



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT COURT, \_\_\_\_\_, MISSOURI

Judge or Division:	<b>Case Number:</b>
	Court ORI Number:
Petitioner: Protected Child: DOB/Age of Protected Child: 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):	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):

**Motion for Renewal of Full Order of Child Protection**

The  Petitioner  Guardian  Juvenile Officer  Guardian Ad Litem  Court Appointed Special Advocate requests that the court renew the Full Order of Child Protection that was issued against Respondent on \_\_\_\_\_ (date) and terminates on \_\_\_\_\_ (date).

The allegations in the petition for the order of protection still exist on this date. I still believe the protected child is 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 455.516 RSMo,

Petitioner  Guardian  Juvenile Officer  Guardian Ad Litem  Court Appointed Special Advocate requests that the court renew the Full Order of Child Protection for at least 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 455.510.3 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 motion. **Do not provide this information if doing so will endanger the child.**

\_\_\_\_\_ Date

\_\_\_\_\_ Movant's Signature

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

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

\_\_\_\_\_ Telephone

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

\_\_\_\_\_ Address

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

\_\_\_\_\_ Telephone