



IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner: Petitioner's DOB: SSN: Sex <input type="checkbox"/> F <input type="checkbox"/> M Race: vs.	Respondent's Home Address:   (Date File Stamp)
Respondent: Respondent's DOB: SSN (if known): Age: Sex <input type="checkbox"/> F <input type="checkbox"/> M Race: Eye Color: Hair Color: Height: Weight: (Identifying Information for use by Law Enforcement)	Respondent's Work Address:  Respondent's Relationship to Petitioner: <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Related by Blood/Marriage <input type="checkbox"/> Child(ren) in Common <input type="checkbox"/> Resided Together <input type="checkbox"/> Other _____

**Adult Abuse/Stalking Motion for Renewal of Full Order of Protection**

The Petitioner requests that the court renew the full order of protection that was issued against Respondent on

\_\_\_\_\_ (date) and terminates on \_\_\_\_\_ (date) for the reason that:

- ☐ The allegations in the petition for the order of protection still exist on this date. I still believe that I am in immediate and present danger of abuse.
- ☐ The following incidents of abuse have occurred since the date the petition was filed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Other reasons: \_\_\_\_\_  
\_\_\_\_\_

Pursuant to 455.040 RSMo, Petitioner requests that the court renew the full order of protection for not less than 180 days and not more than one year.

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

**NOTICE:** Section 455.030.3 RSMo provides that a Petitioner seeking protection under the Adult Abuse Act is not required to reveal any current address or place of residence on this motion. **Do not provide this information if doing so will endanger you.**

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Attorney's Name, Missouri Bar No., if Applicable

\_\_\_\_\_  
Address (Optional)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone