



# Petition for a Court Order of Protection - Adult

\_\_\_\_\_ 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 against someone who committed an act of domestic violence, stalking, or sexual assault against you. Domestic violence includes abuse, abuse of a pet, assault, battery, coercion, harassment, stalking, sexual assault, or holding you against your will. Learn more: <https://www.courts.mo.gov/page.jsp?id=533>

Case Number: \_\_\_\_\_  
(Will be assigned by the court when case is filed)

\_\_\_\_\_  
(Your Name)  
Petitioner,

You are the **Petitioner**. The Petitioner is the person who starts a court case.

And

\_\_\_\_\_  
Respondent.

The **Respondent** is the person you need protection from.

This petition is being filed in the county where (check all that apply):

- I live.
- the domestic violence, stalking, or sexual assault happened.
- Respondent may be served with this petition.

## A. Information about the people involved in this case

### Information about you.



**The person you need protection from will get a copy of this form.**

Your Age: \_\_\_\_\_ If you are under 17, are you emancipated (no longer under the control, support, and responsibility of a parent or guardian)?  Yes  No

**What is your relationship to the person you need protection from?** Check all that apply.

- Spouse  Former spouse  Child(ren) in common
- Are/were in a continuing social relationship of a romantic/intimate nature
- Residing/resided together; with intimacy  Residing/resided together; no intimacy
- Related by blood. Define relationship: \_\_\_\_\_
- Related by marriage. Define relationship: \_\_\_\_\_
- Stalking  Sexual Assault. Define relationship \_\_\_\_\_

My home is: (check all that apply)

owned  rented

By:  Me  Respondent  Other (name) \_\_\_\_\_.

Respondent has no property interest in my home.

**Information about the person you 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 Respondent is known by (list all): \_\_\_\_\_

Age: \_\_\_\_\_ Respondent is  at least 17 years of age or emancipated (no longer under the control, support, and responsibility of a parent or guardian)  under 17.

Race and Ethnicity: (Select one or more)  American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or other Pacific Islander  White  
 Hispanic or Latino  Middle Eastern or North African (MENA)  Other  Unknown

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair (Select one):  Blond  Black  Blue  Brown  Green  Grey  Orange  Pink  
 Purple  Red  Sandy  Unknown or Completely Bald  White

Eyes (Select one):  Black  Blue  Brown  Dichromatic  Green  Grey  Hazel  
 Multicolored  Maroon  Pink  Unknown

Identifying marks (Examples: tattoos, birthmarks, braces, scars, mustache, beard, pierced ear, glasses):

Home address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_

Work name: \_\_\_\_\_

Work address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work hours: \_\_\_\_\_

Other places law enforcement may find Respondent to serve the paperwork:

Does Respondent have social media accounts such as Facebook, Snapchat, TikTok, Instagram, etc.?  Yes  No 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 on Probation or Parole?  Yes  No

If Yes, name of Probation or Parole Officer: \_\_\_\_\_

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) or location(s) is not known, list the approximate date(s) and describe the location(s) the best you can. You will be asked to provide details of what happened below.**

Respondent knowingly and intentionally:

caused or attempted to cause me physical harm.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

placed or attempted to place me in fear of immediate physical harm.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

coerced me. Respondent threatened me or forced me to do something I did not want to do.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

stalked me. Two or more times Respondent followed me, watched me, threatened me, communicated with me, or caused somebody to do those things to me. It caused me to be in fear of physical harm.

Dates: \_\_\_\_\_

Locations: \_\_\_\_\_

harassed me. Two or more times Respondent caused substantial emotional distress to me by following me, looking in the window, lingering outside the residence, or doing something else to distress me.

Dates: \_\_\_\_\_

Locations: \_\_\_\_\_

sexually assaulted me. Respondent used force, threat of force, or duress to make me perform a sexual act against my will.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

unlawfully imprisoned me. Respondent refused to let me leave when I wanted to leave.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

followed me from place to place.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

abused my pet(s).

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

threatened to do any of the above.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

This is what happened (include specific details):

Attach additional pages, if needed.

- I am afraid of Respondent.
- There is an immediate and present danger of domestic violence to me.
- There are other good reasons for an emergency temporary order of protection because:

I have photographs, text messages, phone messages, or other evidence of my 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 against me. I am also requesting the court to issue a Full Order of Protection against the Respondent after a hearing on this petition to protect me from acts of domestic violence 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 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 wherever I am.
- abuse or threaten to abuse my pet(s).
- enter the home where I am living.
- enter my school, located at \_\_\_\_\_.
- enter my place of work, located at \_\_\_\_\_.
- come within \_\_\_\_\_ (feet) of me.
- communicate with me by phone, email, text, social media, or in any other way.
- other:



Normally, a full order of protection is valid for at least 180 days and not more than one year. If the judge finds that Respondent poses a serious danger, the judge can issue a protective order that is valid for at least two years and not more than ten years. Complete the section below only if you want the judge to find that Respondent poses serious danger.

### 2. Serious Danger – I want the court to

- issue a protection order that is valid for at least two years and not more than ten years because Respondent poses a serious danger to my physical or mental health or to a minor household member's physical or mental health.

Respondent has a history of:

- inflicting or causing physical harm, bodily injury, or assault.
- stalking or causing fear of physical harm, bodily injury or assault on me or a minor in my household.

Respondent has:

- a criminal record.
- prior full orders of adult or child protection issued against him/her.
- been found guilty of a dangerous felony under Missouri law.
- violated a term of probation or parole intended to protect me or a minor in my household.

violated a term of a prior full or temporary (ex parte) order of protection intended to protect me or a minor in my household.

Provide details for all boxes checked above:

3.  **Award custody or visitation of a minor child(ren) I have with Respondent.**

**You may ask the court to order temporary custody if custody has not been decided in another case. Temporary custody** is an order of the court awarding custody or visitation of the child(ren) to a person for a limited period of time. Complete the information below only if you want the court to award custody or visitation.



The court cannot change custody if a prior order regarding custody is pending or has been made. If you are not sure, you may want to talk with a lawyer.

<b>Child One</b>
------------------

**I have provided the name and age of Child One on the Order of Protection Redacted Information Filing Sheet.**

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes    If yes, enter the Case number: \_\_\_\_\_

## Child Two

I have provided the name and age of Child Two on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes If yes, enter the Case number: \_\_\_\_\_

## Child Three

I have provided the name and age of Child Three on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes If yes, enter the Case number: \_\_\_\_\_

## Child Four

I have provided the name and age of Child Four on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes If yes, enter the Case number: \_\_\_\_\_



## Child Five

- I have provided the name and age of Child Five on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

### Is there a court case for custody?

No  Yes If yes, enter the Case number: \_\_\_\_\_

- I have additional children.

Attach Exhibit A to this form listing additional children.

#### 4. 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 other parent or guardian for the financial support of a child. Child support may be ordered by a court or child support enforcement agency.

**Maintenance** is money paid by one spouse to the other spouse for financial support.

I ask Respondent to pay \$ \_\_\_\_\_ in **child support** to me every  week  month.

I ask Respondent to pay \$ \_\_\_\_\_ in **maintenance** to me every  week  month.

I ask Respondent to pay \$ \_\_\_\_\_ to me for **rent or mortgage payments**  
 per week  per month on the home that I live in.

I ask Respondent to pay \$ \_\_\_\_\_ to me for **reasonable housing or other services provided to me by a shelter for victims of domestic violence**  per week  per month.

I ask Respondent to pay \$ \_\_\_\_\_ to me for **medical treatment that resulted from injuries caused to me by Respondent.**

I ask Respondent to pay **court costs.**

I ask Respondent to pay **attorney fees.**

#### 5. Order temporary possession of personal property to me.

**Personal property** is property other than land you own. Examples of personal property are automobiles, checkbooks, keys, furniture, Xbox, jewelry, etc.

List items:

Prohibit Respondent from transferring or disposing of property owned together with me.

List items:

6.  **Order Respondent to participate in a:**

court-approved counseling program designed to help stop violent behavior.

substance abuse treatment program.

7. **Other**

Order the full order of protection to automatically renew unless Respondent asks for a hearing at least 30 days before the order expires.

Order Respondent to give me my 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 my 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: \_\_\_\_\_.

## D. Signatures

I swear or affirm under penalty of perjury the facts are true according to my best knowledge and belief. **I understand that a copy of my petition will be served upon Respondent.**

I certify no confidential information is included on this document.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's name, bar number

\_\_\_\_\_  
Attorney's address, telephone number