

IN THE CIRCUIT COURT OF ______ COUNTY, MISSOURI

| Judge or Division: | | Case Number: | | |
|---|---|---------------------------------|------------------------|-------------------|
| | | Court ORI Number: | | |
| In the interest of: (Includ | e name and date of birth or age | e of each child) | | |
| 1 | | | | (Date File Stamp) |
| Petitioner: | | Respondent's Home Ad | ddress: | , _F , |
| Petitioner's DOB: | | | | |
| SSN: | _ | | | |
| Sex F M | Race: | | | |
| Respondent: Respondent's DOB: | | | | |
| SSN (if known): | | Respondent's Work Ad | dress: | |
| Race: | Sex F M | | | |
| Age: | Height: | | | |
| Eye Color: | Weight: | | | |
| Hair Color: | | | | |
| (Identifying Information for use | | | | |
| | Motion to Modify Ju | ıdgment/Full Orde | r of Child Protec | ction |
| (Check each box that | | | | |
| A Judgment/Full | Order of Child Protection wa | s entered in | in County, Missouri. | |
| | ed in the circumstances of the child. Please provide the specif | | | |
| | | | | |
| | | | | |
| | | | | |
| I request that the courteness (check the box that a | rt find grounds for modificatio oplies) | n for: | | |
| ☐ Installments of r | naintenance or support. | | | |
| Custody. | | | | |
| ☐ Visitation. | | | | |
| Other | | | | |
| | | | | |
| (specify): | | | | |
| | | | | |
| I swear /affirm u | nder penalty of perjury that the | ese facts are true according to | o my best knowledge an | d belief. |
| Date | | | Your Signature | |
| | | | Your Street Address | |
| | | | | |
| | | City | State | Zip |
| | | | Your Telephone N | Jumber |

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