



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_, MISSOURI  
**Motion for Renewal of Full Order of Protection - Child**

Use this form when two to five children are involved with this case. Use CP25 for one child and CP26 for six to ten children.

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

The  Party  Guardian Ad Litem  Court Appointed Special Advocate requests that the court renew the Full Order of Protection - Child that was issued against Respondent on \_\_\_\_\_ (date) and terminates on \_\_\_\_\_ (date).

The expiration of the full order will place the protected child(ren) in an immediate and present danger of domestic violence, stalking, or sexual assault.

The circumstances forming the basis for the initial order continue to exist.

The following incidents of domestic violence, stalking, or sexual assault have occurred since the date the petition was filed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pursuant to section 455.516, RSMo, the  Party  Guardian Ad Litem  Court Appointed Special Advocate requests that the court renew the Full Order of Protection - Child for at least 180 days and not more than one year. A finding by the court of a subsequent act of abuse 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 455.510.3, 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 motion. **Do not provide this information if doing so will endanger the child(ren).**

\_\_\_\_\_ Date

\_\_\_\_\_ Movant's Signature

\_\_\_\_\_ Address (Optional)

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ Telephone

\_\_\_\_\_ Attorney's Name, Missouri Bar No., if Applicable

\_\_\_\_\_ Address

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ Telephone