



OFFICE OF THE CIRCUIT CLERK

Thirteenth Judicial Circuit Court

Boone County Courthouse

705 E. Walnut St.

Columbia, Mo. 65201

Christy Blakemore
Circuit Clerk

Tel: (573) 886-4000
Fax: (573) 886-4044

Important Information for Petitioner Requesting an Adult Ex Parte Order of Protection

You have petitioned the court for an *ex parte order of protection*. Upon completion of the required forms, the paperwork will be processed immediately by the Office of the Circuit Clerk. You are required to provide accurate service instructions to obtain proper service of your ex parte order. The order shall be valid upon issuance and is enforceable by law enforcement, *and you must appear on your court date for the order to remain in effect.*

Note: Whether the ex parte order is issued or the matter denied and set for a hearing your petition, along with the court's order will be served upon the Respondent.

When the hearing date (which is the court date at the bottom of the ex parte order) arrives, you, as the petitioner, **MUST APPEAR IN COURT TO TESTIFY.** Even if the ex parte order has not been served, you must appear on the court date and tell the judge if you wish to proceed and, if so, you may be asked to provide further service instructions to the judge.

If you do not receive your certified copy of the ex parte order in the mail within five days of filing, please call the Office of the Circuit Clerk for your court date.

If you file a Request to Dismiss or Motion to Terminate, a court hearing is required by statute. If you fail to appear in court on the date of the hearing, the court may dismiss the action.

Important telephone numbers to remember are: **Sheriff's Department (573) 875-1111** and the **adult abuse clerk in the Office of the Circuit Clerk (573) 886-4009**. If you have questions about service on the respondent, please call the sheriff. If you have questions about your hearing or other matters concerning your petition for order of protection, please call the adult abuse clerk.

**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 Section 509.520 RSMo.

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: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> 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.



| | | |
|--------------------|----------------------------------|-------------------|
| Judge or Division: | Case Number: | (Date File Stamp) |
| | Court ORI Number: | |
| Petitioner: | MSHP Number: | |
| | Responsible Law Enforcement ORI: | |
| | Related Cases: | |

**Adult Abuse Petitioner Information
(Confidential Record)**

Petitioner has indicated that disclosure of his or her current address or place of residence may endanger him or her.

This information must be maintained as Confidential and is for Court Use Only.

Permanent Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Temporary and/or Mailing Address (if different from above):

Daytime Phone Number: _____

Evening Phone Number: _____

Instructions to Clerk

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.

BOONE COUNTY CIRCUIT CLERK

Christy Blakemore

705 East Walnut

Columbia, Mo. 65201

(573) 886-4000

Fax No. (573) 886-4044

Case No. _____

Sheriff's Service Instructions

Please complete the following information to assist the Sheriff's Department in serving a copy of the completed petition and the ex parte order of protection on the respondent. Please provide as much information as possible.

Your Name _____ Home Telephone _____

Hours you can be reached at home _____

Work Telephone _____ . Hours you can be reached at work _____

Respondent's Name: _____

Respondent's place of residence and directions to residence if outside of city limits:

Respondent's place of employment and directions if employed outside of city limits:

Hours respondent can be served at work _____

List any other place respondent may be found (friend's house, parent's house, etc.):

BEFORE THIS ORDER BECOMES EFFECTIVE, IT MUST BE APPROVED BY THE JUDGE.

DESCRIPTION OF RESPONDENT

Height _____ Weight _____ Hair Color _____ Hair Length _____

Other Descriptions:

Make, model, color and license number of vehicle respondent drives: _____

ATTACH PHOTO IF AVAILABLE



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: vs. Related Cases: (Date File Stamp) |
| Respondent: Alias/Nicknames: | Respondent's Home Address: Home Phone Number: |
| Respondent's DOB: Age: SSN (if known, last four digits): Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Hair Color: Height: Eye Color: Weight: (Identifying information for use by Law Enforcement) | Respondent's Work Address: Work Phone Number: Work Hours: Other Locations Where Respondent May Be Served: |
| 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 | |
| 1. I am Petitioner and <input type="checkbox"/> at least 17 years of age <input type="checkbox"/> under 17 but emancipated 2. I reside in _____ (city), _____ (state), in the County of _____. | |
| II. RESPONDENT INFORMATION | |
| 3. Respondent is <input type="checkbox"/> at least 17 years of age or emancipated <input type="checkbox"/> under 17 4. Respondent may be found in _____ (city), _____ (state), in the County of _____. | |
| III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED | |
| 5. 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.

_____ 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.**

This petition was completed on _____ at _____ a.m./p.m.
(date) (time)

in the presence of _____
(print name)

Where completed:
 Columbia Police Dept. Boone County Sheriff's Dept.
 Circuit Clerk's Office Other/Agency Name: _____
Phone: _____

This petition was received by the Sheriff's Department on _____
(date) at _____ a.m./p.m. Initials: _____

