### IN THE CIRCUIT COURT OF

#### (County where court is located. City of St. Louis is considered a county.)

(Jr./Sr./III)

(Jr./Sr./III)

#### In re:

(First Name) (Middle Name) (Last Name) **Petitioner**, (Enter your full legal name above)

-and-

(First Name) (Middle Name) (Last Name) Respondent. (Enter the other party's full legal name above) (Use number from pending case)

Case No.

Division No. \_\_\_\_\_\_ (Use number from pending case)

# **Request for Service by Publication**

# Information for Service by Publication

**Warning** - If you know where the party to be served by publication can be found and you fail to disclose it on this form, the judgment in this case can be set aside in the future.

1. The current name of the party to be served by publication is:

Street)			
(City)	(State)	(Zip)	
(Telephone Number with	n area code) (Mobile Te	elephone Number with are	ea code)
(E-mail Address)			
The last time I talked	d with the party to be s	served by publication	was
The last time I saw t	the party to be served	by publication was	
			(mm/dd/yyyy)
			by doing the following things:



I have looked in the telephone book for the telephone number and/or address of the party to be served by publication.
I have attempted to have the party to be served by publication personally served, but the party to be served by publication could not be found.
I have searched the Internet for the telephone number and/or address of the party to be served by publication.
I have contacted people at the former employer of the party to be served by publication in an attempt to find his or her current whereabouts.
I have talked to the party to be served but he or she refused to give me any information about his or her location.
Other

# Sign Below in the Presence of a Notary Public

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the petitioner named above and that the facts stated in this *Request for Service by Publication* are true according to his or her best knowledge, information and belief.

(Sign above in the presence of a Notary Public)	(Print your name above)		
The following information must be complete	ed by a notary public.		
STATE OF)			
) SS COUNTY OF)			
On this day of	, 20 , before me personally appeared, , to me known to be the person described in and		
who executed the foregoing instrument and acl act and deed.	knowledged that he/she executed the same as his/her free		

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

\_\_\_\_\_, Notary Public \_\_\_\_\_County, State of Missouri

My commission expires: \_\_\_\_\_

#### **Attorney Information**

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.

(Attorney - Sign above)		(Missouri Bar Number)	
(Attorney - Print your name above)			
(Street)			
(City)	(State)	(Zip)	
(Telephone Number with Area Code)	(Fax Number with Area Code)	(E-mail Address - Optional)	

### **ORDER for Service by Publication of Notice**

Upon the Verified Statement of Petitioner, it is ordered that the Respondent be served by publication of notice in the following newspaper according to Rule 54.12(c).

(Name of Newspaper)
SO ORDERED:

Judge/Commissioner

(Date)