

**IN THE 16th JUDICIAL CIRCUIT OF MISSOURI
 FAMILY COURT DIVISION
 AT KANSAS CITY INDEPENDENCE**

IN RE THE MARRIAGE OF:

_____)	
Petitioner)	
)	Case No. _____
and)	
)	
_____)	
Respondent)	

**FORM 6804B
 APPLICATION FOR PENDENTE LITE ORDERS REGARDING CHILD SUPPORT,
 MAINTENANCE, ATTORNEY FEES AND COSTS ***

COMES NOW _____ and pursuant to RSMo Sections 452.315 (1974), 452.335 (1988), 452.340 (1994) and 452.355 (1988) and to 16th Judicial Circuit Local Rule No. 68.04, states:

1. A Petition for Dissolution of the parties' marriage/Petition for Legal Separation of the parties was filed on _____.
2. The name and date of birth of each unemancipated child of the marriage is:

Child's Name	Date of Birth
_____	_____
_____	_____
_____	_____

3. _____ does not have sufficient income and property to support the parties' child/ren and requests \$_____ per month child support per child for a total of \$_____ per month retroactive to the date the Petition was filed to be paid by income assignment payable to the Court Administrator of Jackson County as trustee for remittance to _____.
4. A completed Form 1402B is attached as Exhibit A.
5. A completed Form 14, Missouri Child Support Guidelines, is attached as Exhibit B.

6. Attached as Exhibit C is Form 6804D.
7. _____ requests the Court to deviate from the presumed child support established by the Missouri Child Support Guidelines and find that amount unjust and inappropriate because the child/ren have medical, dental, vision, orthodontic and prescription expenses not paid by insurance.

OPTIONAL

8. _____ also requests the Court to deviate from the presumed child support in that the parties' combined gross incomes exceed the chart and the children require additional support to meet their needs.
9. _____ requests that _____ be ordered to maintain the following insurance on the minor child/ren until the dissolution is granted:

Health:	Yes	No
Vision:	Yes	No
Dental:	Yes	No
10. _____ further requests that _____ be ordered to pay _____ per cent and _____ be ordered to pay _____ per cent of the child/ren's medical, dental, vision, prescription and orthodontic expenses not paid for by insurance.
11. _____ does not have sufficient income and property to provide for his/her reasonable needs/or _____ is unable to support himself/herself through appropriate employment or is the custodian of a child whose condition or circumstances make it appropriate that _____ not be required to seek employment outside the home. _____ requests maintenance of \$_____ per month retroactive to the date this Motion was filed to be paid by income assignment to the Court Administrator of Jackson County, Missouri as Trustee for remittance to _____.
12. _____ does not have sufficient income or assets to prosecute this action whereas _____ has sufficient income or assets to contribute to _____'s fees. _____ requests that _____ be ordered to pay _____'s temporary attorney fees in the amount of \$_____ and temporary costs in the amount of \$_____ for the reasons set forth in the attached Affidavit.

WHEREFORE, _____ requests the Court to Order _____ to:

1. Pay \$_____ per month per child temporary child support for a total per month of \$_____ child support retroactive to the date the Petition for Dissolution was filed.
2. Pay \$_____ per month temporary maintenance retroactive to the date this Motion was filed and payable until the dissolution/legal separation is final.
3. Pay temporary attorney fees of \$_____ and temporary costs of \$_____.
4. Maintain health, *dental and *vision insurance for the child/ren and for _____ until the dissolution is granted.
5. Pay _____ per cent of the child/ren's medical, dental, vision, prescription and orthodontic expenses not paid for by insurance until the dissolution is granted.
6. Pay the temporary child support *and temporary maintenance by income assignment to the Court Administrator of Jackson County, Missouri as trustee.

(Attorney name, address and bar #)

ATTORNEY FOR _____

I hereby certify that a copy of the above Notice of Intent to File Application for Pendente Lite Orders was faxed/mailed this _____ day of _____, 20__, to the above named at the above listed address.

(Attorney Name)

Adopted by Court en banc 3/22/96
Effective 4/22/96