

NOTICE:

**THE ORDER OF PROTECTION WILL
ONLY PROCESS CASES DURING
THE FOLLOWING TIMES:**

M-F – 8:00 a.m. – 4:30 p.m.

**IF IT IS AFTER HOURS, FILING
WILL BE ENTERED ON NEXT
BUSINESS DAY.**

**IF YOU ARE IN IMMEDIATE
DANGER, CALL 911**

**WE ONLY ACCEPT PHOTO EXHIBITS
WHEN FILING. VIDEOS ONLY IN
COURT!**

Starting July 1, 2023



Remote Public Access

Case.net soon will let people view public court documents from their personal computers, tablets or cell phones.

This works only for documents filed on or after July 1, 2023.

So, what does this mean for people filing documents in court?

STOP

To protect privacy, any confidential information in an otherwise public document must be redacted.

REVIEW

If you are filing any document in a court case - even if you are representing yourself! - it is your job to redact confidential information.

The court clerk cannot help.

REDACT

- On a computer, use a redaction tool or substitute generic labels.
- By hand, use a marker or whiteout product to completely cover the confidential information.
- File an explanatory confidential redaction information sheet.
- Certify you have done any necessary redaction.

“These improvements will fundamentally change the way individuals access public court documents, while balancing the need to protect confidential information and ensure the overall security and reliability of our underlying case management system.

- Missouri's chief justice
28 June 2022

To learn more, visit

www.courts.mo.gov

or scan this code:



CONFIDENTIAL INFORMATION

Confidential information can include, but is not limited to:

- Social security numbers, driver's license numbers, state identification numbers, taxpayer identification numbers and passport numbers
- Financial institution account numbers, credit or debit card numbers, personal identification numbers, or passwords used to secure any such accounts or cards
- Names, addresses and contact information of informants, victims, witnesses and persons protected under orders of protection or restraining orders
- Dates of birth
- Names of individuals known to be minors
- Case numbers of confidential, expunged, or sealed records

NOTE: Filers should also exercise caution when filing documents that include medical records, employment history, financial records, proprietary information, or trade secrets.

Examples of Sources Regarding Confidentiality

- Missouri Statutes: <https://revisor.mo.gov/main/Home.aspx>
 - 509.520, RSMo – Certain court pleadings
 - 595.226, RSMo – Information that could be used to identify or locate any chapter 566, domestic assault, or stalking victim
- Missouri Court Rules: <https://www.courts.mo.gov/page.jsp?id=46>
 - Rule 25.03(d) (e) and (f) – Information state may redact in discovery response
 - Rule 25.11(b) – Protective orders for redaction in criminal cases
- Missouri Court Operating Rule 2: <https://www.courts.mo.gov/page.jsp?id=1028>
- MoBar Resource Center https://mobar.org/site/Lawyer_Resources/Remote_Public_Access_Redaction_Center/site/content/Lawyer-Resources/Remote_Public_Access_Redaction_Center.aspx?hkey=a8b7149b-5b65-4fe3-bf7f-a725204a8364
- Missouri State Regulations: <https://www.sos.mo.gov/adrules/csr/csr>
- Federal Statutes: <https://www.govinfo.gov/app/collection/uscode>
- Federal Regulations: <https://www.ecfr.gov/>
- Federal Court Rules: <https://www.uscourts.gov/rules-policies/current-rules-practice-procedure>

DISCLAIMER: These examples are for illustration only and are not a comprehensive list. There is no exhaustive list of all information that may be confidential under state or federal law. For help, you may want to consult with an attorney.

**INSTRUCTIONS FOR COMPLETING AN ONLINE PETITION FOR AN
ADULT ORDER OF PROTECTION CASE FILED IN THE FAMILY
COURT OF ST. CHARLES COUNTY**

1. There are no filing fees or costs assessed for filing a petition or if the court issues an Order of Protection.
2. You are the “petitioner”. Whenever information referring to the “petitioner” is requested, it refers to you. Whenever information referring to the “respondent” is requested, it refers to the person the Order of Protection is being filed against.
3. These forms you are completing are called the “petition” and all questions must be answered as fully as possible by tabbing through each field. If the question does not apply to you, please answer with one of the following: None; No; or Not Applicable (N/A), whichever is appropriate.
4. On the Confidential Case Filing Information Sheet please provide your complete name and address, which includes the city, state, and zip code. Also provide your sex, date of birth and your social security number. Please provide the same complete information for the respondent (or as much as you know) by tabbing through the document.
5. By tabbing through the form, all blanks should be completed and all boxes that apply should be checked.
6. Section B contains the types of “domestic violence” or “stalking” that can occur. Please check all boxes that apply to your situation and include dates of abuse/stalking for each box selected. In your description, be specific as to what occurred. THIS ANSWER IS VERY IMPORTANT, IT MAY BE USED TO DETERMINE WHETHER OR NOT A TEMPORARY ORDER WILL BE ISSUED. ***There is additional space to respond to section B on the next page of the petition.***
7. Review the remainder of the questions. If they apply to your situation, please answer the questions as fully as possible. If they do not apply, please answer: No; None; or Not Applicable (N/A), whichever is appropriate.
8. Section C contains the “request” section of your petition. Indicate everything that you are requesting the judge to order. If you do not mark a request, that request cannot be considered by the judge, now or at the hearing.
9. To sign your petition electronically, you must use the following format on the signature line :
/s/ First Name Last Name (e.g., /s/ Jane Doe)
10. **Upon completion during normal business hours of Monday – Friday, 8:00 a.m. to 5:00 p.m.** (1) Print all forms and submit them in person to the St. Charles County Adult Abuse Office; **OR** (2) Submit your petition online using the online submission form on the website, <https://stccountycourts.com/orders-of-protection> *Abuse Office does not accept email or in person filings for orders of protection after 4:00 p.m. during weekdays).*
11. If you have special needs addressed by the American With Disabilities Act, please notify the Circuit Clerk’s Office at (636) 949-3060, FAX (636) 949-1886, e-mail at schex-parte@courts.mo.gov, or through Relay Missouri by dialing 711 or 800-735-2966, at least three business days in advance of the court proceeding.



Petition for a Court Order of Protection - Adult

SAINT CHARLES County, Missouri Circuit Court
(County where court is located. City of Saint Louis is considered a county.)

Use this form to ask for a court Order of Protection against someone who committed an act of domestic violence, stalking, or sexual assault against you. Domestic violence includes abuse, abuse of a pet, assault, battery, coercion, harassment, stalking, sexual assault, or holding you against your will. Learn more: <https://www.courts.mo.gov/page.jsp?id=533>

Case Number: _____
(Will be assigned by the court when case is filed)

(Your Name)
Petitioner,

You are the **Petitioner**. The Petitioner is the person who starts a court case.

And

Respondent.

The **Respondent** is the person you need protection from.

This petition is being filed in the county where (check all that apply):

- ☐ I live.
☐ the domestic violence, stalking, or sexual assault happened.
☐ Respondent may be served with this petition.

A. Information about the people involved in this case

Information about you.



The person you need protection from will get a copy of this form.

Your Age: _____ If you are under 17, are you emancipated (no longer under the control, support, and responsibility of a parent or guardian)? ☐ Yes ☐ No

What is your relationship to the person you need protection from? Check the most appropriate.

- ☐ We are married. ☐ We were married. ☐ We have a child together.
☐ We live together. ☐ We used to live together.
☐ We are in a romantic relationship. ☐ We were in a romantic relationship.
☐ We are related by blood or marriage. Describe: _____
☐ Respondent is stalking me or abused me sexually. Describe the connection with Respondent (example: coworker, neighbor, stranger): _____

My home is: (check all that apply)

☐ owned ☐ rented

By: ☐ Me ☐ Respondent ☐ Other (name) _____.

☐ Respondent has no property interest in my home.

Information about the person you need protection from. The court and law enforcement will use this section to try to find Respondent. Fill in as much information as you can.

Other names Respondent is known by (list all): _____

Age: _____ Respondent is ☐ at least 17 years of age or emancipated (no longer under the control, support, and responsibility of a parent or guardian) ☐ under 17.

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Sex: ☐ Male ☐ Female Height: _____ Weight: _____

Hair (Select one): ☐ Blond ☐ Black ☐ Blue ☐ Brown ☐ Green ☐ Grey ☐ Orange ☐ Pink
☐ Purple ☐ Red ☐ Sandy ☐ Unknown or Completely Bald ☐ White

Eyes (Select one): ☐ Black ☐ Blue ☐ Brown ☐ Dichromatic ☐ Green ☐ Grey ☐ Hazel
☐ Multicolored ☐ Maroon ☐ Pink ☐ Unknown

Identifying marks (Examples: tattoos, birthmarks, braces, scars, mustache, beard, pierced ear, glasses):

Home address: _____

City: _____ County: _____

Phone number: _____

Work name: _____

Work address: _____

Work phone: _____ Work hours: _____

Other places law enforcement may find Respondent to serve the paperwork:

Does Respondent have social media accounts such as Facebook, Snapchat, TikTok, Instagram, etc.? ☐ Yes ☐ No If yes, list the account(s) and user name(s): _____

Does Respondent carry a weapon or firearm? ☐ Yes ☐ No

If Yes, list the weapon(s) or firearm(s): _____

Is Respondent on Probation or Parole? ☐ Yes ☐ No

If Yes, name of Probation or Parole Officer: _____

Is Respondent currently in jail? ☐ Yes ☐ No

What type of vehicle(s) does Respondent drive? (Include vehicle make, model, year, color, license plate number)

B. Explain what happened

Check all boxes that apply. List all dates and locations for each box selected. If the exact date(s) or location(s) is not known, list the approximate date(s) and describe the location(s) the best you can. You will be asked to provide details of what happened below.

Respondent knowingly and intentionally:

☐ caused or attempted to cause me physical harm.

Date(s): _____

Location(s): _____

☐ placed or attempted to place me in fear of immediate physical harm.

Date(s): _____

Location(s): _____

☐ coerced me. Respondent threatened me or forced me to do something I did not want to do.

Date(s): _____

Location(s): _____

☐ stalked me. Two or more times Respondent followed me, watched me, threatened me, communicated with me, or caused somebody to do those things to me. It caused me to be in fear of physical harm.

Dates: _____

Locations: _____

☐ harassed me. More than one time, Respondent caused substantial emotional distress to me by following me, looking in the window, lingering outside the residence, or doing something else to distress me.

Dates: _____

Locations: _____

☐ sexually assaulted me. Respondent used force, threat of force, or duress to make me perform a sexual act against my will.

Date(s): _____

Location(s): _____

☐ unlawfully imprisoned me. Respondent refused to let me leave when I wanted to leave.

Date(s): _____

Location(s): _____

☐ followed me from place to place.

Date(s): _____

Location(s): _____

☐ abused my pet(s).

Date(s): _____

Location(s): _____

☐ threatened to do any of the above.

Date(s): _____

Location(s): _____

This is what happened (include specific details):

Attach additional pages, if needed.

- ☐ I am afraid of Respondent.
- ☐ There is an immediate and present danger of domestic violence to me.
- ☐ There are other good reasons for an emergency temporary order of protection because:

☐ I have photographs, text messages, phone messages, or other evidence of my abuse.

C. I request the court

Issue an emergency temporary order of protection (Ex Parte Order of Protection) restraining Respondent from acts of domestic violence against me. I am also requesting the court to issue a Full Order of Protection against the Respondent after a hearing on this petition to protect me from acts of domestic violence for a longer period of time as determined by the court.

Use this section to ask the court for what you want in the case. **Check all that apply.**

1. I want the court to order Respondent NOT to:

- ☐ commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace wherever I am.
- ☐ abuse or threaten to abuse my pet(s).
- ☐ enter the home where I am living.
- ☐ enter my school, located at _____.
- ☐ enter my place of work, located at _____.
- ☐ come within _____ (feet) of me.
- ☐ communicate with me by phone, email, text, social media, or in any other way.
- ☐ other:



Normally, a full order of protection is valid for at least 180 days and not more than one year. If the judge finds that Respondent poses a serious danger, the judge can issue a protective order that is valid for at least two years and not more than ten years. Complete the section below only if you want the judge to find that Respondent poses serious danger.

2. Serious Danger – I want the court to

- ☐ issue a protection order that is valid for at least two years and not more than ten years because Respondent poses a serious danger to my physical or mental health or to a minor household member's physical or mental health.

Respondent has a history of:

- ☐ inflicting or causing physical harm, bodily injury, or assault.
- ☐ stalking or causing fear of physical harm, bodily injury or assault on me or a minor in my household.

Respondent has:

- ☐ a criminal record.
- ☐ prior full orders of adult or child protection issued against him/her.
- ☐ been found guilty of a dangerous felony under Missouri law.
- ☐ violated a term of probation or parole intended to protect me or a minor in my household.

- ☐ violated a term of a prior full or temporary (ex parte) order of protection intended to protect me or a minor in my household.

Provide details for all boxes checked above:

3. ☐ **Award custody or visitation of a minor child(ren) I have with Respondent.**

You may ask the court to order temporary custody if custody has not been decided in another case. Temporary custody is an order of the court awarding custody or visitation of the child(ren) to a person for a limited period of time. Complete the information below only if you want the court to award custody or visitation.



The court cannot change custody if a prior order regarding custody is pending or has been made. If you are not sure, you may want to talk with a lawyer.

Child One

- ☐ **I have provided the name and age of Child One on the Order of Protection Redacted Information Filing Sheet.**

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Two

☐ I have provided the name and age of Child Two on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Three

☐ I have provided the name and age of Child Three on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Four

☐ I have provided the name and age of Child Four on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Five

- ☐ I have provided the name and age of Child Five on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

- ☐ I have additional children.

Attach Exhibit A to this form listing additional children.

4. Order Respondent to pay child support, maintenance, other support, court fees, or for injuries I received.

Child support is money paid by one parent to the other parent or guardian for the financial support of a child. Child support may be ordered by a court or child support enforcement agency.

Maintenance is money paid by one spouse to the other spouse for financial support.

☐ I ask Respondent to pay \$ _____ in **child support** to me every ☐ week ☐ month.

☐ I ask Respondent to pay \$ _____ in **maintenance** to me every ☐ week ☐ month.

☐ I ask Respondent to pay \$ _____ to me for **rent or mortgage payments**
☐ per week ☐ per month on the home that I live in.

☐ I ask Respondent to pay \$ _____ to me for **reasonable housing or other services provided to me by a shelter for victims of domestic violence** ☐ per week ☐ per month.

☐ I ask Respondent to pay \$ _____ to me for **medical treatment that resulted from injuries caused to me by Respondent.**

☐ I ask Respondent to pay **court costs.**

☐ I ask Respondent to pay **attorney fees.**

5. ☐ Order temporary possession of personal property to me.

Personal property is property other than land you own. Examples of personal property are automobiles, checkbooks, keys, furniture, Xbox, jewelry, etc.

List items:

☐ Prohibit Respondent from transferring or disposing of property owned together with me.

List items:

6. ☐ **Order Respondent to participate in a:**

☐ court-approved counseling program designed to help stop violent behavior.

☐ substance abuse treatment program.

7. **Other**

☐ Order the full order of protection to automatically renew unless Respondent asks for a hearing at least 30 days before the order expires.

☐ Order Respondent to give me my wireless telephone number(s) and billing responsibilities. I have completed the Wireless Telephone Number Transfer Addendum form.
<https://www.courts.mo.gov/file.jsp?id=105013>

☐ Award possession and care of my pet(s) to me and order Respondent to pay for medical costs that resulted from abuse of the pet(s).

☐ Order my residential address on my voter's registration record to be closed to the public.

☐ Other: _____.

D. Signatures

I swear or affirm under penalty of perjury the facts are true according to my best knowledge and belief. **I understand that a copy of my petition will be served upon Respondent.**

☐ I certify no confidential information is included on this document.

Sign

Date

Attorney Signature (if applicable)

Date

Attorney's name, bar number

Attorney's address, telephone number



Petition for a Court Order of Protection – Adult Exhibit A

Additional Children:

☐ I am asking the court to award custody of Child Six.

Child Six

☐ I have provided the name and age of Child Six on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

☐ I am asking the court to award custody of Child Seven.

Child Seven

☐ I have provided the name and age of Child Seven on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

☐ I am asking the court to award custody of Child Eight.

Child Eight

☐ I have provided the name and age of Child Eight on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

☐ I am asking the court to award custody of Child Nine.

Child Nine

☐ I have provided the name and age of Child Nine on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

☐ I am asking the court to award custody of Child Ten.

Child Ten

☐ I have provided the name and age of Child Ten on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Confidential Case Filing Information Sheet

Domestic Relations Cases – Adult Abuse/Stalking

Required at Time of Filing Petition

NOTICE TO LAW ENFORCEMENT: This is a confidential form and shall be used only to validate the electronic transfer of the case into the Missouri Uniform Law Enforcement System (MULES).

DO NOT SERVE THIS FORM TO THE RESPONDENT.

Filing Date: _____ County/City of St. Louis: SAINT CHARLES

Case Type: ☐ Adult Abuse without Stalking ☐ Adult Abuse/Stalking
☐ Registration of Foreign Protection Order

Petitioner/Protected Person Information:

Party Type Code and Description: (Select one)

☐ **PETP** Party Type Description: Petitioner Acting Pro Se (with no attorney)

☐ **PET** Party Type Description: Petitioner (with attorney)

Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Address: _____

City: _____ State: _____ Zip: _____

☐ **Revealing my home address or where I live will put me in danger.**



If revealing your home address or where you live puts you in danger, check the box above to have your address marked as confidential.

Contact Telephone Number: _____

Email Address: _____

Temporary and/or Mailing Address (if different from above):

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: Petitioner

Race & Ethnicity is self-identified.

Respondent Information:

Party Type Code and Description: (Select one)

☐ **RESP** Party Type Description: Respondent Acting Pro Se (with no attorney)☐ **RES** Party Type Description: Respondent (with attorney)Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ UnknownRace & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement ☐ Jail
☐ Department of Corrections/Probation and Parole ☐ Another State Agency
☐ Driver's License ☐ UnknownRace & Ethnicity is observed/perceived by the Petitioner.

The following information regarding children is required. Complete this section for any child subject to the action of this case.

Children:**Child 1 Name:** _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____**Child 2 Name:** _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____**Child 3 Name:** _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Child 4 Name: _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____**Child 5 Name:** _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____☐ Check if more than five children and attach additional sheet.

Instructions to Filer

✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: If known, the **full** Social Security Number (SSN) is **required** pursuant to section 509.520, RSMo. This is a confidential document due to the SSN and possible confidential addresses. This information is used to open a case in the courts case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Submitted by: _____

If submitted by an attorney, complete the following:

Bar ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

***IMPORTANT:** It is the parties' responsibility to keep the court informed of any change of address or employment.*

Instructions to Clerk

This copy of this form shall be sent to law enforcement to enter the case into MULES. This document must be saved in the case management system with a document security level of 6 making this a sealed document.

****FOR COURT USE ONLY****

Confidential Case Filing Information Sheet – Addendum Domestic Relations Cases – Child Protection

Required at Time of Filing Petition

NOTICE TO LAW ENFORCEMENT: This is a confidential form and shall be used only to enter the case into the Missouri Uniform Law Enforcement System (MULES).

DO NOT SERVE THIS FORM TO THE RESPONDENT.

Additional Children Needing Protection

Protected Child 6

Party Type Code: CH6 Party Type Description: Child 6

Name: (Last) _____ (First) _____

(Middle) _____ (Suffix) _____

Address (if different than Petitioner address): _____

☐ **This is a confidential address.**

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Protected Child 7

Party Type Code: CH7 Party Type Description: Child 7

Name: (Last) _____ (First) _____

(Middle) _____ (Suffix) _____

Address (if different than Petitioner address): _____

☐ **This is a confidential address.**

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Protected Child 8

Party Type Code: CH8 Party Type Description: Child 8

Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Address (if different than Petitioner address): _____

☐ **This is a confidential address.**

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Protected Child 9

Party Type Code: CH9 Party Type Description: Child 9

Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Address (if different than Petitioner address): _____

☐ **This is a confidential address.**

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Protected Child 10Party Type Code: CH10 Party Type Description: Child 10Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Address (if different than Petitioner address): _____

☐ **This is a confidential address.**Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ UnknownRace & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Note to Petitioner:

Please complete all known information on this sheet. It will assist the officer in making service of your order.

Relationship of Petitioner to Respondent _____

Petitioner Information

Name _____

Address _____

Your Contact number(s) _____ / _____

Respondent Information

Name _____ (Jr/Sr)

Known Address(es) _____

Contact number(s) _____ / _____

Age _____ Weight _____ Height _____

Place of employment _____

Address of employment _____

Division/Dept _____ Work Days & Time _____

Type of Vehicle _____ Color _____

License Plate # _____ Additional Vehicle Info _____

Officer warnings:

History of violence/arrest _____ Owns Firearms: _____ alcohol/drug abuse: _____

CONFIDENTIAL INFORMATION – LAW ENFORCEMENT USE ONLY

IN THE FAMILY COURT OF ST. CHARLES COUNTY, MISSOURI

PETITIONER _____

DATE _____

DAY _____ NIGHT _____
PETITIONER'S TELEPHONE NUMBERS _____

CASE NUMBER _____

RESPONDENT _____

DIVISION _____

Indicate to the right, petitioner's mailing address and telephone number(s). Only to be completed if disclosure would not endanger child or household member. (This information is needed when a notice of proceeding is to be sent to petitioner).

PETITIONER'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

SERVICE INFORMATION FOR ADULT ABUSE/CHILD PROTECTION CASE FOR A RESPONDENT UNDER THE AGE OF 17

I. PLEASE CHECK THE ADDRESS WHERE THE RESPONDENT MAY MOST LIKELY BE SERVED

PARENT(S)/GUARDIAN(S) NAME _____ (Serve on behalf of respondent)

☐ PARENT(S)/GUARDIAN(S) WORK ADDRESS

☐ PARENT(S)/GUARDIAN(S) RESIDING ADDRESS

COMPANY NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

COUNTY _____

PHONE NUMBER _____

NATURE OF WORK: _____ WORK HOURS: _____ WORK PHONE: _____

II. PARENT(S)/GUARDIAN(S) NAME AND DESCRIPTION (Attach Photo If Available)

NAME _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ DATE OF BIRTH _____

RACE _____ SKIN COMPLEXION _____ HAIR LENGTH/STYLE _____

VISIBLE IDENTIFYING MARKS (tattoos, birthmarks, braces, beard, pierced ear, etc.) _____

NICKNAMES _____

MAKE OF CAR _____ MODEL _____ YEAR _____ COLOR _____ LICENSE # _____

Now save this packet on your computer and then go back to the Court's website at <https://stccountycourts.com/order-of-protection>, complete the submission form and attach the file(s) you just saved.



TRACK THIS CASE

Email & Text Notification Service

Sign up for **automatic** notifications, **reminders** and **alerts** about scheduled **events** and future **payments** due by following the provided steps.



Get Started Using Track This Case by Following the Steps Below!

1. Go to Missouri Case.net

<https://www.courts.mo.gov/casenet>

2. Enter case number or litigant name

3. Click “Track This Case” for desired cases

4. Provide your email address and mobile phone number (optional)

5. Enter special characters in verification box

6. Click “Track This Case”

QUESTIONS?

Contact the OSCA Help Desk at
(888) 541-4894, or email
OSCA.Help.Desk@courts.mo.gov

www.courts.mo.gov

DISCLAIMER: TRACK THIS CASE NOTIFICATIONS ARE NOT CONSIDERED OFFICIAL COURT NOTICES