

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

IN RE THE MARRIAGE OF:

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

**FORM 6804E
 SUGGESTIONS AND AFFIDAVIT IN SUPPORT OF
 APPLICATION FOR PENDENTE LITE ORDERS ***

COMES NOW _____ and states:

1. Petitioner has \$_____ per month gross income.
2. Respondent has \$_____ per month gross income.
3. _____ pays court-ordered support for child/ren not involved in this action in the amount of: None \$____ per month.
4. _____ pays court-ordered support for child/ren not involved in this action in the amount of: None \$_____ per month.
5. _____ pays maintenance to a former spouse not involved in this action of: None \$_____ per month.
6. Petitioner has the following number of minor children not from this marriage who reside with Petitioner and for whom Petitioner receives no support:
 None Number of children: ____.
7. Respondent has the following number of minor children not from this marriage who reside with Respondent and for whom Respondent receives no support:
 None Number of children: ____.
8. _____ has \$_____ monthly gross day care expenses for the child/ren which are \$_____ per month after application of the child care tax credit.

9. The child/ren are covered by health benefit plan/s available to _____ through employment/union at a cost of \$_____ per month for the child/ren's coverage.
10. Uninsured extraordinary medical expenses for the child/ren as defined by the Missouri Child Support Guidelines are \$_____ per month.
11. The child/ren have extraordinary expenses as defined by the Missouri Child Support Guidelines of \$_____ per month for _____ (child's name), \$_____ per month for _____ (child's name) for a total per month expense of \$_____.
12. _____ has ___ per cent of the combined gross incomes of Petitioner and Respondent and so Petitioner should pay ___ per cent and Respondent should pay ___ per cent of the medical, dental, eye, vision, prescription and orthodontic expenses of the child/ren not paid by insurance.
13. _____ has total expenses of \$_____ per month, of which \$_____ per month are for the child/ren's support and \$_____ per month are for _____'s support.
14. _____ estimates that he/she will require \$_____ in temporary attorney fees and \$_____ in costs based on the following: (i.e., hourly rate of attorney, appraisal cost, expert estimated costs, businesses to be valued, etc.)

Respectfully Submitted,

(Attorney name, address and bar #)

ATTORNEY FOR _____

STATE OF MISSOURI)
)
) ss.
COUNTY OF JACKSON)

_____, of lawful age and having been duly sworn, acknowledges being the _____ in the above case and having knowledge of all the facts stated in the above and foregoing Suggestions and Affidavit In Support of Application for Pendente Lite Orders and states that all the facts therein are true.

_____ Affiant
Subscribed and sworn to before me this ____ day of _____, 20__.

My Commission Expires:

Notary Public

I hereby certify that a copy of foregoing pleading was faxed/mailed, postage prepaid, this
_____ day of _____, 20__, to: _____, Attorney
for _____.

(Attorney Name)

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