



**IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI**  
**Affidavit of Changes in Circumstance and Motion to Modify Judgment/Full Order of Protection – Child**

|                            |                                  |
|----------------------------|----------------------------------|
| Judge or Division:         | <b>Case Number:</b>              |
|                            | Court ORI Number:                |
| Petitioner:<br><br><br>vs. | MSHP Number:                     |
|                            | Responsible Law Enforcement ORI: |
|                            | Related Cases:                   |
| Respondent:                |                                  |
| Alias/Nicknames:           |                                  |

(Date File Stamp)

A Judgment of the Full Order of Protection - Child was entered in \_\_\_\_\_  
 (County/City of St. Louis), MO, on \_\_\_\_\_ (date).

A change has occurred in the circumstances of the child(ren) or his/her/their 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)

- Installments of maintenance or support.
- Custody.
- Visitation.
- Other (specify):
- Conditions regarding communication.
- Conditions regarding contact.

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.

I certify this document complies with all the redaction requirements of Court Operating Rule 2.

\_\_\_\_\_ 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 affidavit and motion. **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

(Seal)

Subscribed and sworn to before me on this \_\_\_\_\_ (date).

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.**