

**PRESUMED FATHER'S
PETITION FOR
DECLARATION OF NON-
PATERNITY FORMS**

Do not file this page with the court.

PRESUMED FATHER'S PETITION FOR DECLARATION OF NON-PATERNITY

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 "Presumed Father's Petition for Declaration of Non-Paternity," your first name will also appear on the other forms.

These forms are to be used if you are a presumed father of a child or children that were born to Mother. You will use these forms to obtain a legal finding that you are not the father of the child or children.

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 "Fathers's Petition for Declaration of Non-Paternity. If all of the other parties do not sign an "Answer", then you must file one additional copy 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. Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC303)

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. Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313) Copy for Mother

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

3. Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313) 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 another 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.

4. Answer to Presumed Father's Petition for Declaration of Non-Paternity (Form CAFC313) 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.

5. 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.

6. 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.

7. Notice of Hearing (Form CAF721)

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

Form CAFC303 – Presumed Father’s Petition for Declaration of Non-Paternity

In what Missouri county will this case be filed?

| | |
|-------------------------|-----------------|
| In the Circuit Court of | MISSOURI |
|-------------------------|-----------------|

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

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

Answer all questions on this form completely.

The Parties

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

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

② The mother of the child(ren) listed below in ④ is a DEFENDANT in this case and her name is: *(She will be referred to as "Mother" on these forms)*

(Mother's First Name) (Middle Name) (Mother's Last Name)

③ The following men are DEFENDANT(S) in this case. Either they -

- were married to the mother of the child(ren) listed below in ④ at the time of each child’s birth, or
- were married to the mother of the child(ren) listed below in ④ within 300 days prior to each child’s birth, or
- are considered “presumed” fathers of the child(ren) listed below in ④ pursuant to §210.822, RSMo.

(They will be referred to as "First Presumed Father" and "Second Presumed Father" on these forms)

a. _____

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

b. _____

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

④ I am NOT the father of the following minor child(ren) who are also DEFENDANT(S) in this case:

a. _____ Birth Date: _____

(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)

b. _____ Birth Date: _____

(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)

c. _____ Birth Date: _____

(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)

d. _____ Birth Date: _____

(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)

e. _____ Birth Date: _____

(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)

f. _____ Birth Date: _____

(Child's full name as it appears on the birth certificate) (mm/dd/yyyy)

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 _____.

Additional Allegations

12. I have NOT signed an affidavit stating that I am the father of the child(ren).
 I have signed an affidavit stating that I am the father of the child(ren).
You must attach a copy of the birth certificate and affidavit for each child.

13. I would also state and allege as follows: *(Add any additional information which you believe might be important.)*

② Mother's Information (Defendant)

14. Mother's mailing address is:

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(E-Mail Address)

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

XXX-XX-_____.

16. Mother is _____ years old.

17. Mother resides in the Country of _____.

18. Mother resides in the State of _____.

19. Mother resides in the County of _____.

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

21. Mother has signed a verified "Answer to Petition for Declaration of Non-Paternity" which is being filed with this petition. Therefore, do not issue a summons.
 Mother should be served at her residence.

(Street)

(City)

(State)

(Zip)

- Mother should be served at her place of employment.

(Name of Employer)

(Street)

(City)

(State)

(Zip)

- Service by publication. I don't know where Mother is and I have no way of locating her. Therefore, I am requesting that she be served by publication.
 Other method of service: _____

3a
Information
about the
First
Presumed
Father
(Defendant)

This is the person named on line 3a 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.

29. First Presumed Father has signed a verified "Answer to Petition for Declaration of Non-Paternity" 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: _____

3b
Information
about the
Second
Presumed
Father
(Defendant)

This is the person named on line 3b 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.

37. Second Presumed Father has signed a verified "Answer to Petition for Declaration of Non-Paternity" 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.
 I don't know if the parent receiving support is 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)

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.)

Request for Relief

THEREFORE, I am requesting that the court find and declare that I am not the father of the child(ren) listed in paragraph (4) of this petition. I also request that the court appoint a guardian ad litem for the child(ren).

I also request the following relief:

- 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.
- Other (Please state the other requests)

Plaintiff, being of lawful age and duly sworn on his oath, states that he is the plaintiff named above and that the facts stated in this Petition for Declaration of Non-Paternity are true according to his 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 CAFC313 - Answer to Presumed Father's Petition for Declaration of Non-Paternity

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: | | | |
| _____ | _____ | _____ | _____ |
| <i>(First Name)</i> | <i>(Middle Name)</i> | <i>(Last Name)</i> | <i>(Jr./Sr./III)</i> |
| 2. <input type="checkbox"/> I am the Mother <input type="checkbox"/> I am a presumed Father | | | |
| 3. The last four numbers of my Social Security Number are: XXX-XX-_____ | | | |
| 4. My mailing address is: | | | |
| _____ | | | |
| <i>(Street)</i> | | | |
| _____ | _____ | _____ | _____ |
| <i>(City)</i> | <i>(State)</i> | <i>(Zip)</i> | |
| _____ | _____ | _____ | |
| <i>(Telephone Number)</i> | <i>(E-Mail Address)</i> | | |

Other Party's Information

| | | | |
|-----------------------------------|----------------------|--------------------|----------------------|
| 5. The full name of Plaintiff is: | | | |
| _____ | _____ | _____ | _____ |
| <i>(First Name)</i> | <i>(Middle Name)</i> | <i>(Last Name)</i> | <i>(Jr./Sr./III)</i> |

Military Information

| | |
|--|--|
| 6. <input type="checkbox"/> I am NOT on active duty in the United States military. <input type="checkbox"/> 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 which effect child support, child custody, parenting time/visitation, parentage and attorney's fees. |
|--|

Agree or Disagree with Petition

8. I admit as true EVERYTHING Plaintiff stated in his Petition for Declaration of Non-Paternity 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 Non-Paternity 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 or her oath, states that he or she is the party named above and that the facts stated in this Answer to Petition for Declaration of Non-Paternity are true according to his or her 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 CAFC313 - Answer to Presumed Father's Petition for Declaration of Non-Paternity

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: | | | |
| _____ | _____ | _____ | _____ |
| <i>(First Name)</i> | <i>(Middle Name)</i> | <i>(Last Name)</i> | <i>(Jr./Sr./III)</i> |
| 2. <input type="checkbox"/> I am the Mother <input type="checkbox"/> I am a presumed Father | | | |
| 3. The last four numbers of my Social Security Number are: XXX-XX-_____ | | | |
| 4. My mailing address is: | | | |
| _____ | | | |
| <i>(Street)</i> | | | |
| _____ | _____ | _____ | _____ |
| <i>(City)</i> | <i>(State)</i> | <i>(Zip)</i> | |
| _____ | _____ | _____ | |
| <i>(Telephone Number)</i> | <i>(E-Mail Address)</i> | | |

Other Party's Information

| | | | |
|-----------------------------------|----------------------|--------------------|----------------------|
| 5. The full name of Plaintiff is: | | | |
| _____ | _____ | _____ | _____ |
| <i>(First Name)</i> | <i>(Middle Name)</i> | <i>(Last Name)</i> | <i>(Jr./Sr./III)</i> |

Military Information

| | |
|--|--|
| 6. <input type="checkbox"/> I am NOT on active duty in the United States military. <input type="checkbox"/> 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 which effect child support, child custody, parenting time/visitation, parentage and attorney's fees. | |
|--|--|

Agree or Disagree with Petition

8. I admit as true EVERYTHING Plaintiff stated in his Petition for Declaration of Non-Paternity 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 Non-Paternity 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).
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 or her oath, states that he or she is the party named above and that the facts stated in this Answer to Petition for Declaration of Non-Paternity are true according to his or her 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 CAFC313 - Answer to Presumed Father's Petition for Declaration of Non-Paternity

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: | | | |
| _____ | _____ | _____ | _____ |
| <i>(First Name)</i> | <i>(Middle Name)</i> | <i>(Last Name)</i> | <i>(Jr./Sr./III)</i> |
| 2. <input type="checkbox"/> I am the Mother <input type="checkbox"/> I am a presumed Father | | | |
| 3. The last four numbers of my Social Security Number are: XXX-XX-_____ | | | |
| 4. My mailing address is: | | | |
| _____ | | | |
| <i>(Street)</i> | | | |
| _____ | _____ | _____ | _____ |
| <i>(City)</i> | <i>(State)</i> | <i>(Zip)</i> | |
| _____ | _____ | _____ | |
| <i>(Telephone Number)</i> | <i>(E-Mail Address)</i> | | |

Other Party's Information

| | | | |
|-----------------------------------|----------------------|--------------------|----------------------|
| 5. The full name of Plaintiff is: | | | |
| _____ | _____ | _____ | _____ |
| <i>(First Name)</i> | <i>(Middle Name)</i> | <i>(Last Name)</i> | <i>(Jr./Sr./III)</i> |

Military Information

| | |
|--|--|
| 6. <input type="checkbox"/> I am NOT on active duty in the United States military. <input type="checkbox"/> 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 which effect child support, child custody, parenting time/visitation, parentage and attorney's fees. | |
|--|--|

Agree or Disagree with Petition

8. I admit as true EVERYTHING Plaintiff stated in his Petition for Declaration of Non-Paternity and incorporate all of those allegations herein EXCEPT the following:

Three horizontal lines for listing exceptions to the admission.

I certify under oath that I have given the other parties a copy of this Answer to Petition for Declaration of Non-Paternity 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 or her oath, states that he or she is the party named above and that the facts stated in this Answer to Petition for Declaration of Non-Paternity are true according to his or her 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), | | Case No. _____ |
| | | |
| | | Division No. _____ |
| | | |
| | | |
| | | |
| Defendant(s). | | |

Paternity Judgment

Parties

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

2. **Appearances** *(Check all that apply)*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Defendant(s) remains in default as to the pleadings. | <input type="checkbox"/> Mother appears in person. | <input type="checkbox"/> Mother appears by attorney. | <input type="checkbox"/> Guardian ad Litem appears in person. |
| <input type="checkbox"/> Father appears in person. | <input type="checkbox"/> Father appears by attorney. | <input type="checkbox"/> Cause submitted upon affidavit of Mother. | <input type="checkbox"/> Cause submitted upon affidavit of Father. |
| <input type="checkbox"/> Third Party _____ appears in person. | <input type="checkbox"/> Third Party _____ appears by attorney. | | |
| <input type="checkbox"/> Additional Appearances: _____ | | | |

3. The last four digits of Mother's Social Security Number are _____ and the last four digits of Father's Social Security Number are _____.

4. Defendant(s) is/are not on active duty in the armed services of the United States now or any time since the filing of the petition herein.
- 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 child(ren) hereinafter referred to as "minor child(ren):"

| Name of Child | Birth Date |
|---------------|------------|
| | |
| | |
| | |
| | |
| | |
| | |

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) and all his child support arrears are extinguished.
-

Child Custody

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

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

Therefore, the court orders the provisions of Part A of 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 §452.425, RSMo.

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.
10. The State of Missouri has provided public assistance under the TANF program for the minor child(ren) herein. The total amount due as authorized by law and the guidelines is _____ and judgment is entered against _____ and in favor of the State of Missouri for said amount.

Attorney’s Fees

11. _____ shall pay to _____ the sum of _____ as and for attorney’s fees herein.
12. Mother shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.
 Father shall pay to _____ the sum of _____ as and for Guardian ad Litem fees in addition to the sum of _____ previously ordered.

Other Orders

13. 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 §210.481 and §210.849, RSMo to reflect that Father is the biological father of the minor child(ren) as stated above and to remove any biographical information of any father currently listed on the birth record(s). A certified copy of this judgment shall be sent to the Missouri Bureau of Vital Records.

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

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

Court Costs

16. Court costs are to be paid from the court cost deposit(s) previously posted.

Court costs are waived.

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

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

(If heard by a Family Court Judge)

Judge Date

(If heard by a Family Court Commissioner)

Findings and Recommendations of Commissioner:

Commissioner Date

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

Judge Date

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

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/Defendant

(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 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) | |
| <input type="checkbox"/> | Mailing a copy to the other party or his or her attorney on _____ (Date) at the following address: _____ (Street) _____ (City) _____ (State) _____ (Zip) |
| <input type="checkbox"/> | Handing a copy to the other party or his or her attorney on _____ (Date). |
| <input type="checkbox"/> | Sending a copy to the other party or his or her attorney by fax to _____ (fax number) on _____ (Date) at _____ (Time). |
| <input type="checkbox"/> | (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 _____. | |
| _____ | My Commission Expires: _____ |
| Notary Public | |