



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 one child is involved with this case. Use CP56 for two to five children and CP53 for six to ten children.

Judge or Division:	Case Number:	(Date File Stamp)
Petitioner:	Court ORI Number:	
	MSHP Number:	
	Responsible Law Enforcement ORI:	
	Related Cases:	
Protected Child: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	vs.	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: <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) _____
Respondent:	Respondent's Home Address:	Respondent's Work Address:
Alias/Nicknames:	Home Phone Number:	
Respondent's DOB:	Respondent's Work Address:	
SSN (if known, last four digits): Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M	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)

- |  |  |
|--|--|
| <input type="checkbox"/> Installments of maintenance or support. | <input type="checkbox"/> Conditions regarding communication. |
| <input type="checkbox"/> Custody.                                | <input type="checkbox"/> Conditions regarding contact.       |
| <input type="checkbox"/> Visitation.                             |  |
| <input type="checkbox"/> 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

**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).**

\_\_\_\_\_   
 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.**



IN THE 13<sup>TH</sup> JUDICIAL CIRCUIT COURT BOONE COUNTY, MISSOURI

Judge or Division:	Case Number:
Petitioner:	Court ORI Number: MO010033J
	MSHP Number:
	Responsible Law Enforcement ORI: MO0100000
SSN:	Related Cases:
Protected Child:	
SSN:	
DOB/Age:	

(Date File Stamp)

**Child Protection  
Petitioner and Protected Child Information  
(Confidential Record)**

**Petitioner has indicated that disclosure of his/her or the protected child's current address or place of residence may endanger the child.**

**This information must be maintained as**

**Confidential and is for Court Use Only.**

Protected Child's Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_

Petitioner's Permanent Address (if different from above): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_

Petitioner's 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

Required at Case Initiation and with Responsive Filings

**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 Section 509.520 RSMo if the party is a person.

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

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

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

**Petitioner/Plaintiff Information:**

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Respondent/Defendant Information:**

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Employer Information**

Petitioner/Plaintiff Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Respondent/Defendant 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): \_\_\_\_\_

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 ten 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**

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