- Psychological or psychiatric treatment or counseling,
- The choice or change of camps or other special or extracurricular activities,
- The extent of any travel away from home,
- Part or full-time employment,
- Purchase or operation of a motor vehicle,
- Contraception and sex education,
- Actual or potential litigation 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 cooperate in establishing mutually agreeable policies regarding such decisions in order that routine decisions remain as consistent as possible.

#### C. Emergency Decisions

Emergency decisions are decisions of an urgent nature. They affect the 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.

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

Unless otherwise provided in this parenting plan, both parents are entitled to access to 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 19.

## 7. Legal Custody

You **must** check one and only one of the following four boxes.

☐ **Mother and Father – Joint Legal Custody**

It is in the best interests of the children that Mother and Father have joint legal custody of the children. Major decisions shall be made by Mother and Father jointly. If Mother and Father disagree on a major decision they shall resolve their disagreement through the dispute resolution procedure set forth herein.

☐ **Mother – Sole Legal Custody to Mother**

It is in the best interests of the children that Mother has sole legal custody of the children. Major decisions affecting the children shall be made by Mother. Mother and Father cannot share joint legal custody because: *(Missouri Law requires a statement of the reasons for a request for no shared decision-making. If you do not enter a reason on this line, the court MUST grant joint legal custody.)*

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☐ **Father – Sole Legal Custody to Father**

It is in the best interests of the children that Father has sole legal custody of the children. Major decisions affecting the children shall be made by Father. Mother and Father cannot share joint legal custody because: *(Missouri Law requires a statement of the reasons for a request for no shared decision-making. If you do not enter a reason on this line, the court MUST grant joint legal custody.)*

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☐ **Third Party – Sole Legal Custody to Third Party**

It is in the best interest of the children that \_\_\_\_\_ (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 physical custody. *(If this box is checked, the same box MUST be checked under Part A, Paragraph 10.)*

## 8. Communication between Parents

Communication between the parents concerning the children may be by any of the following methods: Check each box that is appropriate in your case.

- ☐ In person  
☐ Home telephone  
☐ Work telephone  
☐ Mobile telephone  
☐ Letter via U.S. Postal Service  
☐ Email  
☐ Fax  
☐ Via a designated third person. This third person will be \_\_\_\_\_.

The children shall not be used as messengers.

## 9. Issues not to be Discussed in the Presence of the Children

Mother and Father shall each refrain from making negative, derogatory or degrading statements about the other parent in front of the children. Both parents shall exercise their best efforts to foster the respect, love and affection of the children toward the other parent. Mother and Father shall avoid discussing parenting issues, financial issues, and other topics related to these proceedings when the children are present.

Mother and Father should prevent other persons from making negative, derogatory or degrading statements about the other parent in the presence of the children.



## When the Children Will Be with Each Parent

“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. RSMo. §452.375.1(3)

### 10. Physical Custody

You **must** check one and only one of the following nine boxes.

☐ Joint Physical Custody Using Mother’s Address –It is in the best interest of the children that Mother and Father have joint physical custody of the children. The address of the children for mailing and educational purposes is the same as that of Mother.

☐ Joint Physical Custody Using Father’s Address – It is in the best interest of the children that Mother and Father have joint physical custody of the children. The address of the children for mailing and educational purposes is the same as that of Father.

☐ Sole Physical Custody to Mother and Visitation to Father – It is in the best interests of the children that Mother has sole physical custody of the children and that Father have visitation as set forth herein.

☐ Sole Physical Custody to Father and Visitation to Mother –It is in the best interests of the children that Father has sole physical custody of the children and that Mother have visitation as set forth herein.

☐ Sole Physical Custody to Mother and Supervised Visitation to Father – It is in the best interests of the children that Mother have sole physical custody of the children and Father have supervised visitation as set forth herein. Unsupervised visitation would endanger the children’s physical health or impair their emotional development because: \_\_\_\_\_

Visitation will be supervised by \_\_\_\_\_.

☐ Sole Physical Custody to Father and Supervised Visitation to Mother - It is in the best interests of the children that Father have sole physical custody of the children and Mother have supervised visitation as set forth herein. Unsupervised visitation would endanger the children’s physical health or impair their emotional development because: \_\_\_\_\_

Visitation will be supervised by \_\_\_\_\_.

☐ Sole Physical Custody to Mother and No Visitation to Father – It is in the best interests of the children that Mother has sole physical custody of the children and Father has no visitation with the children. Visitation would endanger the children’s physical health or impair their emotional development. Father shall not have access to records and information pertaining to the children pursuant to RSMo. §452.376.1.

☐ Sole Physical Custody to Father and No Visitation to Mother - It is in the best interests of the children that Father has sole physical custody of the children and Mother has no visitation with the children. Visitation would endanger the children’s physical health or impair their emotional development. Mother shall not have access to records and information pertaining to the children pursuant to RSMo. §452.376.1.

☐ Physical and Legal Custody to a Third Party – It is in the best interest of the children that \_\_\_\_\_ (hereinafter referred to as “Third Party”) has sole legal and 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. (If this box is checked, the same box **MUST** be checked in Part A, Paragraph 7.)

### 11. Residential Schedules

Mother and Father shall have physical custody of the children as they agree. In the event they do not agree, then Mother and Father 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.

### 12. Location of Exchanges

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

*You **must** check one and only one of the following four boxes.*

- ☐ All exchanges shall occur at the children's school or child care provider.
- ☐ All exchanges shall occur at the Mother's Residence.
- ☐ All exchanges shall occur at the Father's Residence.
- ☐ All exchanges shall occur at \_\_\_\_\_.

### 13. Transportation

The parent who has the children takes the children to the exchange location. Each party will pay the expenses associated with his or her own transportation to and from the exchange location unless otherwise indicated in this parenting plan.

### 14. 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.

### 15. Telephone Contact with Children

Each parent may contact the children in a reasonable manner when the children are with the other parent. Neither parent shall contact the children at the other parent's residence later than \_\_\_\_\_. *(If this line is left blank, there are no restrictions as to time.)*

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 with the children, 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.

### 16. Children's Activities

Both parents must attempt to accommodate the social and academic commitments of the children during the time the children are with them. Each parent should attempt to refrain from scheduling activities that occur primarily when the children are with the other parent. If an activity will affect the other parent's time with the children, the parent scheduling the activity should obtain the affected parent's permission before committing the children to the activity.

### 17. Dispute Resolution Procedure

This is the manner in which Mother and Father will resolve disagreements concerning the children. This includes disagreements on the meaning or interpretation of any provision of this plan. Mother and Father 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:

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## Other Provisions Concerning the Children

### 18. Relocation

RSMo. §452.377states:

“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.

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 child 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.

### 19. Domestic Violence between the Parents

*You **must** check one and only one of the following five boxes.*

- ☐ There has been no domestic violence between the parents.
- ☐ There has been domestic violence by Mother against Father. Any educational records of the children shall not include the address of Father or the children.
- ☐ There has been domestic violence by Father against Mother. Any educational records of the children shall not include the address of Mother or the children.
- ☐ There has been domestic violence by Mother against Father; however, the educational records of the children may include the address of Father or the children.
- ☐ There has been domestic violence by Father against Mother; however, the educational records of the children may include the address of Mother or the children.

### 20. Pattern of Domestic Violence between the Parents

*You **must** check one and only one of the following three boxes.*

- ☐ There has been no **pattern** of domestic violence by either Mother or Father.
- ☐ There has been a **pattern** of domestic violence by Mother against Father. This parenting plan best protects the children and Father from any further violence.
- ☐ There has been a **pattern** of domestic violence by Father against Mother. This parenting plan best protects the children and Mother from any further violence.

### 21. Other Custody Provisions

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Mother

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Father

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Guardian ad Litem

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Attorney for Mother

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Attorney For Father

# Residential Schedules

## 1. Weekend and Weekday Schedule

Each exchange should be written on the Weekend and Weekday Exchange Schedule. A sample entry for one of the exchanges may be as follows: “5:30 p.m. Father receives children”. This means that at 5:30 p.m., Father will begin a period of time during which the children will be with him.

The last person to receive custody on the Weekend and Weekday Schedule must be different than the first person to receive custody on the schedule because after each two week period, the cycle repeats itself. There is always an even number of exchanges for a two week period.

**A sample two week exchange schedule is located on Page 5 of these Residential Schedules.**

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## 2. Vacation Schedule

*You **must** select one and only one of the following two options.*

- ☐ 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 or special exchange schedules do not apply. Father shall have first choice of weeks in odd-numbered years. Mother 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.

During this period, the holiday schedule still applies. Neither parent can select a week which would deny the other parent of a holiday to which they are entitled.

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## 3. 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 on page 3 of these Residential Schedules.

Include the name of the parent that will have the holiday and how the holiday will be structured. For example, Memorial Day is always on a Monday. Should the Memorial Day holiday begin at 6:00 p.m. on Sunday before Memorial Day? Alternatively, should it include the entire weekend? If the entire weekend is included, then it is possible that one parent may not have a weekend with the children for several weeks.

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.

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## Weekday and Weekend Exchange Schedule

Enter the parent who is receiving custody and the specified time for each exchange. See page 5 of these Residential Schedules 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	

## Holiday Exchange Schedule

Holiday	Even Numbered Years	Odd Numbered Years	Physical Custody	
			From	To
	<i>FATHER or MOTHER</i>	<i>FATHER or MOTHER</i>	<i>Time</i>	<i>Time</i>
New Year's Eve				
New Year's Day				
King Day				
President's Day				
Memorial Day				
Independence Day				
Labor Day				
Thanksgiving				
Christmas Eve				
Christmas Day				
Easter				
Other Holidays (specify)				
Special Occasions (specify)				
Halloween				
Mother's Day				
Father's Day				
Mother's Birthday				
Father's Birthday				
Child's Birthday				

## 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	

## Weekday and Weekend Exchange Schedule

Enter the parent who is receiving custody and the specified time for each exchange. See page 5 of these Residential Schedules for a sample schedule.		
	DAY OF WEEK	EXCHANGES FOR DAY
WEEK ONE	Sunday	
	Monday	5:30 p.m. Dad receives children 8:30 p.m. Mom receives children at Mom's house
	Tuesday	
	Wednesday	
	Thursday	
	Friday	5:30 Dad receives children at Daycare
	Saturday	
WEEK TWO	Sunday	6:00 p.m. Mom receives children at her house
	Monday	
	Tuesday	8:30 p.m. Mom receives children
	Wednesday	
	Thursday	5:30 p.m. Dad receives children at Mom's house 8:30 p.m. Mom receives children at Mom's house
	Friday	
	Saturday	

Since the parties do not specify an exchange location, the exchange would occur at the default location in Paragraph 12 in Part A of the Parenting Plan.

This entry contains a mistake. It is unclear whether it refers to 5:30 a.m. or 5:30 p.m.

This entry is also a mistake. Mom already has the children with her so she can't receive the children. There should always be an even number of exchanges for any two week period.

Since Dad is the first parent to receive the children on this schedule, Mom must be the last parent to receive the children. Mom has the children at the start of this schedule.

SAMPLE



EXHIBIT NO. \_\_\_\_\_

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI  
(County where court is located)

\_\_\_\_\_  
(First) (Middle) (Last) (Jr./Sr./III)  
**Petitioner/Plaintiff,**

**-and-**

\_\_\_\_\_  
(First) (Middle) (Last) (Jr./Sr./III)  
**Respondent/Defendant.**

**Case No.** \_\_\_\_\_

**Division No.** \_\_\_\_\_

If this parenting plan is filed after the case has been filed, you MUST enter the Case Number.

## PARENTING PLAN Part B – Support of the Children

### 1. Identification of Parties

Check one and only one of the following two boxes.

- ☐ Mother is the Petitioner/Plaintiff. Father is the Respondent/Defendant.  
☐ Father is the Petitioner/Plaintiff. Mother is the Respondent/Defendant.

### 2. Plan Author(s)

Check all applicable boxes.

- ☐ Court  
☐ Mother  
☐ Father  
☐ Guardian ad Litem  
☐ \_\_\_\_\_

### 3. Names and Ages of Children

Enter the total number of children to whom this parenting plan is applicable: \_\_\_\_\_.

The names and ages of the children (hereinafter referred to simply as “the children”) are as follows:

Full Name of Child	Child's Age

# 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. Part B of the Parenting Plan contains the calculation of child support and the allocation of the children's expenses.

## Form 14

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

Parents must also determine the allocation and amount of other expenses of the children such as medical and dental insurance, uncovered medical and dental expenses, day care, and other extraordinary expenses. These expenses constitute part of the child support obligations of each parent. These other expenses may be included in the Form 14 calculation, or they may be paid independently of the child support payment.

Parents may agree on an amount of child support and the allocation 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.** As they work through this parenting plan, they will also be entering the information that is required for Form 14.

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." RSMo. §452.375.12 Child support may be appropriate even if both parties have custody of the children an equal amount of time.

## 4. Party to Pay Child Support

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

*You **must** check one and only one of the following four boxes.*

☐ Mother will pay regular monthly child support to Father.

Mother is referred to as "person paying support" and Father is referred to as "person receiving support".

☐ Father will pay regular monthly child support to Mother.

Father is referred to as "person paying support" and Mother is referred to as "person receiving support".

☐ No regular monthly child support will be paid by either parent.

**Mother will be referred to as "person paying support" and Father will be referred to as "person receiving support" for the purpose of the Form 14 child support calculation only.**

☐ No regular monthly child support will be paid by either parent.

**Father will be referred to as "person paying support" and Mother will be referred to as "person receiving support" for the purpose of the Form 14 child support calculation only.**

## 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 Form 14.

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."

### 5. Parent Responsible for Medical Insurance

*You must check one and only one of the following three boxes.*

- ☐ Neither party 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. No support rights have been assigned to the state of Missouri and the Family Support Division is not providing support enforcement services to either party.
- ☐ Father shall maintain and pay the cost of **medical** insurance for the benefit of the children.
- ☐ Mother shall maintain and pay the cost of **medical** insurance for the benefit of the children.

### 6. Parent Responsible for Dental Insurance

*You must check one and only one of the following three boxes.*

- ☐ Neither party 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. No support rights have been assigned to the state of Missouri and the Family Support Division is not providing support enforcement services to either party.
- ☐ Father shall maintain and pay the cost of **dental** insurance for the benefit of the children.
- ☐ Mother shall maintain and pay the cost of **dental** insurance for the benefit of the children.

### 7. Medical and Dental Insurance for the Children

The total cost of medical and dental insurance paid by Father for the children is \_\_\_\_\_ per month.

The total cost of medical and dental insurance paid by Mother for the children is \_\_\_\_\_ per month.

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

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 party, the person 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.

## Health Expenses Not Covered by Insurance

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

*You must check one and only one of the following four boxes.*

☐ The person receiving support will pay all reasonable and necessary medical and dental expenses of the children not covered by insurance and the person paying support will reimburse the person receiving support for \_\_\_\_\_ percent of all such expenses that are actually paid by the person receiving support and are in excess of \$250 per year per child. This does not include the uninsured extraordinary costs set forth in paragraph 9 below. No reimbursement of uncovered medical and dental expenses of the children will be allowed unless the person receiving support submits proof of such expenses to the person paying support in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

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

*(RSMo. §454.633.3 provides that if you have checked this first box in Paragraph 8 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 9 below.)*

☐ The person paying support does not have the financial resources to contribute to the payment of medical or dental expenses of the children not covered by insurance. The person receiving support will be responsible for all reasonable and necessary medical or dental expenses of the children not covered by insurance. This does not apply to the medical costs listed in Paragraph 9 below. *RSMo. §454.603.5(2)*

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

☐ The person receiving support has not substantially complied with the terms of the health benefit coverage. The person receiving support will be responsible for all reasonable and necessary medical or dental expenses of the children not covered by insurance. This does not apply to the medical costs listed in Paragraph 9 below. *RSMo. §454.603.5(3)*

### 9. 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 Form 14, you may leave this information blank.)*

Uncovered Extraordinary Medical Costs to be Paid by Father INCLUDED on 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. This amount HAS been included in the child support calculation pursuant to Form 14. <i>(You must include this amount on Form 14 - Line 6d)</i>	

Paid by Father

Uncovered Extraordinary Medical Costs to be Paid by Mother INCLUDED on 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. This amount HAS been included in the child support calculation pursuant to Form 14. <i>(You must include this amount on Form 14 - Line 6d)</i>	

Paid by Mother

## 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.

### 10. Work-Related Child Care Costs

*You must check one and only one of the following five boxes*

- ☐ There are no reasonable work-related child care expenses incurred by the parties.
- ☐ The reasonable work-related child care costs of the children to be paid by Father are \$\_\_\_\_\_ per month. This amount has been included in the child support calculation pursuant to Form 14. The reasonable work-related child care costs of the children to be paid by Mother are \$\_\_\_\_\_ per month. This amount has also been included in the child support calculation pursuant to Form 14.

*(You must include these amounts on Form 14 - Line 6a(1) for the parent receiving support or Line 6b for the parent paying support.)*

- ☐ Mother will pay all reasonable work-related child care expenses. The cost of reasonable work-related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Father will reimburse Mother for \_\_\_\_\_ percent of all reasonable work-related child care expenses actually paid by Mother. Mother will not be entitled to reimbursement from Father unless said payments are appropriately reported to the Internal Revenue Service. No reimbursement of reasonable work-related child care expenses will be allowed unless Mother submits proof of such expense to Father in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

- ☐ Father will pay all reasonable work-related child care expenses. The cost of reasonable work-related child care expenses has NOT been included in the child support calculation pursuant to Form 14. Mother will reimburse Father for \_\_\_\_\_ percent of all reasonable work-related child care expenses actually paid by Father. Father will not be entitled to reimbursement from Mother unless said payments are appropriately reported to the Internal Revenue Service. No reimbursement of reasonable work-related child care expenses will be allowed unless Father submits proof of such expense to Mother in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.

- ☐ Each parent will pay his or her 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 pursuant to Form 14. Neither parent will reimburse the other parent for any portion of the child care expenses.

### 11. Child Care Expenses Unrelated to Employment

Incidental child care costs not related to employment are to be paid by the party 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.

### 12. 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

RSMo. §452.340.5 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.

### 13. Extraordinary Child-Rearing Costs

Extraordinary child-rearing costs incurred by the parents may be included on 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. (*Paragraph 14 of this Parenting Plan*)

## 14. Payment of Extraordinary Child-Rearing Costs of the Children

### a. Extraordinary Child-Rearing Costs INCLUDED on Form 14

Extraordinary Child-Rearing Costs Paid by Father INCLUDED on 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. This amount HAS been included in the child support calculation pursuant to Form 14. <i>(You must include this amount on Form 14 - Line 6e)</i>	

Paid by Father

Extraordinary Child-Rearing Costs Paid by Mother INCLUDED on 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. This amount HAS been included in the child support calculation pursuant to Form 14. <i>(You must include this amount on Form 14 - Line 6e)</i>	

Paid by Mother

### b. Extraordinary Child-Rearing Costs NOT INCLUDED on Form 14

Extraordinary Child-Rearing Costs Paid by Father NOT INCLUDED on Form 14	Percentage to be Paid by Mother to Father
_____	_____ %
_____	_____ %
_____	_____ %
Mother will reimburse Father for the percentage amount of each of these extraordinary child-rearing costs of the children so long as they are actually paid by Father. No reimbursement of extraordinary child-rearing costs of the children will be allowed unless Father submits proof of such expense to Mother in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.	

Paid by Father

Extraordinary Child-Rearing Costs Paid by Mother NOT INCLUDED on Form 14	Percentage to be Paid by Father to Mother
_____	_____ %
_____	_____ %
_____	_____ %
Father will reimburse Mother for the percentage amount of each of these extraordinary child-rearing costs of the children so long as they are actually paid by Mother. No reimbursement of extraordinary child-rearing costs of the children will be allowed unless Mother submits proof of such expense to Father in writing within 120 days of the date said expenses were incurred. Except for good cause, no legal proceedings seeking reimbursement will be allowed unless instituted within 360 days of the date said expenses were incurred.	

Paid by Mother

## Form 14 Child Support Calculation

CHILDREN	AGE	CHILDREN	AGE
<b>Child One</b>		<b>Child Four</b>	
<b>Child Two</b>		<b>Child Five</b>	
<b>Child Three</b>		<b>Child Six</b>	
	Parent Receiving Support	Parent Paying Support	Combined
1. MONTHLY GROSS INCOME	\$	\$	
a. Court ordered maintenance being received.	\$	\$	
2. ADJUSTMENTS (per month)			
a. Other court or administratively ordered child support being paid.	(\$ )	(\$ )	
b. Court ordered maintenance being paid.	(\$ )	(\$ )	
c. Support obligation for other children primarily residing in parent's custody.	(\$ )	(\$ )	
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 (per month)	\$		
a. Reasonable work-related child care costs of the parent receiving support (\$ ) less any child care tax credit (\$ ).			
b. Reasonable work-related child care costs of the parent paying support.		\$	
c. Health insurance costs for the children who are subjects of this proceeding.	\$	\$	
d. Uninsured extraordinary medical costs. (Agreed by parents or ordered by court).	\$	\$	
e. Other extraordinary child rearing costs. (Agreed by parents or ordered by court)	\$	\$	
7. TOTAL ADDITIONAL CHILD-REARING COSTS (Sum of lines 6a, 6b, 6c, 6d and 6e).	\$	\$	\$
8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and combined 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 THE AMOUNTS EXPENDED DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. (Multiply line 5 by _____ %).		(\$ )	
12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).		\$	
PREPARED BY:			



## Amount of Child Support

### 15. Presumed Monthly Amount of Child Support

*Complete all applicable amounts. The court-ordered support amount is set forth in Part B, Paragraph 17.*

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: \_\_\_\_\_.

### 16. Should the court order the child support pursuant to Missouri Child Support Guidelines?

*You **must** check one and only one of the following two boxes.*

☐ Yes. The court-ordered child support is the same as the presumed children 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 than the presumed children support amount. After consideration of all relevant factors pursuant to RSMo. §452.340.8 and Form 14, the child support as calculated herein is rebutted as being unjust and inappropriate.

NOTE: Court-ordered child support will be set at the time of the court proceeding. The court is not bound by the suggestions of the parties and may set an amount greater or lesser 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.

### 17. Court-Ordered Child Support

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

*You must check all applicable boxes.*

☐ **Six or More Children** - The person paying support is to pay to the person receiving support \_\_\_\_\_ per month when the person receiving support is entitled to support for six or more children covered by this parenting plan.

☐ **Five Children** - The person paying support is to pay to the person receiving support \_\_\_\_\_ per month when the person receiving support is entitled to support for five children covered by this parenting plan.

☐ **Four Children** - The person paying support is to pay to the person receiving support \_\_\_\_\_ per month when the person receiving support is entitled to support for four children covered by this parenting plan.

☐ **Three Children** - The person paying support is to pay to the person receiving support \_\_\_\_\_ per month when the person receiving support is entitled to support for three children covered by this parenting plan.

☐ **Two Children** - The person paying support is to pay to the person receiving support \_\_\_\_\_ per month when the person receiving support is entitled to support for two children covered by this parenting plan.

☐ **One Child** - The person paying support is to pay to the person receiving support \_\_\_\_\_ per month when the person receiving support is entitled to support for one child covered by this parenting plan.

NOTE: 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 above, 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.

## 18. Starting Date for Child Support

*You must check one and only one of the following two boxes if either party is paying child support in Part B, Paragraph 17.*

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

### Notification by the Person 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.” RSMo. §452.370.4.

## Income Tax Considerations

### 19. Income Tax Dependents

The parties shall be entitled to claim the minor children as dependents for income tax purposes as follows: (Person 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.)

NOTE: The Form 14 calculation assumes that the person receiving support will claim the children as dependents. If the person 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 16 should be checked.

If the person claiming the children is not listed below, then the person receiving support shall be entitled to claim the omitted children as dependents in all years.

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

## Payment of Child Support and Wage Assignments

### Wage Assignment

A wage assignment means that the child support is taken directly out of the paycheck of the person paying support. The amount withheld is sent to the Family Support Payment Center. The Family Support Payment Center will then forward the support to the person receiving support. Child support withheld pursuant to a wage assignment cannot be sent directly to the party receiving support. A record will be kept of all payments.

If a wage assignment is not ordered, then the child support may be paid directly to the person receiving support. The person 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 party 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 the person paying support is currently unemployed or self-employed, the wage assignment may still be ordered, but it will not take effect until the person paying support begins receiving regular wages.

### 20. Method of Payment of Child Support

*You must check one and only one of the following five boxes if either party is paying child support in Part B, Paragraph 17.*

- ☐ A wage assignment will not issue because a written agreement has been reached between the parties that provides for an alternative arrangement. Child support shall be paid directly to the person receiving support.
- ☐ A wage assignment will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate wage withholding would not be in the best interest of the child and the person paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the person receiving support.
- ☐ A wage assignment will not issue because a written agreement has been reached between the parties 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.
- ☐ A wage assignment will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate wage withholding would not be in the best interest of the child and the person 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.
- ☐ A wage assignment will be prepared by the person 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.

### 21. Additional Provisions Pertaining to Support of the Children:

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Mother

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Father

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Guardian ad Litem

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Attorney for Mother

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Attorney For Father

# 2008 Schedule of Basic Child Support Obligation

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
0-1000	50	50	50	50	50	50
1050	62	63	64	64	65	66
1100	98	99	100	101	102	103
1150	134	135	137	138	140	141
1200	170	172	173	175	177	179
1250	206	208	210	212	215	217
1300	241	244	247	249	252	255
1350	277	280	282	286	290	293
1400	306	317	320	324	327	330
1450	316	352	356	360	364	368
1500	325	386	391	395	399	403
1550	334	420	425	430	434	439
1600	344	455	459	464	469	474
1650	353	489	494	499	505	510
1700	362	523	528	534	540	546
1750	371	539	563	569	575	581
1800	380	553	597	604	610	617
1850	389	566	632	638	645	652
1900	398	579	666	673	680	688
1950	407	592	699	708	716	723
2000	416	604	713	743	751	759
2050	425	617	728	778	786	794
2100	434	630	743	812	821	830
2150	443	643	758	847	856	865
2200	452	656	773	864	891	901
2250	461	668	788	880	927	936
2300	470	681	803	897	962	972
2350	479	694	818	914	997	1007
2400	488	707	833	930	102	1043
2450	496	720	848	947	1042	1078
2500	505	732	863	964	1060	1114
2550	514	745	878	980	1078	1149
2600	523	758	893	997	1097	1185
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	728	1054	1242	1387	1526	1659
3850	733	1061	1250	1396	1536	1670
3900	738	1069	1259	1406	1546	1681
3950	744	1076	1267	1415	1557	1692
4000	749	1083	1275	1424	1567	1703
4050	754	1091	1283	1434	1577	1714
4100	759	1098	1292	1443	1587	1725
4150	765	1105	1300	1452	1597	1736
4200	770	1113	1308	1461	1608	1747
4250	775	1120	1317	1471	1618	1759
4300	780	1127	1325	1480	1628	1770
4350	786	1135	1333	1489	1638	1781
4400	791	1142	1342	1499	1648	1792
4450	796	1149	1350	1508	1659	1803
4500	801	1157	1358	1517	1669	1814
4550	807	1164	1367	1526	1679	1825
4600	812	1171	1375	1536	1689	1836
4650	817	1179	1383	1545	1700	1847
4700	822	1186	1392	1554	1710	1859
4750	828	1193	1400	1564	1720	1870

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
4800	833	1200	1408	1573	1730	1880
4850	836	1206	1414	1579	1737	1889
4900	840	1211	1420	1586	1745	1897
4950	844	1216	1426	1593	1753	1905
5000	848	1222	1433	1600	1760	1914
5050	852	1227	1439	1607	1768	1922
5100	855	1233	1445	1614	1776	1930
5150	859	1238	1451	1621	1783	1938
5200	863	1243	1458	1628	1791	1947
5250	867	1249	1464	1635	1799	1955
5300	871	1254	1470	1642	1806	1963
5350	874	1260	1476	1649	1814	1972
5400	878	1265	1482	1656	1822	1980
5450	882	1270	1489	1663	1829	1988
5500	886	1276	1495	1670	1837	1997
5550	890	1281	1501	1677	1844	2005
5600	893	1286	1507	1684	1852	2013
5650	897	1292	1514	1691	1860	2022
5700	901	1297	1520	1698	1867	2030
5750	905	1303	1526	1705	1875	2038
5800	909	1308	1532	1712	1883	2046
5850	912	1313	1538	1718	1890	2054
5900	915	1317	1542	1723	1895	2060
5950	918	1321	1547	1728	1900	2066
6000	921	1325	1551	1732	1905	2071
6050	924	1329	1555	1737	1911	2077
6100	927	1333	1559	1741	1916	2082
6150	930	1337	1563	1746	1921	2088
6200	933	1341	1567	1751	1926	2093
6250	936	1345	1572	1755	1931	2099
6300	939	1348	1576	1760	1936	2105
6350	942	1352	1580	1765	1941	2110
6400	945	1356	1584	1769	1946	2116
6450	948	1360	1588	1774	1952	2121
6500	951	1364	1592	1779	1957	2127
6550	954	1368	1597	1783	1962	2132
6600	957	1372	1601	1788	1967	2138
6650	960	1376	1605	1793	1972	2144
6700	963	1380	1609	1797	1977	2149
6750	966	1384	1613	1802	1982	2155
6800	969	1388	1617	1807	1987	2160
6850	972	1392	1622	1811	1993	2166
6900	974	1395	1626	1816	1997	2171
6950	976	1397	1628	1818	2000	2174
7000	977	1399	1629	1820	2002	2176
7050	979	1401	1631	1822	2004	2179
7100	981	1403	1633	1824	2007	2181
7150	982	1405	1635	1826	2009	2184
7200	984	1407	1637	1829	2011	2186
7250	985	1409	1639	1831	2014	2189
7300	986	1410	1641	1833	2016	2191
7350	988	1412	1643	1835	2018	2194
7400	989	1414	1644	1837	2020	2196
7450	991	1416	1646	1839	2023	2199
7500	992	1418	1648	1841	2025	2201
7550	994	1419	1650	1843	2027	2203
7600	995	1421	1652	1845	2029	2206
7650	997	1423	1653	1847	2032	2208
7700	998	1425	1655	1849	2034	2211
7750	1000	1427	1657	1851	2036	2213
7800	1001	1428	1659	1852	2038	2216
7850	1002	1430	1661	1855	2040	2218
7900	1004	1432	1663	1857	2043	2220
7950	1005	1434	1664	1859	2045	2223
8000	1008	1437	1668	1863	2050	2228
8050	1013	1444	1676	1872	2059	2239
8100	1018	1451	1684	1881	2069	2249
8150	1023	1458	1692	1890	2079	2260
8200	1027	1465	1700	1899	2089	2270
8250	1032	1472	1708	1908	2098	2281
8300	1037	1479	1716	1916	2108	2291
8350	1042	1486	1724	1926	2118	2303
8400	1048	1494	1733	1936	2129	2314
8450	1053	1501	1742	1945	2140	2326
8500	1059	1509	1750	1955	2151	2338
8550	1064	1516	1759	1965	2161	2349
8600	1069	1524	1768	1975	2172	2361
8650	1075	1532	1777	1984	2183	2373
8700	1079	1538	1784	1993	2192	2383
8750	1083	1543	1790	1999	2199	2391

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
8800	1086	1548	1796	2006	2206	2398
8850	1090	1553	1801	2012	2213	2406
8900	1093	1558	1807	2018	2220	2413
8950	1097	1563	1813	2025	2227	2421
9000	1100	1568	1818	2031	2234	2429
9050	1104	1573	1824	2038	2241	2436
9100	1107	1578	1830	2044	2248	2444
9150	1110	1582	1836	2050	2255	2452
9200	1114	1587	1841	2057	2262	2459
9250	1117	1592	1847	2063	2269	2467
9300	1121	1597	1853	2069	2276	2474
9350	1124	1602	1858	2076	2283	2482
9400	1128	1607	1864	2082	2290	2490
9450	1131	1612	1870	2089	2297	2497
9500	1135	1617	1876	2095	2304	2505
9550	1138	1622	1881	2101	2312	2513
9600	1141	1627	1887	2108	2319	2520
9650	1145	1632	1893	2114	2326	2528
9700	1148	1636	1898	2120	2332	2535
9750	1151	1640	1902	2125	2337	2540
9800	1153	1643	1906	2129	2342	2546
9850	1156	1647	1910	2134	2347	2551
9900	1159	1651	1914	2138	2352	2557
9950	1161	1654	1918	2143	2357	2562
10000	1164	1658	1923	2147	2362	2568
10050	1167	1662	1927	2152	2367	2573
10100	1169	1665	1931	2157	2372	2579
10150	1172	1669	1935	2161	2377	2584
10200	1175	1673	1939	2166	2382	2590
10250	1177	1676	1943	2170	2387	2595
10300	1180	1680	1947	2175	2393	2601
10350	1182	1684	1951	2180	2398	2606
10400	1185	1687	1955	2184	2403	2612
10450	1188	1691	1960	2189	2408	2617
10500	1190	1694	1964	2193	2413	2623
10550	1193	1698	1968	2198	2418	2628
10600	1196	1702	1972	2203	2423	2634
10650	1198	1705	1976	2207	2428	2639
10700	1201	1709	1980	2212	2433	2645
10750	1204	1713	1984	2216	2438	2650
10800	1206	1716	1988	2221	2443	2656
10850	1209	1720	1992	2226	2448	2661
10900	1212	1724	1997	2230	2453	2667
10950	1214	1727	2001	2235	2458	2672
11000	1217	1731	2005	2239	2463	2678
11050	1220	1735	2009	2244	2469	2684
11100	1223	1739	2014	2250	2475	2690
11150	1226	1743	2019	2255	2481	2697
11200	1229	1748	2024	2261	2487	2703
11250	1232	1752	2029	2266	2493	2710
11300	1235	1756	2034	2272	2499	2716
11350	1238	1760	2039	2277	2505	2723
11400	1240	1765	2043	2283	2511	2729
11450	1243	1769	2048	2288	2517	2736
11500	1246	1773	2053	2293	2523	2742
11550	1249	1777	2058	2299	2529	2749
11600	1252	1781	2063	2304	2535	2755
11650	1255	1786	2068	2310	2541	2762
11700	1258	1790	2073	2315	2547	2768
11750	1261	1794	2078	2321	2553	2775
11800	1264	1798	2083	2326	2559	2781
11850	1267	1803	2088	2332	2565	2788
11900	1270	1807	2092	2337	2571	2794
11950	1273	1811	2097	2343	2577	2801
12000	1276	1815	2102	2348	2583	2808
12050	1279	1819	2107	2353	2589	2814
12100	1282	1824	2112	2359	2595	2821
12150	1285	1828	2117	2364	2601	2827
12200	1288	1832	2122	2370	2607	2834
12250	1291	1836	2127	2375	2613	2840
12300	1294	1841	2131	2381	2619	2847
12350	1297	1845	2136	2386	2625	2853
12400	1300	1849	2141	2392	2631	2860
12450	1303	1853	2146	2397	2637	2866
12500	1306	1857	2151	2403	2643	2873
12550	1309	1862	2156	2408	2649	2879
12600	1312	1866	2161	2414	2655	2886
12650	1315	1870	2166	2419	2661	2892
12700	1318	1874	2170	2424	2667	2899
12750	1321	1879	2175	2430	2673	2905

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
20800	1755	2485	2866	3201	3521	3827
20850	1757	2488	2869	3205	3525	3832
20900	1759	2491	2872	3209	3529	3836
20950	1762	2494	2876	3212	3534	3841
21000	1764	2497	2879	3216	3538	3846
21050	1766	2500	2883	3220	3542	3850
21100	1768	2503	2886	3224	3546	3855
21150	1771	2506	2890	3228	3551	3859
21200	1773	2510	2893	3232	3555	3864
21250	1775	2513	2897	3235	3559	3869
21300	1777	2516	2900	3239	3563	3873
21350	1779	2519	2903	3243	3567	3878
21400	1782	2522	2907	3247	3572	3882
21450	1784	2525	2910	3251	3576	3887
21500	1786	2528	2914	3255	3580	3892
21550	1788	2531	2917	3259	3584	3896
21600	1791	2534	2921	3262	3589	3901
21650	1793	2537	2924	3266	3593	3905
21700	1795	2540	2928	3270	3597	3910
21750	1797	2543	2931	3274	3601	3915
21800	1799	2546	2934	3278	3606	3919
21850	1802	2549	2938	3282	3610	3924
21900	1804	2553	2941	3286	3614	3929
21950	1806	2556	2945	3289	3618	3933
22000	1808	2559	2948	3293	3623	3938
22050	1811	2562	2952	3297	3627	3942
22100	1813	2565	2955	3301	3631	3947
22150	1815	2568	2959	3305	3635	3952
22200	1817	2571	2962	3309	3639	3956
22250	1819	2574	2966	3312	3644	3961
22300	1822	2577	2969	3316	3648	3965
22350	1824	2580	2972	3320	3652	3970
22400	1826	2583	2976	3324	3656	3975
22450	1828	2586	2979	3328	3661	3979
22500	1831	2589	2983	3332	3665	3984
22550	1833	2592	2986	3336	3669	3988
22600	1835	2595	2990	3339	3673	3993
22650	1837	2599	2993	3343	3678	3998
22700	1839	2602	2997	3347	3682	4002
22750	1842	2605	3000	3351	3686	4007
22800	1844	2608	3003	3355	3690	4011
22850	1846	2611	3007	3359	3695	4016
22900	1848	2614	3010	3363	3699	4021
22950	1850	2617	3014	3366	3703	4025
23000	1853	2620	3017	3370	3707	4030
23050	1855	2623	3021	3374	3712	4034
23100	1857	2626	3024	3378	3716	4039
23150	1859	2629	3028	3382	3720	4044
23200	1862	2632	3031	3386	3724	4048
23250	1864	2635	3034	3390	3728	4053
23300	1866	2638	3038	3393	3733	4057
23350	1868	2641	3041	3397	3737	4062
23400	1870	2645	3045	3401	3741	4067
23450	1873	2648	3048	3405	3745	4071
23500	1875	2651	3052	3409	3750	4076
23550	1877	2654	3055	3413	3754	4080
23600	1879	2657	3059	3416	3758	4085
23650	1882	2660	3062	3420	3762	4090
23700	1884	2663	3066	3424	3767	4094
23750	1886	2666	3069	3428	3771	4099
23800	1888	2669	3072	3432	3775	4103
23850	1890	2672	3076	3436	3779	4108
23900	1893	2675	3079	3440	3784	4113
23950	1895	2678	3083	3443	3788	4117
24000	1897	2681	3086	3447	3792	4122
24050	1899	2684	3090	3451	3796	4127
24100	1902	2687	3093	3455	3800	4131
24150	1904	2691	3097	3459	3805	4136
24200	1906	2694	3100	3463	3809	4140
24250	1908	2697	3103	3467	3813	4145
24300	1910	2700	3107	3470	3817	4150
24350	1913	2703	3110	3474	3822	4154
24400	1915	2706	3114	3478	3826	4159
24450	1917	2709	3117	3482	3830	4163
24500	1919	2712	3121	3486	3834	4168
24550	1922	2715	3124	3490	3839	4173
24600	1924	2718	3128	3493	3843	4177
24650	1926	2721	3131	3497	3847	4182
24700	1928	2724	3134	3501	3851	4186
24750	1930	2727	3138	3505	3856	4191

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
24800	1933	2730	3141	3509	3860	4196
24850	1935	2733	3145	3513	3864	4200
24900	1937	2737	3148	3517	3868	4205
24950	1939	2740	3152	3520	3872	4209
25000	1942	2743	3155	3524	3877	4214
25050	1944	2746	3159	3528	3881	4219
25100	1946	2749	3162	3532	3885	4223
25150	1948	2752	3165	3536	3889	4228
25200	1950	2755	3169	3540	3894	4232
25250	1953	2758	3172	3544	3898	4237
25300	1955	2761	3176	3547	3902	4242
25350	1957	2764	3179	3551	3906	4246
25400	1959	2767	3183	3555	3911	4251
25450	1962	2770	3186	3559	3915	4255
25500	1964	2773	3190	3563	3919	4260
25550	1966	2776	3193	3567	3923	4265
25600	1968	2780	3197	3571	3928	4269
25650	1970	2783	3200	3574	3932	4274
25700	1973	2786	3203	3578	3936	4278
25750	1975	2789	3207	3582	3940	4283
25800	1977	2792	3210	3586	3945	4288
25850	1979	2795	3214	3590	3949	4292
25900	1982	2798	3217	3594	3953	4297
25950	1984	2801	3221	3597	3957	4302
26000	1986	2804	3224	3601	3961	4306
26050	1988	2807	3228	3605	3966	4311
26100	1990	2810	3231	3609	3970	4315
26150	1993	2813	3234	3613	3974	4320
26200	1995	2816	3238	3617	3978	4325
26250	1997	2819	3241	3621	3983	4329
26300	1999	2822	3245	3624	3987	4334
26350	2002	2826	3248	3628	3991	4338
26400	2004	2829	3252	3632	3995	4343
26450	2006	2832	3255	3636	4000	4348
26500	2008	2835	3259	3640	4004	4352
26550	2010	2838	3262	3644	4008	4357
26600	2013	2841	3265	3648	4012	4361
26650	2015	2844	3269	3651	4017	4366
26700	2017	2847	3272	3655	4021	4371
26750	2019	2850	3276	3659	4025	4375
26800	2022	2853	3279	3663	4029	4380
26850	2024	2856	3283	3667	4033	4384
26900	2026	2859	3286	3671	4038	4389
26950	2028	2862	3290	3674	4042	4394
27000	2030	2865	3293	3678	4046	4398
27050	2033	2868	3297	3682	4050	4403
27100	2035	2872	3300	3686	4055	4407
27150	2037	2875	3303	3690	4059	4412
27200	2039	2878	3307	3694	4063	4417
27250	2042	2881	3310	3698	4067	4421
27300	2044	2884	3314	3701	4072	4426
27350	2046	2887	3317	3705	4076	4430
27400	2048	2890	3321	3709	4080	4435
27450	2050	2893	3324	3713	4084	4440
27500	2053	2896	3328	3717	4089	4444
27550	2055	2899	3331	3721	4093	4449
27600	2057	2902	3334	3725	4097	4453
27650	2059	2905	3338	3728	4101	4458
27700	2062	2908	3341	3732	4105	4463
27750	2064	2911	3345	3736	4110	4467
27800	2066	2914	3348	3740	4114	4472
27850	2068	2918	3352	3744	4118	4476
27900	2070	2921	3355	3748	4122	4481
27950	2073	2924	3359	3752	4127	4486
28000	2075	2927	3362	3755	4131	4490
28050	2077	2930	3365	3759	4135	4495
28100	2079	2933	3369	3763	4139	4500
28150	2082	2936	3372	3767	4144	4504
28200	2084	2939	3376	3771	4148	4509
28250	2086	2942	3379	3775	4152	4513
28300	2088	2945	3383	3778	4156	4518
28350	2090	2948	3386	3782	4161	4523
28400	2093	2951	3390	3786	4165	4527
28450	2095	2954	3393	3790	4169	4532
28500	2097	2957	3396	3794	4173	4536
28550	2099	2960	3400	3798	4178	4541
28600	2102	2964	3403	3802	4182	4546
28650	2104	2967	3407	3805	4186	4550
28700	2106	2970	3410	3809	4190	4555
28750	2108	2973	3414	3813	4194	4559

Gross Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
28800	2110	2976	3417	3817	4199	4564
28850	2113	2979	3421	3821	4203	4569
28900	2115	2982	3424	3825	4207	4573
28950	2117	2985	3428	3829	4211	4578
29000	2119	2988	3431	3832	4216	4582
29050	2122	2991	3434	3836	4220	4587
29100	2124	2994	3438	3840	4224	4592
29150	2126	2997	3441	3844	4228	4596
29200	2128	3000	3445	3848	4233	4601
29250	2130	3003	3448	3852	4237	4605
29300	2133	3006	3452	3856	4241	4610
29350	2135	3010	3455	3859	4245	4615
29400	2137	3013	3459	3863	4250	4619
29450	2139	3016	3462	3867	4254	4624
29500	2142	3019	3465	3871	4258	4628
29550	2144	3022	3469	3875	4262	4633
29600	2146	3025	3472	3879	4266	4638
29650	2148	3028	3476	3882	4271	4642
29700	2150	3031	3479	3886	4275	4647
29750	2153	3034	3483	3890	4279	4651
29800	2155	3037	3486	3894	4283	4656
29850	2157	3040	3490	3898	4288	4661
29900	2159	3043	3493	3902	4292	4665
29950	2161	3046	3496	3906	4296	4670
30000	2164	3049	3500	3909	4300	4674

# Form CAFC250 - Income and Expense Statement

For use in Child Custody and Support Cases and Paternity Cases

In what Missouri County is this case to be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

*Answer all questions on this form completely.*

## Your Information

My full name is:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

☐ I filed this case. (Petitioner/Plaintiff)

☐ I did not file this case. (Respondent/Defendant)

☐ I am the Mother

☐ I am the Father

## Other Party's Information

The full name of the other party is:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

## Monthly Income Information

	Mother	Father
1. Monthly Gross Income from Salaries, Wages and Commissions including Bonuses	_____	_____
2. Monthly Self-Employment Income	_____	_____
3. Imputed Monthly Income	_____	_____
4. Monthly Social Security Benefits not including Supplemental Security Income (SSI)	_____	_____
5. Monthly Retirement Benefits	_____	_____
6. Monthly Pension Income	_____	_____
7. Monthly Interest Income	_____	_____
8. Monthly Trust and Annuity Income	_____	_____
9. Monthly Income from Dividends and Partnership Distributions	_____	_____
10. Monthly Unemployment Compensation Benefits	_____	_____
11. Monthly Severance Pay	_____	_____
12. Monthly Worker's Compensation Benefits	_____	_____

## Monthly Income Information (Continued)

	Mother	Father
13. Monthly Disability Insurance Benefits	_____	_____
14. Monthly Veterans Disability Benefits	_____	_____
15. Monthly Military Allowances for Subsistence and Quarters	_____	_____
16. Total Monthly Gross Income from Paragraphs 1 through 15 (Also enter on Form 14 – Line 1)	_____	_____
17. Monthly Supplemental Security Income Benefits (SSI)	_____	_____
18. Monthly Payments of Temporary Assistance for Needy Families (TANF)	_____	_____
19. Monthly Medicaid Benefits	_____	_____
20. Food Stamps	_____	_____
21. Number of unemancipated children who are NOT the subject of this proceeding that primarily reside with each parent (also enter on 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 parent (Also enter on Form 14 – Line 2c(3))	_____	_____
22. Monthly Maintenance Received in THIS case	_____	_____
23. Monthly Maintenance Received in OTHER cases	_____	_____
24. Total Monthly court ordered maintenance being received. Add lines 22 and 23. (Form 14 – Line 1a)	_____	_____

## Monthly Expense Information

	Mother	Father
25. Monthly court or administratively ordered child support being paid for children who are NOT the subject of this Proceeding (Form 14 – Line 2a)	_____	_____
26. Monthly Maintenance Paid in THIS case	_____	_____
27. Monthly Maintenance Paid in OTHER cases	_____	_____
28. Total Monthly Court Ordered Maintenance being Paid. Add lines 26 and 27. (Form 14 – Line 2b)	_____	_____
29. Reasonable work-related child care costs of each parent for the children who are the subject of this proceeding (Form 14 – Line 6a and Line 6b)	_____	_____
30. Health insurance costs for the children who are the subject of this proceeding (Form 14 – Line 6c)	_____	_____
31. Uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 – Line 6d)	_____	_____
32. Other extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14- Line 6e)	_____	_____
33. All Other Expenses of each Parent (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 30, etc.)	_____	_____

I certify under oath that I have given the other party a copy of this Income and Expense Statement pursuant to Missouri Supreme Court Rule 43.01(d) by: (You MUST check at least ONE of the following four boxes)

☐ Mailing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date) at the following address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

☐ Handing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date).

☐ Sending a copy to the other party or his or her attorney by fax to  
\_\_\_\_\_ (fax number) on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

☐ (To be used only by written consent of the party filed with the court) Sending a copy via electronic mail to the other party or his or her attorney at \_\_\_\_\_ (Email Address) on  
\_\_\_\_\_ (Date).

*Instructions: The following information MUST be filled in before a notary public. This Income and Expense Statement is required to be verified before a notary public. The "Affiant" is the person that is completing this document.*

COUNTY OF \_\_\_\_\_ )  
 ) ss.  
STATE OF \_\_\_\_\_ )

Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Income and Expense Statement are true according to his or her best knowledge and belief.

► \_\_\_\_\_ Affiant – SIGN HERE  
\_\_\_\_\_ Affiant – PRINT YOUR NAME HERE  
Subscribed and sworn to on \_\_\_\_\_  
\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

Sign here in front of  
a Notary Public



# Form CAFC240 - Property and Debt Statement

For use in Child Custody and Support Cases and Paternity Cases

In what Missouri county will this case be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

*Answer all questions on this form completely.*

## Your Information

My full name is:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

☐ I filed this case. (Petitioner/Plaintiff)

☐ I did not file this case. (Respondent/Defendant)

☐ I am the Mother

☐ I am the Father

## Other Party's Information

The full name of the other party is:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

## Property Owned by You

Item of Property	Present Fair Market Value (Do not deduct amount owed from this value)	Monthly Income from Property	Amount Owed on Property? (This debt should be listed below)
Property is anything you own or you are in the process of buying. Anything you consider yours is property that should be listed. This includes anything that you might own with another person.			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Property Owned by You

(Continued from Previous Page)

Item of Property	Present Fair Market Value (Do not deduct amount owed from this value)	Monthly Income from Property	Amount Owed on Property? (This debt should be listed below)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Debts Owed by You

Creditor	Current Balance	Monthly Payment on Loan	Security for Loan (This property should be listed above)
A debt is anything that you owe or that someone claims you owe.			

☐ Mailing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date) at the following address:

(Street) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

☐ Sending a copy to the other party or his or her attorney by fax to \_\_\_\_\_

\_\_\_\_\_ (fax number) on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

☐ (To be used only by written consent of the party filed with the court) Sending a copy via electronic mail to the other party or his or her attorney at \_\_\_\_\_ (Email Address) on \_\_\_\_\_ (Date).

COUNTY OF \_\_\_\_\_ )  
 ) ss.  
 STATE OF \_\_\_\_\_ )

Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Property and Debt Statement are true according to his or her best knowledge and belief.

Affiant – SIGN HERE
 Affiant – PRINT YOUR NAME HERE

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My Commission Expires:

# Form CAFC312 - Answer to Mother's Petition for Declaration of Paternity, Custody and/or Support

In what Missouri County is this case to be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

*Answer all questions on this form completely.*

## Your Information

1. I am a DEFENDANT and my full name is:

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Jr./Sr./III)

2. ☐ I am the Father  
☐ I am a presumed Father

3. The last four numbers of my Social Security Number are: XXX-XX-\_\_\_\_\_

4. My mailing address is:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

## Other Party's Information

5. The full name of PLAINTIFF is:

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Jr./Sr./III)

## Military Information

6. ☐ I am NOT on active duty in the United States military.  
☐ I am on active duty in the United States military, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

## Important Information

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

Agree or  
Disagree  
with Petition

8. I admit as true EVERYTHING Plaintiff stated in her Petition for Declaration of Paternity, Custody and/or Support and incorporate all of those allegations herein EXCEPT the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under oath that I have given the other parties a copy of this Answer to Petition for Declaration of Paternity, Custody and/or Support pursuant to Missouri Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following four boxes)*

- ☐ Mailing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date) at the following address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

- ☐ Handing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date).

- ☐ Sending a copy to the other party or his or her attorney by fax to  
\_\_\_\_\_ (fax number) on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

- ☐ *(To be used only by written consent of the party filed with the court)* Sending a copy via electronic mail to the other party or his or her attorney at \_\_\_\_\_ (Email Address) on  
\_\_\_\_\_ (Date).

Defendant, of lawful age, being duly sworn on his oath, states that he is the party named above and that the facts stated in this Answer to Petition for Declaration of Paternity, Custody and/or Support are true according to his best knowledge and belief.



\_\_\_\_\_  
SIGN HERE

\_\_\_\_\_  
PRINT YOUR NAME HERE

Subscribed and sworn to on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Sign here in front of  
a Notary Public

This should only be  
completed if a lawyer  
helped you with this  
form

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

\_\_\_\_\_  
Attorney – SIGN HERE

\_\_\_\_\_  
Missouri Bar Number

\_\_\_\_\_  
PRINT YOUR ATTORNEY'S NAME HERE

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email Address)

Do not enter any  
information here if you are  
filing this pleading without  
the assistance of a lawyer.

This information should  
be completed by your  
attorney.

☐ I have assisted the  
above named party in the  
preparation of these  
pleadings, but I am not  
entering my appearance on  
his or her behalf.

# Form CAFC312 - Answer to Mother's Petition for Declaration of Paternity, Custody and/or Support

In what Missouri County is this case to be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

*Answer all questions on this form completely.*

## Your Information

1. I am a DEFENDANT and my full name is:

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Jr./Sr./III)

2. ☐ I am the Father  
☐ I am a presumed Father

3. The last four numbers of my Social Security Number are: XXX-XX-\_\_\_\_\_

4. My mailing address is:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

## Other Party's Information

5. The full name of PLAINTIFF is:

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Jr./Sr./III)

## Military Information

6. ☐ I am NOT on active duty in the United States military.  
☐ I am on active duty in the United States military, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

## Important Information

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

Agree or  
Disagree  
with Petition

8. I admit as true EVERYTHING Plaintiff stated in her Petition for Declaration of Paternity, Custody and/or Support and incorporate all of those allegations herein EXCEPT the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under oath that I have given the other parties a copy of this Answer to Petition for Declaration of Paternity, Custody and/or Support pursuant to Missouri Supreme Court Rule 43.01(d) by: (You MUST check at least ONE of the following four boxes)

- ☐ Mailing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date) at the following address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

- ☐ Handing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date).

- ☐ Sending a copy to the other party or his or her attorney by fax to  
\_\_\_\_\_ (fax number) on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

- ☐ (To be used only by written consent of the party filed with the court) Sending a copy via electronic mail to the other party or his or her attorney at \_\_\_\_\_ (Email Address) on  
\_\_\_\_\_ (Date).

Defendant, of lawful age, being duly sworn on his oath, states that he is the party named above and that the facts stated in this Answer to Petition for Declaration of Paternity, Custody and/or Support are true according to his best knowledge and belief.

▶ \_\_\_\_\_  
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Sign here in front of  
a Notary Public

This should only be  
completed if a lawyer  
helped you with this  
form

ATTORNEY INFORMATION (To be completed by your attorney)

\_\_\_\_\_  
Attorney – SIGN HERE Missouri Bar Number

\_\_\_\_\_  
PRINT YOUR ATTORNEY'S NAME HERE

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number) (Email Address)

Do not enter any  
information here if you are  
filing this pleading without  
the assistance of a lawyer.

This information should  
be completed by your  
attorney.

☐ I have assisted the  
above named party in the  
preparation of these  
pleadings, but I am not  
entering my appearance on  
his or her behalf.

# Form CAFC312 - Answer to Mother's Petition for Declaration of Paternity, Custody and/or Support

In what Missouri County is this case to be decided?

In the Circuit Court of

MISSOURI

What is the case number? *(This number is assigned at time of filing)*

Case Number

Division Number

*Answer all questions on this form completely.*

## Your Information

1. I am a DEFENDANT and my full name is:

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

2. ☐ I am the Father  
☐ I am a presumed Father

3. The last four numbers of my Social Security Number are: XXX-XX-\_\_\_\_\_

4. My mailing address is:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (E-Mail Address)

## Other Party's Information

5. The full name of PLAINTIFF is:

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

## Military Information

6. ☐ I am NOT on active duty in the United States military.  
☐ I am on active duty in the United States military, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

## Important Information

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



Agree or  
Disagree  
with Petition

8. I admit as true EVERYTHING Plaintiff stated in her Petition for Declaration of Paternity, Custody and/or Support and incorporate all of those allegations herein EXCEPT the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under oath that I have given the other parties a copy of this Answer to Petition for Declaration of Paternity, Custody and/or Support pursuant to Missouri Supreme Court Rule 43.01(d) by: *(You MUST check at least ONE of the following four boxes)*

- ☐ Mailing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date) at the following address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

- ☐ Handing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date).

- ☐ Sending a copy to the other party or his or her attorney by fax to  
\_\_\_\_\_ (fax number) on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

- ☐ *(To be used only by written consent of the party filed with the court)* Sending a copy via electronic mail to the other party or his or her attorney at \_\_\_\_\_ (Email Address) on  
\_\_\_\_\_ (Date).

Defendant, of lawful age, being duly sworn on his oath, states that he is the party named above and that the facts stated in this Answer to Petition for Declaration of Paternity, Custody and/or Support are true according to his best knowledge and belief.

▶ \_\_\_\_\_  
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Sign here in front of  
a Notary Public

This should only be  
completed if a lawyer  
helped you with this  
form

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

\_\_\_\_\_  
Attorney – SIGN HERE

\_\_\_\_\_  
Missouri Bar Number

\_\_\_\_\_  
PRINT YOUR ATTORNEY'S NAME HERE

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number) (Email Address)

Do not enter any  
information here if you are  
filing this pleading without  
the assistance of a lawyer.

This information should  
be completed by your  
attorney.

☐ I have assisted the  
above named party in the  
preparation of these  
pleadings, but I am not  
entering my appearance on  
his or her behalf.

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI

\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff(s),

-v.-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s).

Case No. \_\_\_\_\_

Division No. \_\_\_\_\_

Paternity Judgment

**Parties**

1. As used herein, "Mother" refers to \_\_\_\_\_ and "Father" refers to \_\_\_\_\_.

2. *Appearances (Check all that apply)*

☐ Defendant remains in default as to the pleadings.

☐ Plaintiff appears in person.

☐ Plaintiff appears by attorney.

☐ Guardian ad Litem appears in person.

☐ Defendant appears in person.

☐ Defendant appears by attorney.

☐ Cause submitted upon affidavit of Plaintiff.

☐ Third Party \_\_\_\_\_ appears in person.

☐ Third Party \_\_\_\_\_ appears by attorney.

☐ Cause submitted upon affidavit of Defendant.

☐ Additional Appearances: \_\_\_\_\_

3. The last four digits of Plaintiff's Social Security Number are \_\_\_\_\_ and the last four digits of Defendant's Social Security Number are \_\_\_\_\_.

4. ☐ Defendant is not on active duty in the armed services of the United States now or any time since the filing of the petition herein.

☐ Defendant 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 unemancipated child(ren) hereinafter referred to as "minor child(ren):"

Name of Child	Child's Age

### Paternity

6. ☐ The court finds that \_\_\_\_\_ is the father of the minor child(ren).  
☐ The court finds that \_\_\_\_\_ is/are NOT the father of the minor child(ren).
- 

### Child Custody

7. ☐ The court does NOT have jurisdiction over the custody arrangements of the minor child(ren) pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, RSMo. §452.700 et seq. and therefore enters no further orders with respect to the custodial arrangements of the minor child(ren).  
☐ The court has jurisdiction over the custody arrangements of the minor child(ren) pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, RSMo. §452.700 et seq.

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 the 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 RSMo. §452.425.

### Child Support

8. ☐ 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. \_\_\_\_\_ is to pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for reimbursement of necessary child support.

### Attorney's Fees

10. ☐ Plaintiff shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Defendant's attorney's fees herein.  
☐ Defendant shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Plaintiff's attorney's fees herein.
11. ☐ Plaintiff shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Guardian ad Litem fees in addition to the sum of \_\_\_\_\_ previously ordered.  
☐ Defendant shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Guardian ad Litem fees in addition to the sum of \_\_\_\_\_ previously ordered.

### Other Orders

12. ☐ The child(ren) named above was/were born in the State of Missouri and the Missouri Bureau of Vital Records shall amend the birth record of the minor child(ren) pursuant to RSMo. §210.481 and §210.849 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). Plaintiff shall send a certified copy of this judgment and pay any expense or fees to the Missouri Bureau of Vital Records.

13. ☐ The Bureau of Vital Records shall change the name on the birth record(s) of the minor child(ren) as follows:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

#### Court Costs

15. ☐ 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 RSMo. §487.010 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.

*(If heard by a Family Court Judge)*

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

*(If heard by a Family Court Commissioner)*

Findings and Recommendations of Commissioner:

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

Approved and Adopted as 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)*

☐ Plaintiff's Attorney

☐ Defendant's Attorney

☐ Guardian ad Litem

\_\_\_\_\_  
*(Signature of Attorney)*

\_\_\_\_\_  
*(Signature of Attorney)*

\_\_\_\_\_  
*(Signature of Guardian ad Litem)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Telephone Number)*

☐ Plaintiff

☐ Defendant

☐ Third Party

\_\_\_\_\_  
*(Signature of Plaintiff)*

\_\_\_\_\_  
*(Signature of Defendant)*

\_\_\_\_\_  
*(Signature of Third Party)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Telephone Number)*

**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](http://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 if the party is a person.

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Respondent/Defendant Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.**

# Form CAFC721 – Notice of Hearing

Notice must be sent to every party in this case

In what Missouri county is this case pending?

In the Circuit Court of

MISSOURI

What is the case number in the pending case?

Case Number

Division Number

## Parties

1. Petitioner or Plaintiff is: \_\_\_\_\_  
(Full Name of Petitioner/Plaintiff)
2. Respondent or Defendant is: \_\_\_\_\_  
(Full Name of Respondent/Defendant)

## Information about the Hearing

(What, When, Where)

3. Type of matter to be heard: \_\_\_\_\_
  4. Date and Time of Hearing: \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
(Date of Hearing) (Time of Hearing)
- The hearing will be held promptly at the Courthouse in the above County and Division.

## Party Giving Notice

► SIGN HERE PRINT YOUR NAME HERE BAR NUMBER

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number) (Email Address)

## Proof of Service

- I certify under oath that I have given \_\_\_\_\_ a copy of this Notice of Hearing pursuant to Missouri Supreme Court Rule 43.01(d) by: (You MUST check at least ONE of the following four boxes)
- ☐ Mailing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date) at the following address:  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)
- ☐ Handing a copy to the other party or his or her attorney on \_\_\_\_\_ (Date).
- ☐ Sending a copy to the other party or his or her attorney by fax to \_\_\_\_\_ (fax number) on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).
- ☐ (To be used only by written consent of the party filed with the court) Sending a copy via electronic mail to the other party or his or her attorney at \_\_\_\_\_ (Email Address) on \_\_\_\_\_ (Date).

Affiant, of lawful age, being duly sworn on his or her oath, states that he or she is the affiant named herein and that the facts stated in this Notice of Hearing are true according to his or her best knowledge and belief.

► Affiant – SIGN HERE Affiant – PRINT YOUR NAME HERE

Subscribed and sworn to on \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_