



OFFICE OF THE CIRCUIT CLERK

Thirteenth Judicial Circuit Court

Boone County Courthouse

705 E. Walnut St.

Columbia, Missouri 65201

Christy Blakemore
Circuit Clerk

Tel: (573) 886-4000
Fax: (573) 886-4045

Important Information for Petitioner Requesting a Child Protection Order For 1 Protected Child

You have petitioned the court for a *Child Protection Order*. 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 child protection order.

When the hearing date (which is the court date at the bottom of the child protection order) arrives, you, as the petitioner, **MUST APPEAR IN COURT TO TESTIFY**. Even if the child protection order has not been served, you still 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 child protection order in the mail within five days of filing, please call the Office of the Circuit Clerk for your court date.

PLEASE NOTE ON ALL CHILD PROTECTION ORDERS:

- the Confidential Information Sheet you completed will be submitted to the Guardian ad Litem appointed by the court to assist in their investigation;
- copies of your petition will be forwarded to the Juvenile Office;
- **ONLY** the court has the authority to terminate the order with the consent of the Guardian ad Litem; and
- 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;
- Gretchen Yancey will be the appointed Guardian ad Litem on your case; you can contact her at (573) 514-4061.

Important telephone numbers to remember are: **Sheriff's Department** (573) 875-1111 and 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 clerk.

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 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: _____

<p>Petitioner/Plaintiff Information:</p> <p>Party Type Code: _____ Party Type Description: _____</p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Respondent/Defendant Information:</p> <p>Party Type Code: _____ Party Type Description: _____</p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: _____ Party Type Description: _____</p> <p>Name (if person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: _____ Party Type Description: _____</p> <p>Name (if person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>

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

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 COURT _____, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
	Responsible Law Enforcement ORI:
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.



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Petition for Order of Child Protection

Notice to Petitioner: Respondent will receive a copy of this petition with service.

Use this form when one child is involved with this case. Use CP42 for two to five children and CP41 for six to ten children.

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
	Responsible Law Enforcement ORI:
	Related Cases: _____ (Date File Stamp)
Protected Child: 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: <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: 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 Home Address: Home Phone Number: 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):	

I. PROTECTED CHILD INFORMATION

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at _____ (address)
_____ (city) _____ (County/City of St. Louis),
Missouri.

3.a. The county in which this petition is being filed is where the protected child lives respondent may be served act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

- owned leased rented

By: Respondent Petitioner Other (name) _____

Occupied by: (include name only if different from above) _____

5. Respondent has knowingly and intentionally: (check at least one)

- caused physical injury to the child.
- stalked the child.
- sexually abused the child.
- inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

II. RESPONDENT INFORMATION

7. Respondent is at least 17 years of age or emancipated under 17

8. Respondent may be found in _____ (city),
_____ (state), in the County of _____.

III. CUSTODY

9. It is in the best interest of the child that custody be awarded as follows:

<u>Child's Name</u>	<u>Relationship to Parties</u>	<u>Person to Receive Custody</u>	<u>Temporary</u>	<u>Full</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

10. Indicate any prior or pending custody court cases before, or orders entered by, this court or any other court involving the following parties.

(If none, so state):

- a. Petitioner: _____
- b. Respondent: _____
- c. Child (identified in item 9): _____

11. Award visitation with the child as follows:

IV. PETITIONER'S REQUESTS

12. Pursuant to chapter 455, RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check boxes that apply)

- Committing or threatening to commit domestic violence, stalking, molesting, or disturbing the peace of the protected child.
- Having any contact with the protected child, except as specifically authorized by this Order.
- Entering the family home of the protected child, located at _____.
- Entering the place of employment or school of the protected child, located at _____.
- Communicating with the protected child in any manner or through any medium.
- Come within _____ (feet) of the protected child.
- Other: _____

13. It is further requested that the Ex Parte Order of Protection exclude Respondent from the family home of the protected child because:
- It is in the best interest of the child remaining in the home;
 - A substantial risk to the child exists unless Respondent is excluded;
 - A remaining adult family or household member is able to care adequately for the child in the absence of Respondent; and
 - A commitment has been obtained from the Children's Division to provide appropriate social services to the family or household members during the period of time during which an Order of Protection is in effect.
14. Exclusion of the Respondent from the family home of the protected child is not being requested.

Additional Requests:

15. It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Child Protection enjoining Respondent from the above acts for such time as is necessary to protect the protected child and that the court:
- Order Respondent not to commit or threaten to commit domestic violence, stalk, molest, or disturb the peace of the protected child.
 - Order Respondent not to have any contact with the protected child(ren), except as specifically authorized by this order.
 - Order Respondent not to enter the family home, place of employment or school of the protected child, except as specifically authorized by this order.
 - Award custody of the child to _____

Child Support/Maintenance

16. Order Respondent to pay child support in the amount of \$ _____ (check one) per week per month.
17. Order Respondent to pay maintenance in the amount of \$ _____ (check one) per week per month.

Other Support

18. Order that Respondent make or continue to make the rent or mortgage payments to the residence occupied by the protected child in the amount of \$ _____ per week per month.
19. Order Respondent to pay a reasonable fee for housing and other services provided to the protected child by a shelter for victims of domestic violence.
20. Order Respondent to pay the cost of medical treatment or services provided to protected child as a result of injuries sustained by an act of domestic violence committed by Respondent.

Counseling/Treatment

21. Order Respondent to participate in a court-approved counseling program designed to help batterers stop violent behavior or a substance abuse program.

Costs/Fees

22. Order Respondent to pay court costs.
23. Order Respondent to pay Petitioner's attorneys fees.

Other

24. 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.
25. Other (specify):
26. I believe that revealing my address will endanger myself or the protected child. (Note: If checked, complete the Child Protection Petitioner and Protected Child Information (Confidential Record) form.)
27. Order Petitioner's residential address on voter's registration record be closed to the public.

V. 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 455.510.3, 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).**