Petition for a Court Order of Protection - Child



County, Missouri Circuit Court (County where court is located. City of Saint Louis is considered a county.)

Use this form to ask for a court Order of Protection on behalf of a child (person under 17 years of age unless otherwise emancipated) who has been a victim of domestic violence, stalking, or sexual assault. The Petitioner must be a parent, guardian, guardian ad litem, a court appointed special advocate, or a juvenile officer. Learn more: https://www.courts.mo.gov/page.jsp?id=383. If you have more than five children, complete the Petition for a Court Order of Protection-Child – Addendum. **Do not include the name of each child on this form. Include the name(s) on the Confidential Redacted Information Filing Sheet**.

Redacted information Filing Sneet.	
	Case Number(Will be assigned by the court when case is filed)
	(Will be assigned by the court when case is filed)
	<u> </u>
(Your Name) Petitioner,	
You are the Petitioner . The Petitioner is the	person who starts a court case.
I am the	
parent or guardian of the child(ren).	
guardian ad litem for the child(ren).	
$\hfill \Box$ court appointed special advocate for the $lpha$	child(ren).
juvenile officer.	
Children needing protection:	
Protected Child One Initials Only:	
Age: Gender: ☐ F ☐ M	
Protected Child Two Initials Only:	
Age: Gender: ☐ F ☐ M	
Protected Child Three Initials Only:	
Age: Gender: [] F [] M	
Protected Child Four Initials Only:	
Age: Gender: \square F \square M	
Protected Child Five Initials Only:	
Age: Gender: \square F \square M	
☐ I have more than five children needing prochildren.	otection. See Addendum for information on additional
And	
Respondent.	
The Respondent is the person the child(ren)	, need(s) protection from.

SJRC (08-24) CP40

This petition is being filed in the county where (check all that apply): the child(ren) live.
the domestic violence, stalking, or sexual assault happened.
Respondent may be served with this petition.
Trespondent may be served with this petition.
A. Information about the people involved in this case
Information about the protected child(ren).
The person the child(ren) need(s) protection from will get a copy of this form.
Child One's Relation to Respondent Respondent (check all that apply):
is the child's parent.
is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child. ☐ has stalked the child.
has starked the child.
other:
The family hame of the shild is: (shock the bayes that apply)
The family home of the child is: (check the boxes that apply) owned rented other
by: Respondent Petitioner Other (name)
by. Trespondent Tetaloner
Child Two's Relation to Respondent
Respondent (check all that apply):
is the child's parent.
is the child's step-parent or former step-parent.
☐ lives with the child.
used to live with the child.
has stalked the child.
☐ has sexually assaulted the child.
other:
The family home of the child is: (check the boxes that apply)
owned rented other
by: Respondent Petitioner Other (name)

Child Three's Relation to Respondent Respondent (check all that apply):		
is the child's parent.		
is the child's step-parent or former step-parent.		
☐ lives with the child.		
used to live with the child.		
has stalked the child.		
has sexually assaulted the child.		
other:		
The family home of the child is: (check the boxes that apply)		
owned rented other		
by: Respondent Petitioner Other (name)		
Child Four's Relation to Respondent		
Respondent (check all that apply):		
is the child's parent.		
is the child's step-parent or former step-parent.		
☐ lives with the child.		
used to live with the child.		
☐ has stalked the child.		
has sexually assaulted the child.		
other:		
The family home of the child is: (check the boxes that apply)		
owned rented other		
by: Respondent Petitioner Other (name)		
Child Five's Relation to Respondent		
Respondent (check all that apply):		
is the child's parent.		
is the child's step-parent or former step-parent.		
☐ lives with the child.		
used to live with the child.		
has stalked the child.		
has sexually assaulted the child.		
other:		
The femally have of the shild in (sheet the bayes that are by		
The family home of the child is: (check the boxes that apply)		
owned rented other		
by: Respondent Petitioner Other (name)		
☐ See Addendum for information on additional children's relation to Respondent.		

Information about the person the child(ren) need protection from. The court and law enforcement will use this section to try to find Respondent. Fill in as much information as you can.

Other names Respo	ondent is known by (list all):	
	\square at least 18 years of age or emancipated \square under 18. (Emancipated means no iger under the control, support, and responsibility of a parent or guardian.)	
Race: (Select one o	r more) 🗌 American Indian or Alaska Native 🔲 Asian	
☐ Black or Africa	n American 🔲 Native Hawaiian or other Pacific Islander 🔲 White	
Other		
Ethnicity: Hispan	nic or Latinx	
Gender: Male	Female Height: Weight:	
Hair (Select one):]Blond ☐ Black ☐ Blue ☐ Brown ☐ Green ☐ Grey ☐ Orange ☐ Pink	
☐ Purple ☐ Re	ed 🗌 Sandy 🔲 Unknown or Completely Bald 🔲 White	
Eyes (Select one): [Black Blue Brown Dichromatic Green Grey Hazel	
	☐ Maroon ☐ Pink ☐ Unknown	
Identifying marks (E	xamples: tattoos, birthmark, scars, beard, pierced ear, glasses):	
Home address:		
City:	County:	
Phone number:		
Work name:		
	Work hours:	
Other places law enforcement may find Respondent to serve the paperwork:		
•	nave social media accounts such as Facebook, Snapchat, TikTok, Instagram, If yes, list the account(s) and user name(s):	
	- , , , , , , , , , , , , , , , , , , ,	

Does Respondent carry a weapon or firearm? Yes No		
If Yes, list the weapon(s) or firearm(s):		
Is Respondent currently in jail? ☐ Yes ☐ No		
What type of vehicle(s) does Respondent drive? (Include vehicle make, model, year, color, license plate number)		
B. Explain what happened		
Check all boxes that apply. List all dates and locations for each box selected. If the exact date(s) and location(s) is not known, list the approximate date(s) and describe the location(s) the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below.		
Respondent knowingly and intentionally:		
☐ caused or attempted to cause physical harm to the child(ren).☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child FiveDate(s):		
Location(s):		
☐ placed or attempted to place the child(ren) in fear of immediate physical harm. ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five Date(s): Location(s):		
coerced the child(ren). Respondent threatened or forced the child(ren) to do something the child(ren) did not want to do.		
☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five Date(s):		
Location(s):		

	stalked the child(ren). Two or more times Respondent followed the child(ren), watched the child(ren), threatened the child(ren), communicated with the child(ren), or caused somebody to do those things to the child(ren). It caused the child(ren) to be in fear of physical harm.		
	☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five		
Dates:			
	Locations:		
	harassed the child(ren). More than one time, Respondent caused substantial emotional distress to the child(ren) by following the child(ren), looking in the window, lingering outside the residence, or doing something else to distress the child(ren).		
	Child One Child Two Child Three Child Four Child Five		
	Dates:		
	Locations:		
	sexually assaulted the child(ren). Respondent used force, threat of force, or duress to make the child(ren) perform a sexual act against the child(ren)'s will.		
	☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five		
	Date(s):		
	Location(s):		
	unlawfully imprisoned the child(ren). Respondent refused to let the child(ren) leave when the child(ren) wanted to leave.		
	☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five		
	Date(s):		
	Location(s):		
	followed the child(ren) from place to place.		
	☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five		
	Date(s):		
	Location(s):		
	abused the child(ren)'s pet(s).		
	☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five		
	Date(s): Location(s):		
	Location(3).		
	threatened to do any of the above.		
	☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five Date(s):		
	Location(s):		

See Addendum for information on what happened to additional children needing protection from Respondent.
This is what happened (include specific details):
Do not include the name of any child in the details. Use "the child", "the children", "Child One", "Child Two", etc. or the child's initials.

An immediate and present danger of domestic violence, stalking, or sexual assault to the child(ren)		
exists because (describe):		
Do not include the name of any child. Use "the child", "the children", "Child One", "Child Two", etc. or the child's initials.		
☐ I have photographs, text messages, phone messages, or other evidence of the abuse.		
C. I request the court		
Issue an emergency temporary order of protection (Ex Parte Order of Protection) restraining Respondent from acts of domestic violence, stalking, and sexual assault against the protected child(ren). I am also requesting the court to issue a Full Order of Protection against Respondent after a hearing on this petition to protect the child(ren) from acts of domestic violence, stalking, and sexual assault for a longer period of time as determined by the court.		
Use this section to ask the court for what you want in the case. Check all boxes that apply.		
1. I want the court to order Respondent NOT to:		
commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child(ren).		
abuse or threaten to abuse the protected child(ren)'s pet(s).		
enter the family home of the protected child(ren), located at		
enter the school(s) of the protected child(ren), located at		
enter the place of work of the protected child(ren), located at		

come with	in (feet) of th	ne protected child(ren).		
communic way.	ate with the protected child(re	en) by phone, email, text, social med	lia, or in any c	ther
have any of order.	have any contact with the protected child(ren) except as specifically authorized by the court order.			urt
other:				
☐ I am requesting the Ex Parte Order of Protection exclude Respondent from the family home of the protected child(ren) because:				ne of
■ It is	in the best interest of the chil	ld(ren) to remain in the home;		
■ As	ubstantial risk to the child(ren) exists unless Respondent is exclud	ded; and	
	 A remaining adult family or household member is able to care adequately for the child(ren) in the absence of Respondent. 			
The co made.	-	f the protected child(ren). a prior order regarding custody is pe	nding or has	been
<u>Child</u>	Person to Receive Custody	Relationship to Parties	<u>Temporary</u>	<u>Full</u>
Child One				
Child Two				
Child Three				
Child Four				
Child Five			. ⊔ _ □	
See Adde		visitation for additional children.		
☐ No ☐ Yes	which child(ren) and enter the	` ,		
Case number	(s):			

2.

3.	3. Order Respondent to pay child support,	maintenance, other support, court		
	fees, or for injuries I received.			
	Child support is money paid by one parent to the support of a child. Child support may be ordered by			
	Maintenance is money paid by one spouse to the	Maintenance is money paid by one spouse to the other spouse for financial support.		
	☐ I ask Respondent to pay \$ in c	child support to me every \square week \square month.		
	☐ I ask Respondent to pay \$ in r	naintenance to me every 🗌 week 🔲 month.		
	☐ I ask Respondent to pay \$ to r the residence occupied by the protected ch	ne for rent or mortgage payments to nild(ren) per week per month.		
	☐ I ask Respondent to pay \$ to r services provided to the protected child(rer violence ☐ per week ☐ per month.			
	I ask Respondent to pay \$ to result of injuried to the protected child(ren) as a result of injuried by Respondent.	ne for medical treatment or services provided uries sustained by an act of domestic		
	☐ I ask Respondent to pay court costs.			
	☐ I ask Respondent to pay attorney fees.			
4.	4. 🔲 Order Respondent to participate in a	:		
	court-approved counseling program design	ned to help stop violent behavior.		
	substance abuse treatment program.			
5.	5. Other			
	_	lly renew unless Respondent asks for a hearing		
	at least 30 days before the order expires.	.,		

 Order Respondent to give me wireless telephone number(s) and billing responsibilities. I have completed the Wireless Telephone Number Transfer Addendum form. https://www.courts.mo.gov/file.jsp?id=105013 Award possession and care of the child(ren)'s pet(s) to me and order Respondent to pay for medical costs that resulted from abuse of the pet(s). Order my residential address on my voter's registration record to be closed to the public. 					
			Other (specify):		
D. Signatures					
I swear or affirm under penalty of perjury that the fact belief. I understand that a copy of my petition will					
I certify no confidential information is included on t	this document.				
Sign	Date				
Attorney Signature (if applicable)	 Date				
Attorney's name, bar number					
Attorney's address, telephone number					