

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 _____



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: | Case Number: | |
| | Court ORI Number: | |
| Petitioner: | MSHP Number: | |
| | Responsible Law Enforcement ORI: | |
| | Related Cases: | (Date File Stamp) |
| vs. | | |
| 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)

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

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 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.

