

**PETITION FOR CHILD  
CUSTODY FORMS**

**APPROVED BY**

**The Missouri Supreme Court**

**July, 2010**

# PETITION FOR CHILD CUSTODY 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 "Petition for Child Custody," 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 Petitioner and the Respondent. The Parenting Plan refers to the Mother and Father. It is assumed that you are the person that is filing the case. Because of this, you must indicate whether you are the mother or the father so that information from one form can be automatically transferred to the other forms.

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 the other party signs the "Answer" so that service of process is not required, then you only have to file one copy of the "Petition for Child Custody", "Income and Expense Statement", "Property and Debt Statement", and "Parenting Plan". If the other party does not sign an "Answer", then you must file one additional copy of all of these forms. 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.

**NOTE** - Only use these forms if paternity has already been established. If father's name does not appear on the birth certificate of the children, then paternity probably has not been established.

Do not file this page with the court.

## TABLE OF CONTENTS

### **1. Petition for Child Custody (Form CAFC201)**

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. 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.

### **3. 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.

### **4. Property and Debt Statement (Form CAFC240)**

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

### **5. Answer to Petition for Child Custody (Form CAFC211)**

The other party may sign this form if he or she does not want to be personally served. By signing this form, the other party is allowing the court to decide your case. The other party may also use this form to disagree with your statements on your forms.

### **6. Child Custody and Support Judgment (Form CAFC270)**

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.

### **7. 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.

### **8. 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 CAFC201 – Petition for Child Custody

In what Missouri county will this case be filed?

In the Circuit Court of	MISSOURI
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If this is an amended petition, what is the case number of the pending case?

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

*Answer all questions on this form completely.*

## Your Information

1. My full name is: *(You are the "Petitioner" in this case.)*

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

2.  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.

3.  I am the Mother  
 I am the Father

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

5. My mailing address is:

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

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

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

## Other Party's Information

6. The full name of the other party is: *(He or she is the "Respondent" in this case.)*

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

7. The last four numbers of the other party's Social Security Number are:

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

8. The other party's mailing address is:

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

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

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

## Service Information

9.  The other party has signed a verified "Answer to Petition for Determination of Custody" which is being filed with this motion. Therefore, do not issue a summons.
- The other party should be served at his or her residence.

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

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

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

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

- The other party should be served at his or her place of employment.

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

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

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

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

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

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

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

10.  The parent receiving support is not receiving Temporary Assistance for Needy Families (TANF).
- The parent receiving support is receiving TANF 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

## Case Information

11. I am entitled to ask for custody because:

- Paternity was acknowledged by both parties and father's name appears on the birth certificate of each child listed in this petition. Copies of these birth certificates are attached to this petition.
- An administrative order was entered that determined paternity. A copy of this administrative order is attached to this petition.
- Father and Mother were married at the time of the birth of each child listed in this petition and there are no existing custody judgments.
- Other \_\_\_\_\_

(Explain)

## Military Information

12.  The other party is NOT on active duty in the United States military.  
 The other party is on active duty in the United States military.

## Employment Information

13.  I am self-employed  
 I am unemployed  
 I am employed at:

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

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

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

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

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

14.  The other party is self-employed  
 The other party is unemployed  
 I don't know the other party's employment status  
 The other party is employed at:

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

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

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

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

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

## Children's Information

15. There is/are \_\_\_\_\_ child(ren) who is/are the subject of this proceeding as listed below.

Child's Full Name	Child's Age

Additional Information about the Children

16. 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)

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

17. 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.

18. Explanation: (If you checked any of the boxes in paragraph 17, please explain in detail here.)

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

Proposed Parenting Plan

19. 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. (You must attach a completed copy of Parenting Plan Form CAFC501 to this petition.)

Request for Relief

THEREFORE, I want the court to enter a judgment concerning custody as per Part A of the attached parenting plan marked Exhibit 1.

I also request the following relief:

- 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.
Other (Please state the other requests)

Petitioner, being of lawful age and duly sworn on his or her oath, states that he or she is the petitioner named above and that the facts stated in this Petition to Determine Child Custody are true according to his or 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 Movant - 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  
Petitioner in the preparation  
of these pleadings, but I am  
not entering my appearance  
on behalf of Petitioner.*



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

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

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

**-and-**

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

**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
<b>WEEK ONE</b>	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
<b>WEEK TWO</b>	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
<b>WEEK ONE</b>	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	
<b>WEEK TWO</b>	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.

SAMPLE

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.

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 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
<p>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></p>	

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
<p>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></p>	

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
<p>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></p>	

Paid by Father

Extraordinary Child-Rearing Costs Paid by Mother INCLUDED on Form 14	Amount of Expense
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month
<p>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></p>	

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
_____	_____ %
_____	_____ %
_____	_____ %
<p>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.</p>	

Paid by Father

Extraordinary Child-Rearing Costs Paid by Mother NOT INCLUDED on Form 14	Percentage to be Paid by Father to Mother
_____	_____ %
_____	_____ %
_____	_____ %
<p>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.</p>	

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. <b>PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).</b>		\$	
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

\_\_\_\_\_  
Father

\_\_\_\_\_  
Guardian ad Litem

\_\_\_\_\_  
Attorney for Mother

\_\_\_\_\_  
Attorney For Father







# 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  <b>MISSOURI</b>
--

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:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>
<input type="checkbox"/> I filed this case. (Petitioner/Plaintiff)			
<input type="checkbox"/> I did not file this case. (Respondent/Defendant)			
<input type="checkbox"/> I am the Mother			
<input type="checkbox"/> I am the Father			

## Other Party's Information

The full name of the other party is:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>

## 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	<b>MISSOURI</b>
-------------------------	-----------------

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:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>
<input type="checkbox"/> I filed this case. (Petitioner/Plaintiff) <input type="checkbox"/> I did not file this case. (Respondent/Defendant)			
<input type="checkbox"/> I am the Mother <input type="checkbox"/> I am the Father			

## Other Party's Information

The full name of the other party is:			
_____	_____	_____	_____
<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>	<i>(Jr./Sr./III)</i>

## Property Owned by You

Item of Property	Present Fair Market Value <small>(Do not deduct amount owed from this value)</small>	Monthly Income from Property	Amount Owed on Property? <small>(This debt should be listed below)</small>
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

### 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.			

I certify under oath that I have given the other party a copy of this Property and Debt 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 Property and Debt 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 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 CAFC211 - Answer to Petition for Child Custody

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. My full name is:

\_\_\_\_\_

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

2.  I am the Mother  
 I am the 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 the other party 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**

9. I admit as true EVERYTHING the other party stated in his or her Petition for Child Custody and incorporate all of those allegations herein EXCEPT the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under oath that I have given the other party a copy of this Answer to Petition for Child Custody 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).

Respondent, of lawful age, being duly sworn on his or her oath, states that he or she is Respondent named above and that the facts stated in this Answer to Petition for Child Custody 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

<p><b>ATTORNEY INFORMATION</b> <i>(To be completed by your attorney)</i></p> <p>_____ Attorney - SIGN HERE</p> <p>_____ Missouri Bar Number</p> <p>_____ PRINT YOUR ATTORNEY'S NAME HERE</p> <p>_____ (Street)</p> <p>_____ (City) _____ (State) _____ (Zip)</p> <p>_____ (Telephone Number) _____ (Fax Number) _____ (Email Address)</p>	<p><i>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></p> <p><input type="checkbox"/> <i>I have assisted the Respondent in the preparation of these pleadings, but I am not entering my appearance on his or her behalf.</i></p>
---	---



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

(First)	(Middle)	(Last)	(Jr./Sr./III)	}	Case No. _____
Petitioner,					Division No. _____
-and-					
(First)	(Middle)	(Last)	(Jr./Sr./III)		
Respondent.					

**Child Custody and Support Judgment**

**Parties**

1.  As used herein, "Mother" refers to Petitioner and "Father" refers to Respondent.  
 As used herein, "Father" refers to Petitioner and "Mother" refers to Respondent.
  
2. **Appearances** *(Check all that apply)*

<input type="checkbox"/> Petitioner appears in person.	<input type="checkbox"/> Petitioner appears by attorney.	<input type="checkbox"/> Guardian ad Litem appears in person.
<input type="checkbox"/> Respondent appears in person.	<input type="checkbox"/> Respondent appears by attorney.	<input type="checkbox"/> Cause submitted upon affidavit of Petitioner.
<input type="checkbox"/> Third Party _____ appears in person.	<input type="checkbox"/> Third Party _____ appears by attorney.	<input type="checkbox"/> Cause submitted upon affidavit of Respondent.
  
3. The last four digits of Petitioner's Social Security Number are \_\_\_\_\_ and the last four digits of Respondent's Social Security Number are \_\_\_\_\_.

**Paternity**

4.  Paternity was acknowledged by both parties and father's name appears on the birth certificate of each child listed in this judgment.  
 An administrative order was entered that determined paternity for each child listed in this judgment.  
 Father and Mother were married at the time of the birth of each child listed in this judgment and there are no other existing custody judgments.  
 Other \_\_\_\_\_  
*(Explain)*

**Children**

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

Name of Child	Child's Age

Child Custody

6.  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

7.  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.

Attorney's Fees

8.  Petitioner shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Respondent's attorney's fees herein.

Respondent shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Petitioner's attorney's fees herein.

9.  Petitioner shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Guardian ad Litem fees in addition to the sum of \_\_\_\_\_ previously ordered.

Respondent shall pay to \_\_\_\_\_ the sum of \_\_\_\_\_ as and for Guardian ad Litem fees in addition to the sum of \_\_\_\_\_ previously ordered.

Other Orders

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

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

Court Costs

11.  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)*

Petitioner's Attorney

Respondent'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)*

Petitioner

Respondent

Third Party

\_\_\_\_\_  
*(Signature of Petitioner)*

\_\_\_\_\_  
*(Signature of Respondent)*

\_\_\_\_\_  
*(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  <b>MISSOURI</b>
--

What is the case number in the pending case?

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

## Parties

1. Petitioner or Plaintiff is: _____ <i>(Full Name of Petitioner/Plaintiff)</i>
2. Respondent or Defendant is: _____ <i>(Full Name of Respondent/Defendant)</i>

## 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. <i>(Date of Hearing) (Time of Hearing)</i>
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
_____ <i>(Street)</i>		
_____ <i>(City)</i>	_____ <i>(State)</i>	_____ <i>(Zip)</i>
_____ <i>(Telephone Number)</i>	_____ <i>(Fax Number)</i>	_____ <i>(Email Address)</i>

## 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: <i>(You MUST check at least ONE of the following four boxes)</i>	
<input type="checkbox"/>	Mailing a copy to the other party or his or her attorney on _____ <i>(Date)</i> at the following address: _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i>
<input type="checkbox"/>	Handing a copy to the other party or his or her attorney on _____ <i>(Date)</i> .
<input type="checkbox"/>	Sending a copy to the other party or his or her attorney by fax to _____ <i>(fax number)</i> on _____ <i>(Date)</i> at _____ <i>(Time)</i> .
<input type="checkbox"/>	<i>(To be used only by written consent of the party filed with the court)</i> Sending a copy via electronic mail to the other party or his or her attorney at _____ <i>(Email Address)</i> on _____ <i>(Date)</i> .
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	