



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Judge or Division:	Case Number:
Petitioner:	Court ORI Number:
	MSHP Number:
	Responsible Law Enforcement ORI:
vs.	Related Cases:
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:	Other Locations Where Respondent May Be Served:
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	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. Define relationship: _____

Adult Abuse/Stalking Motion for Renewal of Full Order of Protection

The Petitioner requests that the court renew the Full Order of Protection that was issued against Respondent on _____ (date) and terminates on _____ (date) for the reason that:

- The expiration of the full order will place me in immediate and present danger of domestic violence or stalking.
- The circumstances forming the basis for the initial order continue to exist.
- The following incidents of domestic violence or stalking have occurred since the date the petition was filed:

Other reasons:

Pursuant to 455.040 RSMo, Petitioner requests that the court renew the full order of protection for not less than 180 days and not more than one year. A finding by the court of a subsequent act of domestic violence or stalking is not required for a renewal order of protection.

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

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.

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



IN THE 13TH JUDICIAL CIRCUIT COURT, BOONE COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number: MO010033J
Petitioner:	MSHP Number:
	Responsible Law Enforcement ORI: MO0100000
	Related Cases:

(Date File Stamp)

**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

**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: _____

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: _____

DOB: _____ Age: _____ Gender: Male Female SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Employer Information

Petitioner/Protected Person Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

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.