

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
FAMILY COURT DIVISION

__ at Kansas City __ at Independence

In re the Matter of

Petitioner

and Case No. _____

Respondent

**PETITIONER/RESPONDENT'S RESPONSE TO RULE 68.12
NOTIFICATION OF CHILD CUSTODY AND RELATED PARENTING ISSUES**

Form 15 must be completed by each party and filed no later than 45 days from the date of service, when a dissolution or motion to modify involves children.

Check all that apply:

- 1. The parties have completed two hours of Rule 68.12 mediation as verified by the Notice of Mandatory Mediation Compliance.
- 2. The parties have no disputes regarding parenting issues regarding the children.
- 3. The required mediation under Rule 68.12 has been waived by order of the Court.

IF YOU HAVE SELECTED 1, 2, OR 3 ABOVE, YOU NEED ONLY SIGN THE AFFIDAVIT BELOW AND FILE FORM 15. IF YOU CANNOT SELECT 1, 2 OR 3 ABOVE, PLEASE CONTINUE.

- 4. The parties have a dispute regarding parenting issues and have not been to a mediator qualified under Missouri Supreme Court Rule 88.05.
- 5. There has been or there is a current Restraining Order or Protection From Abuse Order involving the parties or the child.

The petitioner's total monthly gross income from wages and additional income is \$ _____.
The respondent's total monthly gross income from wages and additional income is \$ _____.

The Petitioner's mailing address is:

Phone: _____
Attorney for the petitioner is:
Name: _____
Address _____

Phone _____

The Respondent's mailing address is:

Phone: _____
Attorney for the Respondent is:
Name: _____
Address _____

AFFIDAVIT

I certify that the above *Response to Rule 68.12 Notification of Child Custody and Related Parenting Issues* is complete, true and accurate to the best of my knowledge and belief.

Affiant--Petitioner/Respondent

Subscribed and sworn to before me the undersigned Notary Public, on _____, ____.

My Commission Expires: _____

NOTARY PUBLIC

File original with the Jackson County Courthouse: Civil Records-Third Floor, 415 E. 12th, Kansas City, MO 64106 or Judicial Records, 308 W. Kansas, Independence, MO 64050.

Certificate of mailing: I hereby certify that a copy of the above and foregoing was mailed/faxed on this ____ day of _____, _____, to: Family Court Resource Services, 103 N. Main, Suite 200, Independence, MO 64050
Phone:(816) 881-1814/Email: sue.mills@courts.mo.gov Signature _____