



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
Protected Child:	Responsible Law Enforcement ORI:
Age of Protected Child:	Related Cases:
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____ vs.	Respondent's Home Address:
Respondent:	Home Phone Number:
Alias/Nicknames:	Respondent's Work Address:
Respondent's DOB:	Work Phone Number:
SSN (if known, last four digits):	Work Hours:
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	(Date File Stamp)
Race:	Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:
	<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): _____

Affidavit of Changes in Circumstance and Motion to Modify Judgment/Full Order of Child Protection

A Judgment/Full Order of Child Protection was entered in _____ (County/City of St. Louis), Missouri, on _____ (date).

A change has occurred in the circumstances of the child or his/her custodian and the modification is necessary to serve the best interests of the child. Below are the specific facts, including dates and times, which petitioner respondent Guardian ad Litem Court Appointed Special Advocate believes forms grounds for modification of the court's judgment:

I request that the court find grounds for modification of:

(check the box that applies)

- Installments of maintenance or support.
- Custody.
- Visitation.
- Other (specify): _____

I swear /affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

_____ Date

_____ Your Signature

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 on this petition. **Do not provide this information if doing so will endanger the child.**

_____ Your Street Address

_____ City State Zip

_____ Your Telephone Number

In witness thereof:

_____ Date

_____ Clerk Witnessing Signature

Subscribed and sworn to before me on this _____ (date).

(Seal)

My commission expires: _____ Date Notary Public

Directions for Completing

This affidavit must be completed and signature witnessed by a court clerk or notary before filing it with the court.