



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner: Protected Child: DOB/Age of Protected Child: SSN: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____ vs.	Respondent's Home Address: Home Phone Number: _____ (Date File Stamp)
Respondent: Alias/Nicknames:	Respondent's Work Address: Work Phone Number: Work Hours:
Respondent's DOB: SSN (if known): Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____	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) _____

**Affidavit of Changes in Circumstance and
Motion to Modify Judgment/Full Order of Child Protection**

<input type="checkbox"/> A Judgment/Full Order of Child Protection was entered in _____ County, Missouri, on _____ (date). A change has occurred in the circumstances of the child or his/her custodian and the modification is necessary to serve the best interests of the child. Below are the specific facts, including dates and times, which <input type="checkbox"/> petitioner <input type="checkbox"/> respondent <input type="checkbox"/> Guardian ad Litem <input type="checkbox"/> 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) <input type="checkbox"/> Installments of maintenance or support. <input type="checkbox"/> Custody. <input type="checkbox"/> Visitation. <input type="checkbox"/> Other (specify): _____ _____	
I swear /affirm under penalty of perjury that these facts are true according to my best knowledge and belief. _____ Date 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 on this petition. Do not provide this information if doing so will endanger the child. _____ City State Zip _____ Your Telephone Number	
In witness thereof: _____ Date _____ Clerk Witnessing Signature	
(Seal)	Subscribed and sworn to before me on _____ 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.	