



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner: Petitioner's DOB: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	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:	Petitioner's Relationship to Respondent: <input type="checkbox"/> Spouse <input type="checkbox"/> Unmarried with Child(ren) in Common <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Unmarried, Intimate Residing/Resided Together <input type="checkbox"/> Related by Blood/Marriage <input type="checkbox"/> Other (specify) _____

Affidavit of Changes in Circumstance and Motion to Modify Adult Abuse/Stalking Judgment Entry Full Order of Protection

An Adult Abuse/Stalking Judgment Entry Full Order of Protection was entered in _____ County, Missouri, on _____ (date).

A change has occurred in the circumstances of the petitioner, respondent or child(ren) and the modification is necessary to serve the best interests of the parties. Below are the specific facts, including dates and times, which petitioner respondent 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): _____

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

_____ Date

_____ Your Signature

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.**

_____ Your Street Address

_____ 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.