

**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 6804F  
SUGGESTIONS AND AFFIDAVIT IN OPPOSITION TO  
APPLICATION FOR PENDENTE LITE ORDERS \***

COMES NOW \_\_\_\_\_ and states:

1. \_\_\_\_\_ disagrees that the child/ren are in \_\_\_\_\_'s physical custody.
2. \_\_\_\_\_ disagrees with the amount listed as Petitioner's gross monthly income and states the correct figure is \$\_\_\_\_\_ per month.
3. \_\_\_\_\_ disagrees with the amount listed as Respondent's gross monthly income and states the correct figure is \$\_\_\_\_\_ per month.
4. \_\_\_\_\_ inaccurately listed \_\_\_\_\_'s court-ordered child support for child/ren not in this action which is \$\_\_\_\_\_ per month.
5. \_\_\_\_\_ inaccurately listed \_\_\_\_\_'s court-ordered maintenance paid to a former spouse not in this action which is \$\_\_\_\_\_ per month.
6. \_\_\_\_\_ failed to include a proper offset for \_\_\_\_\_'s child/ren not involved in this action who reside with \_\_\_\_\_ which amount should be \$\_\_\_\_\_ per month
7. \_\_\_\_\_ inaccurately stated the day care expenses of the child/ren which are \$\_\_\_\_\_ per month after application of the child care credit.

8. \_\_\_\_\_ inaccurately listed the cost for dependent health, \*dental and \*vision insurance coverage for the children which is \$\_\_\_\_\_ per month.
9. \_\_\_\_\_ disputes the amount of \_\_\_\_\_'s uninsured extraordinary medical expenses, but states these expenses are \$\_\_\_\_\_ per month.
10. \_\_\_\_\_ disputes the stated expenses of \_\_\_\_\_ as listed on Form 1402B in that: \_\_\_\_\_  
\_\_\_\_\_.
11. A completed Form 1402B is attached as Exhibit A.
12. Attached as Exhibit B is a completed Form 14, Missouri Child Support Guidelines.
13. Attached as Exhibit C is Form 6804D.
14. \_\_\_\_\_ disputes that \_\_\_\_\_ requires temporary maintenance in that he/she is capable of supporting himself/herself and \_\_\_\_\_ does not have sufficient funds to pay maintenance.
15. \_\_\_\_\_ disputes that \_\_\_\_\_ requires temporary attorney fees or costs in that: \_\_\_\_\_  
\_\_\_\_\_.

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 Opposition to 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