

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 one child is involved with this case. Use CP42 for two to five children and CP41 for six to ten children.

Form with fields for Judge or Division, Case Number, Petitioner, Protected Child, Respondent, Respondent's DOB, SSN, Race, Height, Weight, Home Address, Work Address, etc.

I. PROTECTED CHILD INFORMATION

- 1. I am Petitioner and the: (check appropriate boxes)
2. Respondent is:
3. The act(s) of domestic violence, stalking, or sexual assault occurred at
3.a. The county in which this petition is being filed is where the
4. There are no prior or pending custody orders for this child.
5. The family home of the child is: (check appropriate boxes)

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 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"/>

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 (identified in item 10): _____

12. Award visitation with the child 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).
- Having any contact with the protected child, except as specifically authorized by this Order.
- Entering the family home of the protected child, located at _____.
- Entering the place of employment or school of the protected child, located at _____.
- Communicating with the protected child in any manner or through any medium.
- Come within _____ (feet) of the protected child.
- Other:

14. It is further requested that the Ex Parte Order of Protection exclude Respondent from the family home of the protected child because:
- It is in the best interest of the child remaining in the home;
 - A substantial risk to the child exists unless Respondent is excluded;
 - A remaining adult family or household member is able to care adequately for the child 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 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 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.
 - 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, except as specifically authorized by this order.
 - Award custody of the child 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 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 by a shelter for victims of domestic violence.
21. Order Respondent to pay the cost of medical treatment or services provided to protected child 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

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).**

Petitioner's Signature

Address (Optional)

City, State and Zip

Telephone

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

Address

City, State and Zip

Telephone

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.

