## IN THE CIRCUIT COURT OF JACKSON COUNTY MISSOURI AT KANSAS CITY AT INDEPENDENCE

Name, [ Addres	D/O/B, S s:	Social Security Number	PETITIONER,			
VS.				CASE NO		
		Social Security Number				
_				ILD SUPPORT AND MODIFICATION		
				receiving support paying support of birth and assist a		
numbe	orine eris	e following child	and is	, whose date of birth and social s no longer entitled to support for the following re	ecunity	
[Chec	k all th	hat apply]	, and lo	no longer officed to support for the following fo	aoono.	
				(attach certified copy of death certificate	).	
	The c	child married on		(attach certified copy of marriage licens	se).	
				(attach verification		
				odial parent has relinquished the child from pare		
	control by express or implied consent.					
	The child has attained the age of 21.					
	The c	The child has attained the age of 18 and				
			I from supporting himself or herself, and the child support should continue.	child's		
		has not graduated from secondary school or completed a graduation equivalence degree program and, upon reaching age 18, was not attending and progressing toward completion of a secondary school program of instruction.				
		has graduated from secondary school or completed a graduation equivalence degree program but did not enroll in an institution of vocational or higher education by October 1 following graduation or completion of the graduation equivalence degree program.				
		has enrolled in an institution of vocational or higher education by October 1 following graduation from secondary school or completion of a graduation equivalence degree program, but has completed his or her education, failed to achieve grades sufficient to re-enroll at such instituion, or failed to complete twelve credit hours in each semester.				
		has failed to submit a transcript or similar official document including grades, courses and credit hours at the beginning of the semester to the non-custodial parent.				
		has failed to produce the doc institution, as requested by the		hin 30 days of the receipt of grades for the educ I parent.	ational	
		the child, when enrolled in at grades in half or more of the		hours of post secondary education, has failing oad in any one semester.		
		oirth and social security number	for each child):	paid be modified, for the following child or childr		
		non-custodial parent has a wag	e assignment w	vith, loca		
The fa	cts in	n this Affidavit are true to my Section 509.030, RSMo.		ge and belief and are made under penalty of p	erjury	

Signature of Parent SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Date

## NOTICE TO PARENT RECEIVING SUPPORT

If you **agree** with statements in this Affidavit and agree to termination of the obligation to pay support for the child, you may, but are **not required** to, file an **Acknowledgement** with the Court. Upon your filing of an Acknowledgement, a judgment terminating the obligation to pay support for the child will be entered.

If you **disagree** with the statements in this Affidavit and object to termination of the obligation to pay support for the child, you **must file** with the Court an **Answer** which states the reasons the obligation to pay support for the child should continue. Upon your filing of an Answer, the Court will treat this Affidavit as a motion to modify, will schedule an evidentiary hearing, and may require payment of a deposit as security for costs.

Your failure to file an Acknowledgment or Answer with the Court within 30 days of your receipt of this Affidavit will result in entry by default of a judgment terminating the obligation to pay support for the child.

Please mail yo	our answer to:					
		☐ Jackson County Circuit Court Civil Records Department/Domestic Relations 308 W. Kansas, 2 <sup>nd</sup> Floor Independence, MO 64050				
You must a	ilso mail a copy of your Answer/Acki	nowledgment to the party who filed the Affidavit.				
	CERTIFICATE OF MAILING OF	PARENT RECEIVING SUPPORT				
If Affida	vit is filed by Parent Receiving Support then a	n copy of the affidavit must be mailed to the other side must be completed.				
I certify that on the day of, I mailed a copy of this Affidavit to the Parent						
Paying Support	rt at the following address:					
	SHERIFF'S OR	SERVER'S RETURN				
I certify that I s		County, Missouri:				
(1)	PERSONAL SERVICE By delivering a copy of the summons and a	copy of the affidavit to the parent receiving support				
(2)	MEMBER OF FAMILY  By leaving a copy of the Affidavit at the dw support with a person of his or her family over the age of	elling place or usual place of abode of the parent receiving f 15 years				
(3)	NON-EST  By making a diligent search for and failing to find the parent receiving support					
Served at (addre	ess)					
on (date)	at	(time) M.				
	By_					
	MUST BE SWORN BEFORE A NOTARY PUB	Sheriff or Server LIC IF NOT SERVED BY AN AUTHORIZED OFFICER				
Subscribed and	sworn to before me on					
(Seal)						
, ,	Nota	ry Public				
My Commission	Expires:					

Once completed, a copy of this service return should be forwarded immediately to the applicable Jackson County Courthouse, Department of Civil Records, Domestic Relations Section.