

EMERGENCY PROTECTION ORDERS/EX PARTE AFTER BUISNESS HOURS

- 1. PLEASE BE SURE TO SUPPLY A GOOD CONTACT PHONE NUMBER FOR US TO REACH YOU IN CASE OF QUESTIONS.**
- 2. THE PERSON FILING THIS PETITION IS CONSIDERED THE “PETITIONER”. IF YOU ARE FILING A CHILD ORDER THE PARENT FILLING OUT THE PETITION IS THE “PETITIONER” AND YOU LIST THE CHILDREN UNDER YOU. THE PERSON YOU ARE FILING AGAINST IS THE “RESPONDENT”.**
- 3. PLEASE NOTE THIS IS A CIVIL ACTION AND IN ORDER TO GO FORWARD WITH A FULL ORDER WE MUST SERVE THE RESPONDENT AT AN ADDRESS. YOU CAN RECEIVE A TEMPORARY ORDER WITHOUT AN ADDRESS FOR THE RESPONDENT, BUT THE CASE CAN NOT GO FORWARD BEYOND THAT WITHOUT SERVICE UPON THE RESPONDENT.**
- 4. PLEASE GIVE DETAILS ON ADULT ORDER #11 AND #12; CHILD ORDERS #6 AND #7. USE THE EXTRA PAPER IF NEEDED. PLEASE BE DETAILED AND GIVE EXAMPLES OF ALL THREATS, INCIDENTS OR VIOLENCE THAT HAS OCCURRED INCLUDING DATES OF THESE ACTIONS. THE JUDGE NEEDS TO KNOW WHY YOUR LIFE IS IN DANGER AND WHY YOU FEAR FOR YOUR LIFE.**
- 5. PLEASE BE SURE TO SIGN AND DATE THE PETITION ON PAGE 4.**
- 6. PLEASE COMPLETE AS MUCH INFORMATION AS YOU KNOW IN THE TOP TWO BOXES OF THE CONFIDENTIAL CASE FILING INFORMATION SHEET. THIS SHEET IS FOR COURT USE ONLY. RESPONDENT WILL NOT BE GIVEN A COPY OF THIS.**
- 7. PLEASE RETURN THIS PACKET TO EITHER THE JAIL (IF IT IS NOT NORMAL BUISNESS HOURS FOR THE COURTHOUSE) OR THE 2ND FLOOR CIRCUIT CLERKS OFFICE BETWEEN M-F 8:00 AM TO 4:30 PM (EXCLUDING HOLIDAYS). THE ADDRESS IS 110 W ELM ST, SUITE 202, OZARK MO 65721.**
- 8. IF THIS IS AFTER HOURS THE PHONE # TO CALL IS 417-633-0623 & THE EMAIL TO EMAIL YOUR PETITION IS: CHRISTIAN.CLERK@COURTS.MO.GOV PLEASE CALL 417-633-0623 TO LET US KNOW YOU EMAILED IT AFTER HOURS. DURING THE DAY PLEASE CALL 417-582-5120.**
- 9. THE RESPONDENT WILL BE GIVEN A COPY OF THE PETITION AS WELL AND BECAUSE OF THAT WE DO NOT TAKE POLICE REPORTS WITH THE PETITION. WE CAN’T INTERFERE WITH AN ONGOING POLICE INVESTIGATION.**

UNDERSTAND:

FAILURE TO FULLY COMPLETE THIS PETITION MAY RESULT IN THE DENIAL OF THE EX PARTE ORDER

CHANGING OR ALTERING THE PRE-PRINTED TEXT ON THIS PETITION MAY RESULT IN THE DENIAL OF THE EX PARTE ORDER

THERE IS NO FILING FEE OR COURT COSTS ASSOCIATED WITH FILING ORDERS OF PROTECTION.

AT THE REQUEST OF THE COURT, A COMPUTER CHECK WILL BE MADE TO SEE WHAT ACTIONS HAVE BEEN TAKEN OR PENDING AGAINST THE PARTIES INVOLVED IN THIS ORDER.

IF THE ALLEGATIONS REGARDING THE CHILDREN IN THE PETITION QUALIFIES UNDER THE MANDATED ABUSE/NEGLECT REPORTING LAW, A HOTLINE WILL BE MADE TO CHILDREN'S DIVISION

ONCE YOU COMPLETE THIS PETITION GIVE IT TO THE CLERK, THE PETITION CAN NOT BE DISMISSED UNTIL THE DATE OF THE HEARING AND YOU MUST APPEAR.

IF THE JUDGE SIGNS AND APPROVES YOUR ORDER, YOU MUST RETURN TO THIS OFFICE AND PICK UP A COPY OF THE ORDER.

IF THE JUDGE SIGNS YOUR ORDER, YOU WILL HAVE TO APPEAR FOR A HEARING AT A LATER DATE.

THE RESPONDENT WILL BE SERVED WITH A COPY OF YOUR PETITION AND ANY AND ALL ATTACHMENTS PRESENTED TO THE COURT AT THE TIME OF FILING FOR AN ORDER OF PROTECTION.

The Court can do one of the following 3 things after reviewing the Petition:

- 1) Dismiss the case
- 2) Issue a Notice of Hearing/Court date where no order/protection will be in place pending Court hearing.
- 3) Grant a temporary order of protection and set a hearing for a full order of protection.

NOTE: For the purpose of this action you are referred to as the **PETITIONER** and the person you are filing against will be referred to as the **RESPONDENT**

- 1) Who directed or referred you to file this order? _____
- 2) Do you live in Christian County? _____ YES _____ NO
- 3) Does the RESPONDENT live in Christin County? _____ YES _____ NO If NO what county? _____
- 4) Did the act of abuse/stalking take place in Christian County? _____ YES _____ NO If NO what county? _____
- 5) Do you have a good address (home or work) for the RESPONDENT? _____ YES _____ NO
You cannot receive a full order of protection until the RESPONDENT is served at a good address
- 6) Do you and the RESPONDENT have children together? _____ YES _____ NO
If YES
 - a) Who has physical custody of the children at this time? _____ Petitioner _____ Respondent _____ Other
 - b) Is there a prior order of custody entered or current case pending regarding the children you have in common?
_____ YES _____ NO
If YES, what type of action? _____ divorce _____ paternity action _____ modification _____ Other
What county was/is the action filed? _____

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS

SIGN YOUR NAME _____

PRINT YOUR NAME _____



Petition for Order of Protection - Child

Notice to Petitioner: Respondent will receive a copy of this petition with service.

Use this form when two to five children are involved with this case. Use CP40 for one child and CP41 for six to ten children.

Judge or Division:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Case Number:</td> <td rowspan="5" style="width:20%;"></td> </tr> <tr> <td>Court ORI Number:</td> </tr> <tr> <td>MSHP Number:</td> </tr> <tr> <td>Responsible Law Enforcement ORI:</td> </tr> <tr> <td>Related Cases:</td> </tr> </table>	Case Number:		Court ORI Number:	MSHP Number:	Responsible Law Enforcement ORI:	Related Cases:		
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Court ORI Number:									
MSHP Number:									
Responsible Law Enforcement ORI:									
Related Cases:									
Petitioner: Protected Child 1: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 2: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 3: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 4: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 5: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</td> <td style="width:20%;"></td> </tr> <tr> <td>Protected Child's Relationship to Respondent (Child 1): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">(Date File Stamp)</td> </tr> <tr> <td>Protected Child's Relationship to Respondent (Child 2): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>Protected Child's Relationship to Respondent (Child 3): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>Protected Child's Relationship to Respondent (Child 4): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>Protected Child's Relationship to Respondent (Child 5): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:		Protected Child's Relationship to Respondent (Child 1): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____	(Date File Stamp)	Protected Child's Relationship to Respondent (Child 2): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____	Protected Child's Relationship to Respondent (Child 3): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____	Protected Child's Relationship to Respondent (Child 4): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____	Protected Child's Relationship to Respondent (Child 5): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____
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vs.									
Respondent: Alias/Nicknames: Respondent's DOB: Age: SSN (if known, last four digits): <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Race:</td> <td style="width:50%;">Sex: <input type="checkbox"/> F <input type="checkbox"/> M</td> </tr> <tr> <td>Hair Color:</td> <td>Height:</td> </tr> <tr> <td>Eye Color:</td> <td>Weight:</td> </tr> </table> (Identifying Information for use by Law Enforcement) Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Race:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Hair Color:	Height:	Eye Color:	Weight:	Respondent's Home Address: Home Phone Number: Respondent's Work Address: Work Phone Number: Work Hours: Other Locations Where Respondent May Be Served:		
Race:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M								
Hair Color:	Height:								
Eye Color:	Weight:								

I. PROTECTED CHILD INFORMATION

Complete questions 1 – 7 for each protected child.

Protected Child 1:

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> a household member who is residing with the child. <input type="checkbox"/> a household member who resided with the child in the past. <input type="checkbox"/> an emancipated child who is residing with the child. <input type="checkbox"/> an emancipated child who resided with the child in the past. <input type="checkbox"/> stalking the child. | <ul style="list-style-type: none"> <input type="checkbox"/> a household member under 17 who is residing with the child. <input type="checkbox"/> a household member under 17 who resided with the child. <input type="checkbox"/> a person under 17 stalking the child. <input type="checkbox"/> sexually assaulting the child. |
|--|---|

3. The act(s) of domestic violence, stalking, or sexual assault occurred at _____ (address) _____ (city) _____ (County/City of St. Louis), Missouri.
- 3.a. The county in which this petition is being filed is where the protected child lives respondent may be served act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)
4. There are no prior or pending custody orders for this child.
 There is a prior or pending custody order for this child.
5. The family home of the child is: (check appropriate boxes)
 owned leased rented
 By: Respondent Petitioner Other (name) _____
 Occupied by: (include name only if different from above) _____.
6. Respondent has knowingly and intentionally: (check at least one)
- | | |
|--|---|
| <input type="checkbox"/> caused or attempted to cause physical harm to the child | <input type="checkbox"/> sexually assaulted the child |
| <input type="checkbox"/> placed or attempted to place the child in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned the child |
| <input type="checkbox"/> coerced the child | <input type="checkbox"/> followed the child from place to place |
| <input type="checkbox"/> stalked the child | <input type="checkbox"/> threatened to do any of the above |
| <input type="checkbox"/> harassed the child | |
- by the following acts: (Include the most recent date(s) of the acts described.)
7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

Protected Child 2:

1. I am Petitioner and the: (check appropriate boxes)
- parent or guardian of the child.
 - guardian ad litem for the child.
 - court appointed special advocate for the child.
 - juvenile officer.
2. Respondent is:
- | | |
|---|--|
| <input type="checkbox"/> a household member who is residing with the child. | <input type="checkbox"/> a household member under 17 who is residing with the child. |
| <input type="checkbox"/> a household member who resided with the child in the past. | <input type="checkbox"/> a household member under 17 who resided with the child. |
| <input type="checkbox"/> an emancipated child who is residing with the child. | <input type="checkbox"/> a person under 17 stalking the child. |
| <input type="checkbox"/> an emancipated child who resided with the child in the past. | <input type="checkbox"/> sexually assaulting the child. |
| <input type="checkbox"/> stalking the child. | |
3. The act(s) of domestic violence, stalking, or sexual assault occurred at _____ (address) _____ (city) _____ (County/City of St. Louis), Missouri.
- 3.a. The county in which this petition is being filed is where the protected child lives respondent may be served act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)
4. There are no prior or pending custody orders.
 There is a prior or pending custody order for this child.
5. The family home of the child is: (check appropriate boxes)
 owned leased rented
 By: Respondent Petitioner Other (name) _____
 Occupied by: (include name only if different from above) _____.

6. Respondent has knowingly and intentionally: (check at least one)

- | | |
|--|---|
| <input type="checkbox"/> caused or attempted to cause physical harm to the child | <input type="checkbox"/> sexually assaulted the child |
| <input type="checkbox"/> placed or attempted to place the child in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned the child |
| <input type="checkbox"/> coerced the child | <input type="checkbox"/> followed the child from place to place |
| <input type="checkbox"/> stalked the child | <input type="checkbox"/> threatened to do any of the above |
| <input type="checkbox"/> harassed the child | |

by the following acts: (Include the most recent date(s) of the acts described.)

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

Protected Child 3:

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- | | |
|---|--|
| <input type="checkbox"/> a household member who is residing with the child. | <input type="checkbox"/> a household member under 17 who is residing with the child. |
| <input type="checkbox"/> a household member who resided with the child in the past. | <input type="checkbox"/> a household member under 17 who resided with the child. |
| <input type="checkbox"/> an emancipated child who is residing with the child. | <input type="checkbox"/> a person under 17 stalking the child. |
| <input type="checkbox"/> an emancipated child who resided with the child in the past. | <input type="checkbox"/> sexually assaulting the child. |
| <input type="checkbox"/> stalking the child. | |

3. The act(s) of domestic violence, stalking, or sexual assault occurred at _____ (address) _____ (city) _____ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the protected child lives respondent may be served act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

- There are no prior or pending custody orders for this child.
- There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

- owned leased rented

By: Respondent Petitioner Other (name) _____

Occupied by: (include name only if different from above) _____

6. Respondent has knowingly and intentionally: (check at least one)

- | | |
|--|---|
| <input type="checkbox"/> caused or attempted to cause physical harm to the child | <input type="checkbox"/> sexually assaulted the child |
| <input type="checkbox"/> placed or attempted to place the child in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned the child |
| <input type="checkbox"/> coerced the child | <input type="checkbox"/> followed the child from place to place |
| <input type="checkbox"/> stalked the child | <input type="checkbox"/> threatened to do any of the above |
| <input type="checkbox"/> harassed the child | |

by the following acts: (Include the most recent date(s) of the acts described.)

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

Protected Child 4:

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.
- sexually assaulting the child.

3. The act(s) of domestic violence, stalking, or sexual assault occurred at _____ (address) _____ (city) _____ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the protected child lives respondent may be served act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4. There are no prior or pending custody orders for this child.
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

- owned leased rented

By: Respondent Petitioner Other (name) _____

Occupied by: (include name only if different from above) _____.

6. Respondent has knowingly and intentionally: (check at least one)

- caused or attempted to cause physical harm to the child
- placed or attempted to place the child in apprehension of immediate physical harm
- coerced the child
- stalked the child
- harassed the child
- sexually assaulted the child
- unlawfully imprisoned the child
- followed the child from place to place
- threatened to do any of the above

by the following acts: (Include the most recent date(s) of the acts described.)

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

Protected Child 5:

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:
- | | |
|---|--|
| <input type="checkbox"/> a household member who is residing with the child. | <input type="checkbox"/> a household member under 17 who is residing with the child. |
| <input type="checkbox"/> a household member who resided with the child in the past. | <input type="checkbox"/> a household member under 17 who resided with the child. |
| <input type="checkbox"/> an emancipated child who is residing with the child. | <input type="checkbox"/> a person under 17 stalking the child. |
| <input type="checkbox"/> an emancipated child who resided with the child in the past. | <input type="checkbox"/> sexually assaulting the child. |
| <input type="checkbox"/> stalking the child. | |
3. The act(s) of domestic violence, stalking, or sexual assault occurred at _____ (address) _____ (city) _____ (County/City of St. Louis), Missouri.
- 3.a. The county in which this petition is being filed is where the protected child lives respondent may be served act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)
4. There are no prior or pending custody orders for this child.
 There is a prior or pending custody order for this child.
5. The family home of the child is: (check appropriate boxes)
 owned leased rented
 By: Respondent Petitioner Other (name) _____
 Occupied by: (include name only if different from above) _____.
6. Respondent has knowingly and intentionally: (check at least one)
- | | |
|--|---|
| <input type="checkbox"/> caused or attempted to cause physical harm to the child | <input type="checkbox"/> sexually assaulted the child |
| <input type="checkbox"/> placed or attempted to place the child in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned the child |
| <input type="checkbox"/> coerced the child | <input type="checkbox"/> followed the child from place to place |
| <input type="checkbox"/> stalked the child | <input type="checkbox"/> threatened to do any of the above |
| <input type="checkbox"/> harassed the child | |
- by the following acts: (Include the most recent date(s) of the acts described.)
7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

II. RESPONDENT INFORMATION

8. Respondent is at least 17 years of age or emancipated under 17
9. Respondent may be found in _____ (city), _____ (state), in the County of _____.

III. CUSTODY

The court cannot change custody if a prior order regarding custody is pending or has been made.

10. It is in the best interest of the child(ren) that custody be awarded as follows:

<u>Child's Name</u>	<u>Relationship to Parties</u>	<u>Person to Receive Custody</u>	<u>Temporary</u>	<u>Full</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

11. Indicate any prior or pending custody court cases before, or orders entered by, this court or any other court involving the following parties.

(If none, so state):

- a. Petitioner: _____.
- b. Respondent: _____.
- c. Child(ren) (identified in item 10): _____.

12. Award visitation with the child(ren) as follows:

IV. PETITIONER'S REQUESTS

13. Pursuant to chapter 455, RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check boxes that apply)

- Committing or threatening to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child(ren).
- Having any contact with the protected child(ren), except as specifically authorized by this Order.
- Entering the family home of the protected child(ren), located at _____.
- Entering the place of employment or school of the protected child(ren), located at _____.
- Communicating with the protected child(ren) in any manner or through any medium.
- Come within _____ (feet) of the protected child(ren).
- Other:

14. It is further requested that the Ex Parte Order of Protection exclude Respondent from the family home of the protected child(ren) because:

- It is in the best interest of the child(ren) remaining in the home;
- A substantial risk to the child(ren) exists unless Respondent is excluded;
- A remaining adult family or household member is able to care adequately for the child(ren) in the absence of Respondent; and
- A commitment has been obtained from the Children's Division to provide appropriate social services to the family or household members during the period of time during which an Order of Protection is in effect.

15. Exclusion of the Respondent from the family home of the protected child(ren) is not being requested.

Additional Requests:

16. It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection - Child enjoining Respondent from the above acts for such time as is necessary to protect the protected child(ren) and that the court:

- Order Respondent not to commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child(ren).
- Order Respondent not to have any contact with the protected child(ren), except as specifically authorized by this order.
- Order Respondent not to enter the family home, place of employment or school of the protected child(ren), except as specifically authorized by this order.
- Award custody of the child(ren) to _____.

Child Support/Maintenance

17. Order Respondent to pay child support in the amount of \$ _____ (check one) per week per month.

18. Order Respondent to pay maintenance in the amount of \$ _____ (check one) per week per month.

Other Support

- 19. Order that Respondent make or continue to make the rent or mortgage payments to the residence occupied by the protected child(ren) in the amount of \$ _____ per week per month.
- 20. Order Respondent to pay a reasonable fee for housing and other services provided to the protected child(ren) by a shelter for victims of domestic violence.
- 21. Order Respondent to pay the cost of medical treatment or services provided to protected child(ren) as a result of injuries sustained by an act of domestic violence committed by Respondent.

Counseling/Treatment

- 22. Order Respondent to participate in a court-approved counseling program designed to help batterers stop violent behavior or a substance abuse program.

Costs/Fees

- 23. Order Respondent to pay court costs.
- 24. Order Respondent to pay Petitioner's attorney fees.

Other

- 25. Order the full order of protection issued for one year be automatically renewed unless Respondent requests a hearing by 30 days prior to the expiration of the order.
- 26. Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 27. Other (specify):
- 28. I believe that revealing my address will endanger myself or the protected child(ren). (Note: If checked, complete the Child Protection Petitioner and Protected Child Information (Confidential Record) form.)
- 29. Order Petitioner's residential address on voter's registration record be closed to the public.

V. PETITIONER'S SIGNATURE

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief. **I understand that a copy of this petition will be served on the Respondent.**

_____ Date

_____ Petitioner's Signature

_____ Address (Optional)

_____ City, State and Zip

_____ Telephone

_____ Attorney's Name, Missouri Bar No., if Applicable

_____ Address

_____ City, State and Zip

_____ Telephone

NOTICE: Section 455.510.3, RSMo, provides that a Petitioner seeking protection under the Child Protection Orders Act is not required to reveal any current address or place of residence of the child(ren) on this petition. **Do not provide this information if doing so will endanger the child(ren).**

CONFIDENTIAL CASE FILING INFORMATION SHEET
DOMESTIC RELATIONS CASES – ADULT ABUSE/STALKING
 Required at Case Initiation

NOTICE TO LAW ENFORCEMENT: This is a confidential form and shall be used only to validate the electronic transfer of the case into the Missouri Uniform Law Enforcement System (MULES).

DO NOT SERVE THIS FORM TO THE RESPONDENT.

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The **full** Social Security Number (SSN) is **required** pursuant to Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
 (i.e. Petitioner v. Respondent)

Case Type Code: _____ Case Type Description: _____

Petitioner/Protected Person Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Age: _____ Gender: Male Female SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Respondent Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Age: _____ Gender: Male Female SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Employer Information

Petitioner/Protected Person Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

The following information regarding children is required. Complete this section for any child subject to the action of this case.

*MACSS – Missouri Automated Child Support System

Children:

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Check if more than five children and attach additional sheet

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown on previous page): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.

Instructions to Clerk

This copy of this form shall be sent to law enforcement to validate the electronic transfer of the case into MULES.

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.

