

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

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

v.

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
(Enter full legal name of Mother above)

-and-

The MINOR CHILD(REN) as listed
in question 1 of the *Presumed Father's Petition*
for Declaration of Non-Paternity,

Respondents.

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

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

Presumed Father's Petition for Declaration of Non-Paternity

The Parties

This *Petition* may only be used by men who are presumed to be the father of a child or children due to marriage to the mother. **This *Petition* may not be used by men wanting to set aside an order of paternity or to remove their name from a birth certificate after signing an acknowledgment of paternity.** Throughout this *Petition*, you will be referred to as Petitioner.

The mother and the minor child(ren) are all Respondents to your *Petition*. The court will appoint a Guardian ad Litem to represent the child(ren) in this action. The Guardian ad Litem may be an independent attorney hired to represent the interests of children in legal proceedings. The court may order you and/or Mother to pay the Guardian ad Litem for their time and expenses in representing the child(ren).

1. I ask the court to find I am **not** the father of the following child(ren):

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

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

2. The name of the mother of the minor child(ren) is

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

She will be referred to as Respondent.

3. The mother and I were married on ____/____/____ .
 (Date - mm/dd/yyyy)

4. *Check all that apply.*

- The mother and I were married within 300 days of the birth of the child(ren) listed above.
- The mother and I were married at the time of the birth of the child(ren).

Information about Petitioner

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

5. What is your mailing address?

This is the address the court will use to send information about your case to you. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. Even if you do not wish to give the address at which you live, you **must** still give the court a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

(Street)

(City) _____ (State) _____ (Zip)

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

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

XXX-XX- _____

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

Yes No

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

9. I live in Missouri another state, which is _____ .

10. I live in the county of _____ .

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

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

Employed Unemployed Self-employed

12. If you are employed or self-employed, where do you currently work?

If you are self-employed, enter a brief description of the type of work you perform such as "Landscaping" or "Day care" on the line for the name of your employer. If you are self-employed, you should also enter the address information for your self-employment.

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

(Street)

(City) _____ (State) _____ (Zip)

Information about Mother

Provide information for Mother as listed in response to question 2 of this *Petition*.

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

13. What is Mother's mailing address?

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

(Street)

(City)

(State)

(Zip)

()

(Telephone Number with Area Code)

(E-mail Address - Optional)

14. What are the last four numbers of Mother's social security number?

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

XXX-XX- _____

15. Is Mother over the age of eighteen? (Check one of the two boxes)

Yes No

16. Mother lives in the United States another country, which is _____.

17. Mother lives in Missouri another state, which is _____.

18. Mother lives in the county of _____.

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

19. Mother is currently employed unemployed self-employed employment unknown. (Check one of the four boxes)

20. If Mother is employed or self-employed, where does she currently work?

If Mother is self-employed, enter a brief description of the type of work she performs, such as "Landscaping" or "Day care," on the line for the name of the employer. If Mother is self-employed you should also enter the address information for her self-employment.

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

(Street)

(City)

(State)

(Zip)

21. Mother is is **not** on active duty in the military. (Check "is" or "is not")

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

Information about the Children

22. List the name of the parent or guardian with whom the children have lived and the address where said children have lived during the past five years. Enter the dates at each address. If the child(ren) have lived at more than three addresses in the past five years, attach an additional page to this *Petition* listing the information requested in question 22 for each additional address.

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

(Street)

(City) (State) (Zip) (Dates)

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

(Street)

(City) (State) (Zip) (Dates)

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

(Street)

(City) (State) (Zip) (Dates)

23. Do you know of anyone other than you or the other parent who has physical custody of any of the children or claims to have custody or visitation rights with respect to any of the children? *(Check one of the two boxes)*

Yes No

24. Do you have information about any other custody proceeding concerning any of the children pending in a court of this or any other state? *(Check one of the two boxes)*

Yes No

25. Have you participated in other litigation concerning the custody of any of the children in this or any other state? *(Check one of the two boxes)*

Yes No

26. Have any of the children been a victim of abuse or neglect? *(Check one of the two boxes)*

Yes No

27. If you answered "Yes" to questions 23, 24, 25 or 26, please explain.

28. Has the Family Support Division opened a child support case for any child(ren) listed in this *Petition*? (Check one of the two boxes)

Yes No

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

If yes, has the Family Support Division issued a child support order? (Check one of the two boxes)

Yes No

List the judicial case number(s). _____

29. Do any of the children listed in this *Petition* currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? (Check one of the two boxes)

Yes No

If yes, you must serve the Family Support Division with a copy of *Presumed Father's Petition for Declaration of Non-Paternity* and other forms filed with this *Petition*. Instructions on how to serve the Family Support Division are listed on page 7 of this *Petition*.

Request for Relief

I am requesting to be declared **not** the father of the child(ren) listed in question 1 of this *Petition*.

I also want the court to do the following: (Check if applicable)

Other (Please state the other request(s))

Sign Below in the Presence of a Notary Public

Your Presumed Father's Petition for Declaration of Non-Paternity is required to be verified in the presence of a notary public.

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the Petitioner named above and that the facts stated in the Presumed Father's Petition for Declaration of Non-Paternity are true according to his or her best knowledge, information and belief.

▶ _____ (Sign above in the presence of a Notary Public) _____ (Print your name above)

The following information must be completed by a notary public.

STATE OF _____)
COUNTY OF _____) SS

On this _____ day of _____, 20____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

_____, Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

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

(Attorney - Sign above) _____ (Missouri Bar Number)

(Attorney - Print your name above)

(Street)

(City) _____ (State) _____ (Zip)

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