

## EMERGENCY PROTECTION ORDERS/EX PARTE AFTER BUSINESS HOURS

In order to file an Ex Parte after 4 pm or when the office is closed - Please go to [courts.christiancountymo.gov](http://courts.christiancountymo.gov); then to forms, then scroll to the bottom. (The picture below is what to look for on the forms page.)

### [Confidential Case Filing Information Sheet](#)

*Submit via email to [christian.clerk@courts.mo.gov](mailto:christian.clerk@courts.mo.gov) and call 417-582-5120 when completed if during the hours of 8-4:30 Monday-Friday excluding holidays. After hours, call 417-633-0623 when completed.*

### [Adult Order of Protection Petition](#)

### [One Child Order of Protection Petition](#)

### [Two to Five Children Order of Protection Petition](#)

### [Six to Ten Children Order of Protection Petition](#)

### [MO Court Forms link](#)

1. PLEASE CHOOSE WHICH PETITION YOU WANT TO FILL OUT FROM THE CHOICES LISTED ON THE FORMS PAGE (ON THE COURTS.CHRISTIANCOUNTYMO.GOV PAGE – UNDER FORMS)
2. PLEASE BE SURE TO SUPPLY A GOOD CONTACT PHONE NUMBER AND E-MAIL FOR US TO REACH YOU IN CASE OF QUESTIONS.
3. 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”.
4. 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.
5. PLEASE GIVE DETAILS ON ADULT ORDER #11 AND #12; CHILD ORDERS #6 AND #7. USE THE EXTRA PAPER IF NEEDED (TOWARD THE END OF THE PETITION PAPERWORK). 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.
6. PLEASE BE SURE TO INITIAL AND DATE ON THE SIGNATURE LINE OF THE PETITION.

**(PLEASE TURN THIS PAGE OVER FOR FURTHER INSTRUCTIONS)**

7. PLEASE COMPLETE AS MUCH INFORMATION AS YOU KNOW IN THE TOP TWO BOXES OF THE CONFIDENTIAL CASE FILING INFORMATION SHEET (WHICH IS A PART OF THE PETITION PACKET). THIS SHEET IS FOR COURT USE ONLY. RESPONDENT WILL NOT BE GIVEN A COPY OF THIS.

8. PLEASE FILL OUT THE PETITION ON LINE (FOLLOW THE DIRECTIONS UNDER THE FORMS PAGE ON COURTS.CHRISTIANCOUNTYMO.GOV) – SEE EXAMPLE:

*For the forms below, click on the link, download and open the form in Adobe Acrobat. Fill out the form on your screen, then save to your desktop.*

9. THE PHONE # TO CALL IS 417-633-0623 & THE E-MAIL TO E-MAIL 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.

10. 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.

11. IF YOU NEED TO SPEAK TO A VICTIM ADVOCATE, THEIR ON CALL CELL PHONE # IS: 417-986-3390. IF YOU NEED A WOMAN'S SHELTER, FREEDOM'S REST, THEIR NUMBER IS 417-582-0344.

PRE-FILING QUESTIONNAIRE  
FOR AN ORDER OF PROTECTON

**\*\*PLEASE READ CAREFULLY\*\***

UNDERSTAND:

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

IF FILLING OUT A CHILD PETITION IT MUST HAVE A DATE OF BIRTH OR SOCIAL SECURITY NUMBER FOR EACH CHILD. HAVING BOTH IS EVEN BETTER.

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

TYPE YOUR INITIALS HERE \_\_\_\_\_

PRINT YOUR NAME \_\_\_\_\_



**IN THE 38TH JUDICIAL CIRCUIT, CHRISTIAN 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)
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 9) \_\_\_\_\_

**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.** BY TYPING IN YOUR NAME YOU SWEAR/AFFIRM UNDER PENALTY OF PERJURY THAT THESE FACTS ARE TRUE ACCORDING TO YOUR BEST KNOWLEDGE AND BELIEF.

\_\_\_\_\_ 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: CHRISTIAN

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

Case Type Code: ----- Case Type Description: - \_\_\_\_\_

PLEASE  
FILL OUT

**Petitioner/Protected Person Information:**

Party Type Code: PETP      Petitioner Email Address: \_\_\_\_\_

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: \_\_\_\_\_

PLEASE  
FILL OUT

**Respondent Information:**

Party Type Code: RESP      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: \_\_\_\_\_

PLEASE  
FILL OUT

**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: \*\*For a Child Protection Order, we must have either a SSN or DOB to process, we prefer both.**

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.**

MOVANS is an automated service that allows you to track an offender's custody, court, or protective order status over the phone or Internet. You can register to be notified by phone, text and/or email if an offender is released, transferred, escapes, or appears in court; or register to be notified by phone and email about changes in the status of a protective order.

Write down the following information, tear off this panel, and keep in a safe place:

Offender name/Respondent name

Case number/Offender number

Your four-digit PIN

Your VIN number (if applicable)

#### Custody and Court information:

Go to [www.vinelink.com](http://www.vinelink.com) or call 1-866-566-8267 and follow the instructions to access custody and court information. (For information about offenders in the custody of the Missouri Department of Corrections, call the Missouri DOC, Office of Victim Services at (573) 526-6516.)

#### Protective Order information:

Before you call, be ready with your protective order case number, county of issuance and the respondent's name as it appears on the order. You can find this information on your petition or protective order. Go to [www.registervpo.com](http://www.registervpo.com) or call 1-866-566-8267 to access protective order information.



Search for "VINELink" from your mobile device app store.

## MOVANS Facts:

- If you feel you are in danger, call 911 immediately.
- MOVANS is confidential. The offender/respondent will not know you are registered with this service.
- Since MOVANS calls automatically when an offender's custody status changes or when the respondent has been served, you may get a call from MOVANS in the middle of the night.
- Write down your PIN and keep it in a safe place. For safety reasons, do not share this information with others.
- If you do not answer a notification call, MOVANS will leave a message. If there is no answer, MOVANS will continue calling back until you enter your PIN or for up to 48 hours.
- Do not register a phone number that rings to a switchboard.
- You can register multiple phone numbers and email addresses for notifications.
- If you forget your PIN, call the toll-free number and press zero to speak to an operator.
- Operators are available 24 hours a day, seven days a week to assist you with access, registration, and referrals to victims' services and other information.
- Do not rely solely on MOVANS for your safety. Make this service part of your overall safety plan.

## REMINDER

If your phone number or email changes, it is your responsibility to call MOVANS at 1-866-566-8267 or go to [www.vinelink.com](http://www.vinelink.com) and follow the instructions on how to change your phone, text or email registration. Unless you make such changes, VINE will be unable to contact you when necessary.

Do not rely solely on VINE for your safety. If you feel you are in danger, call 911.



Rev. 03/18

# MOVANS

## Missouri Victim Automated Notification System

Access to Information & Notification for:  
Offender Custody Status  
Court Hearings  
Protective Order Status

Victims have the right to know.



1-866-5-MOVANS

1-866-566-8267

[WWW.VINELINK.COM](http://WWW.VINELINK.COM)



A service provided by the Missouri Department of Public Safety, Crime Victim Services Unit

## MOVANS

### CUSTODY AND COURT INFORMATION

Visit [www.vinelink.com](http://www.vinelink.com) or call MOVANS at 1-866-566-8267 and follow the instructions to access information about an offender's custody status or the status of a court case.

### REGISTRATION

You can register to receive notifications related to custody status or court event information. You must register separately for each type of notification.

**To register for notification about an offender in a county jail:** If registering a phone number, you will be asked to create a four-digit personal identification number (PIN) that will be used to confirm that the call was received. Make sure your PIN is easy to remember.

To register your email, visit [www.vinelink.com](http://www.vinelink.com) or call MOVANS at 1-866-566-8267. Email notifications do not require a PIN.

**To register for notification about an offender in the Missouri Department of Corrections,** call the Missouri DOC, Office of Victim Services at (573) 526-6516 and speak with a Victim Service Specialist who will register you for notification.

### NOTIFICATION

#### Custody Status

You will be notified about the following events:

- Release
- Death
- Transfer
- Parole hearing dates
- Escape
- Return to custody while on parole

You will be notified about the following court-related events:

- Upcoming court events
- Court event postponements
- Case status changes

When VINE calls, listen to the message, then enter your PIN followed by the pound (#) key when asked. Entering the PIN lets the service know that you received the message and will stop the current notification call.

### PROTECTIVE ORDER INFORMATION

Before you call, be ready with your protective order case number, the name of the county where the order was granted, and the respondent's name as it appears on the order. You can find this information on your petition or protective order. Go to [www.registervpo.com](http://www.registervpo.com) or call 1-866-566-8267 to access protective order information.

If the protective order has been granted, you can register to receive notification about changes in the status of your protective order. If registering a phone number, you will be asked to create a four-digit PIN. If registering an email address, a PIN is not required.

You will be notified:

- When the order has been served on the respondent
- As a reminder when your hearing is three (3) days away
- The day before your hearing, if the order has not been served on the respondent
- When there is a change in a scheduled court hearing
- Notification will take place 30 days prior to expiration of full order, if granted

### VICTIMS' RIGHTS

According to the Missouri Constitution: The following rights shall automatically be afforded to victims of dangerous felonies, as defined in section 556.061 RSMo, victims of murder in the first degree, as defined in section 565.020 RSMo, victims of voluntary manslaughter, as defined in section 565.023 RSMo, victims of any offense under chapter 566 RSMo, victims of an attempt to commit one of the preceding crimes, as defined in section 562.012 RSMo, and victims of domestic assault, as defined in sections 565.072 RSMo to 565.076 RSMo; and, upon written request, the following rights shall be afforded to victims of all other crimes and witnesses of crimes:

- To be present at all criminal justice proceedings at which the defendant has such right
- To be informed of trials and preliminary hearings
- To restitution
- To speedy disposition and appellate review of cases
- To reasonable protection from the defendant or any person acting on behalf of the defendant
- To information about how the criminal justice system works, the rights and availability of services, and upon request, information about the crime

In the event you feel your rights have been violated, please contact: Missouri Department of Public Safety, Crime Victim Services Unit, PO Box 749, Jefferson City, MO 65102-0749; Phone number: 866-334-6682; Email: [cvsu@dps.mo.gov](mailto:cvsu@dps.mo.gov).

## VICTIM RESOURCES

**Missouri Child Abuse Hotline**  
1-800-392-3738

**Missouri Safe at Home**  
1-866-509-1409

**Missouri Coalition Against Domestic & Sexual Violence**  
(573) 634-4161

**Missouri Crime Victims' Compensation Program**  
1-800-347-6881

**Missouri Department of Corrections Victim Services**  
(573) 526-6516

**Missouri Senior Abuse & Disability Hotline**  
1-800-392-0210

**Missouri Crime Victim Services Unit**  
1-866-334-6682 or 573-526-9945

**Mothers Against Drunk Driving, Missouri State Office**  
1-800-736-MADD (6233)

**The L.E.A.D. Institute**  
(Leadership through Education & Advocacy for the Deaf)  
Crisis: 1-888-761-4357 or (TTY) 1-800-380-3323  
Main Line: 573-445-5005

**FTC Identity Theft Hotline**  
1-877-ID-THEFT or 1-877-438-4338

**National Center for Missing & Exploited Children**  
Crisis: 1-800-843-5678 or (TTY) 1-800-826-7653

**National Domestic Violence Hotline**  
1-800-799-SAFE (7233) or (TTY) 1-800-787-3244

**National Human Trafficking Resource Center**  
1-888-373-7888

**National Sexual Assault Hotline**  
1-800-656-HOPE (4673)

**Parents of Murdered Children (POMC)**  
1-888-818-POMC (7662)