

**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 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: _____ _____ Phone: _____

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, 3100 Main, Suite 304, Kansas City, MO 64111
Phone (816) 881-1814/Fax (816) 881-1819 Signature _____