



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI
Affidavit of Changes in Circumstance and Motion to Modify Judgment/Full Order of Child Protection

Use this form when two to five children are involved with this case. Use CP50 for one child and CP53 for six to ten children.

Judge or Division:	Case Number: Court ORI Number: MSHP Number: Responsible Law Enforcement ORI: Related Cases: (Date File Stamp)
Petitioner: Protected Child 1: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 2: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 3: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 4: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: Protected Child 5: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: Protected Child's Relationship to Respondent (Child 1): <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) _____ <hr/> Protected Child's Relationship to Respondent (Child 2): <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) _____ <hr/> Protected Child's Relationship to Respondent (Child 3): <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) _____ <hr/> Protected Child's Relationship to Respondent (Child 4): <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) _____ <hr/> Protected Child's Relationship to Respondent (Child 5): <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) _____
vs.	
Respondent: Alias/Nicknames: Respondent's DOB: SSN (if known, last four digits): Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Respondent's Home Address: Home Phone Number: Respondent's Work Address: Work Phone Number: Work Hours:

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(ren) or his/her custodian and the modification is necessary to serve the best interests of the child(ren). 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.

Conditions regarding communication.

Custody.

Conditions regarding contact.

Visitation.

Other (specify):

The specific modification that I am requesting is:

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

Date

Your Signature

Your Street Address

City

State

Zip

Your Telephone Number

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).**

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.