

## **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 2<sup>ND</sup> 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](mailto: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 \_\_\_\_\_



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

**Petition for Order of Protection - Adult**

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

Judge or Division:	<b>Case Number:</b>	
	Court ORI Number:	
Petitioner:	MSHP Number:	
	Responsible Law Enforcement ORI:	
	Related Cases:	(Date File Stamp)
<b>vs.</b>		
Respondent:	Respondent's Home Address:	
Alias/Nicknames:	Home Phone Number:	
Respondent's DOB:	Respondent's Work Address:	
Age:	Work Phone Number:	
SSN (if known, last four digits):	Work Hours:	
Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Other Locations Where Respondent May Be Served:	
Hair Color: Height:		
Eye Color: Weight:		
(Identifying information for use by Law Enforcement)		
Visible Identifying Marks (e.g. tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) in common	
	<input type="checkbox"/> Former spouse <input type="checkbox"/> Intimate residing/resided together	
	<input type="checkbox"/> Are/were in a continuing social relationship of a romantic/intimate nature	
	<input type="checkbox"/> Related by blood. Define relationship: _____	
	<input type="checkbox"/> Related by marriage. Define relationship: _____	
	<input type="checkbox"/> Residing/resided together; no intimacy	
	<input type="checkbox"/> Stalking/Sexual Assault. Define relationship: _____	

**I. PETITIONER INFORMATION**

- I am Petitioner and  at least 17 years of age  under 17 but emancipated
- I reside in \_\_\_\_\_ (city), \_\_\_\_\_ (state),  
in the County of \_\_\_\_\_.

**II. RESPONDENT INFORMATION**

- Respondent is  at least 17 years of age or emancipated  under 17
- Respondent may be found in \_\_\_\_\_ (city), \_\_\_\_\_ (state),  
in the County of \_\_\_\_\_.

**III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED**

- An act of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), in the County of \_\_\_\_\_.

**IV. COMPLETE FOR DOMESTIC VIOLENCE PETITION ONLY**

**Relationship with Respondent**

6. Respondent and I: (check one or more)

- reside together.
- previously resided together at \_\_\_\_\_ (address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), in the  
County of \_\_\_\_\_.
- never resided together.

**Residency**

7. The residence in which I live is: (check one or more)

- jointly owned, leased or rented or jointly occupied by Respondent and me.
- owned, leased, rented or occupied by me.
- jointly owned, leased, rented or occupied by me and someone other than Respondent.
- owned, leased, rented or occupied by someone else, and Respondent is my spouse.
- jointly occupied by me and another person, and Respondent has no property interest therein.

**Custody**

List only the children that the Petitioner and Respondent have in common. The court cannot change custody if a prior order regarding custody is pending or has been made.

8. It is in the best interest of the minor children that custody be awarded as follows:

	<u>Child's Name</u>	<u>SSN (last 4 digits only)</u>	<u>Age</u>	<u>Address</u> (If other than Petitioner)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

	<u>Who did each Child reside with during last six months</u>	<u>Persons to Receive Custody</u>	<u>Custody</u> (check one or both)	
			<u>Temporary</u>	<u>Full</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(If necessary, attach additional sheets.)

**V. COMPLETE FOR STALKING OR SEXUAL ASSAULT PETITION ONLY**

9. Respondent is stalking or sexually assaulting me. Explain relationship (example: co-workers, neighbors, etc.)

**VI. COMPLETE FOR ALL CASES**

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

(If none, so state):

- a. Petitioner \_\_\_\_\_
- b. Respondent \_\_\_\_\_
- c. Children (identified in item 8) \_\_\_\_\_

**Acts Committed by Respondent:**

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

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

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

12. I am afraid of Respondent and there is an immediate and present danger of domestic violence to me or other good cause for an emergency temporary order of protection because: (describe)

13.  Photographs/Exhibits are filed as evidence of my injuries.

**VII. PETITIONER'S REQUESTS**

14.  Order Petitioner's residential address on voter's registration record to be closed to the public.

15. Pursuant to sections 455.010 - 455.085 RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check all that apply)

- committing or threatening to commit domestic violence, sexual assault, molesting, or disturbing the peace of Petitioner wherever Petitioner may be found.
- stalking Petitioner.
- entering the dwelling of Petitioner located at (see notice below) \_\_\_\_\_.
- entering the premises of the Petitioner's school, located at \_\_\_\_\_.
- entering onto the premises of the Petitioner's place of employment, located at \_\_\_\_\_.
- come within \_\_\_\_\_ (feet) of the Petitioner.
- communicating with Petitioner in any manner or through any medium.
- other:

**Additional Requests:**

It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection enjoining Respondent from the above acts for such time as is necessary to protect Petitioner and that the court: (one or more may be selected)

**Custody**

16.  Award custody of the minor child(ren) to  Petitioner  Respondent.
17.  Order visitation with the minor child(ren) to  Petitioner  Respondent as follows:

**Child Support/Maintenance**

18.  Order  Petitioner  Respondent to pay child support to  Petitioner  Respondent in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.
19.  Order  Petitioner  Respondent to pay maintenance to  Petitioner  Respondent in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.

**Other Support**

- 20.  Order that Respondent make or continue to make the rent or mortgage payments in the amount of \$ \_\_\_\_\_ (check one)  per week  per month on the residence occupied by Petitioner.
- 21.  Order that Respondent pay Petitioner's rent at a residence, other than the residence previously shared with Respondent, in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.
- 22.  Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.
- 23.  Order Respondent to pay the cost of medical treatment or services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by Respondent.

**Personal Property**

- 24.  Order that Petitioner be given temporary possession of the following personal property:
  
- 25.  Prohibit Respondent from transferring, encumbering, or otherwise disposing of the following property mutually owned or leased with Petitioner:

**Counseling/Treatment**

- 26.  Order Respondent to participate in a court-approved counseling program designed for  batterers and/or  substance abuse.

**Costs/Fees**

- 27.  Order Respondent to pay court costs.
- 28.  Order Respondent to pay Petitioner's attorney fees.

**Other Orders**

- 29.  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.
- 30.  Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 31.  Other (specify):

**VIII. 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 455.030.3, RSMo, provides that a Petitioner seeking protection under the Domestic Violence Act is not required to reveal any current address or place of residence on this motion. **Do not provide this information if doing so will endanger you.**



**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](http://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.**