

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

In what Missouri county will this case be filed?

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

Case Number

Division Number

The Parties

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

<i>(Mother's First Name)</i>	<i>(Middle Name)</i>	<i>(Mother's Last Name)</i>
<i>(Street)</i>		
<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<i>(Telephone Number)</i>	<i>(E-Mail Address)</i>	

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

a. _____ <i>(Child's full name as it appears on the birth certificate)</i>	Birth Date: _____ <i>(mm/dd/yyyy)</i>
b. _____ <i>(Child's full name as it appears on the birth certificate)</i>	Birth Date: _____ <i>(mm/dd/yyyy)</i>
c. _____ <i>(Child's full name as it appears on the birth certificate)</i>	Birth Date: _____ <i>(mm/dd/yyyy)</i>
d. _____ <i>(Child's full name as it appears on the birth certificate)</i>	Birth Date: _____ <i>(mm/dd/yyyy)</i>
e. _____ <i>(Child's full name as it appears on the birth certificate)</i>	Birth Date: _____ <i>(mm/dd/yyyy)</i>
f. _____ <i>(Child's full name as it appears on the birth certificate)</i>	Birth Date: _____ <i>(mm/dd/yyyy)</i>

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

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

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

▶ _____
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to this _____ day of _____, 20____.

Notary Public

My Commission Expires:

Sign this in front of a
Notary Public

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

<p>ATTORNEY INFORMATION <i>(To be completed by your attorney)</i></p> <p>_____ Attorney - SIGN HERE Missouri Bar Number _____</p> <p>_____ Attorney for Plaintiff - PRINT YOUR 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 case without the assistance of a lawyer. This information should be completed by your attorney.</i></p> <p><input type="checkbox"/> <i>I have assisted Plaintiff in the preparation of these pleadings, but I am not entering my appearance on behalf of Plaintiff.</i></p>
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So Ordered:

Judge/Commissioner Date _____