

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 4:30 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 - Child

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 on behalf of a child (person under 17 years of age unless otherwise emancipated) who has been a victim of domestic violence, stalking, or sexual assault. The Petitioner must be a parent, guardian, guardian ad litem, a court appointed special advocate, or a juvenile officer. Learn more: <https://www.courts.mo.gov/page.jsp?id=383>. If you have more than five children, complete the Petition for a Court Order of Protection-Child – Addendum. **Do not include the name of each child on this form. Include the name(s) on the Confidential Redacted Information Filing Sheet.**

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.

I am the

- ☐ parent or guardian of the child(ren).
☐ guardian ad litem for the child(ren).
☐ court appointed special advocate for the child(ren).
☐ juvenile officer.

Children needing protection:

Protected Child One Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Two Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Three Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Four Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Five Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

- ☐ I have more than five children needing protection. See Addendum for information on additional children.

And

Respondent.

The **Respondent** is the person the child(ren) need(s) protection from.

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

- ☐ the child(ren) 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 the protected child(ren).



The person the child(ren) need(s) protection from will get a copy of this form.

Child One's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
- ☐ is the child's step-parent or former step-parent.
- ☐ lives with the child.
- ☐ used to live with the child.
- ☐ has stalked the child.
- ☐ has sexually assaulted the child.
- ☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other
- by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

Child Two's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
- ☐ is the child's step-parent or former step-parent.
- ☐ lives with the child.
- ☐ used to live with the child.
- ☐ has stalked the child.
- ☐ has sexually assaulted the child.
- ☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other
- by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

Child Three's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
☐ is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child.
☐ has stalked the child.
☐ has sexually assaulted the child.
☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other

by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

Child Four's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
☐ is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child.
☐ has stalked the child.
☐ has sexually assaulted the child.
☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other

by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

Child Five's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
☐ is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child.
☐ has stalked the child.
☐ has sexually assaulted the child.
☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other

by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

☐ See Addendum for information on additional children's relation to Respondent.

Information about the person the child(ren) 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: _____ Is ☐ at least 17 years of age or emancipated ☐ under 17. (Emancipated means no longer under the control, support, and responsibility of a parent or guardian.)

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) and location(s) is not known, list the approximate date(s) and describe the location(s) the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below.

Respondent knowingly and intentionally:

☐ caused or attempted to cause physical harm to the child(ren).

☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five

Date(s): _____

Location(s): _____

☐ placed or attempted to place the child(ren) in fear of immediate physical harm.

☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five

Date(s): _____

Location(s): _____

☐ coerced the child(ren). Respondent threatened or forced the child(ren) to do something the child(ren) did not want to do.

☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five

Date(s): _____

Location(s): _____

- ☐ stalked the child(ren). Two or more times Respondent followed the child(ren), watched the child(ren), threatened the child(ren), communicated with the child(ren), or caused somebody to do those things to the child(ren). It caused the child(ren) to be in fear of physical harm.
- ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five
- Dates: _____
- Locations: _____
- ☐ harassed the child(ren). More than one time, Respondent caused substantial emotional distress to the child(ren) by following the child(ren), looking in the window, lingering outside the residence, or doing something else to distress the child(ren).
- ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five
- Dates: _____
- Locations: _____
- ☐ sexually assaulted the child(ren). Respondent used force, threat of force, or duress to make the child(ren) perform a sexual act against the child(ren)'s will.
- ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five
- Date(s): _____
- Location(s): _____
- ☐ unlawfully imprisoned the child(ren). Respondent refused to let the child(ren) leave when the child(ren) wanted to leave.
- ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five
- Date(s): _____
- Location(s): _____
- ☐ followed the child(ren) from place to place.
- ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five
- Date(s): _____
- Location(s): _____
- ☐ abused the child(ren)'s pet(s).
- ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five
- Date(s): _____
- Location(s): _____
- ☐ threatened to do any of the above.
- ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five
- Date(s): _____
- Location(s): _____

☐ See Addendum for information on what happened to additional children needing protection from Respondent.

This is what happened (include specific details):



Do not include the name of any child in the details. Use “the child”, “the children”, “Child One”, “Child Two”, etc. or the child’s initials.

An immediate and present danger of domestic violence, stalking, or sexual assault to the child(ren) exists because (describe):



Do not include the name of any child. Use “the child”, “the children”, “Child One”, “Child Two”, etc. or the child’s initials.

☐ I have photographs, text messages, phone messages, or other evidence of the 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, stalking, and sexual assault against the protected child(ren). I am also requesting the court to issue a Full Order of Protection against Respondent after a hearing on this petition to protect the child(ren) from acts of domestic violence, stalking, and sexual assault 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 boxes 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 of the protected child(ren).
- ☐ abuse or threaten to abuse the protected child(ren)’s pet(s).
- ☐ enter the family home of the protected child(ren), located at _____.
- ☐ enter the school(s) of the protected child(ren), located at _____.
- ☐ enter the place of work of the protected child(ren), located at _____.

- ☐ come within _____ (feet) of the protected child(ren).
- ☐ communicate with the protected child(ren) by phone, email, text, social media, or in any other way.
- ☐ have any contact with the protected child(ren) except as specifically authorized by the court order.
- ☐ other:

☐ I am requesting the Ex Parte Order of Protection exclude Respondent from the family home of the protected child(ren) because:

- It is in the best interest of the child(ren) to remain in the home;
- A substantial risk to the child(ren) exists unless Respondent is excluded; and
- A remaining adult family or household member is able to care adequately for the child(ren) in the absence of Respondent.

2. ☐ **Award custody and visitation of the protected child(ren).**



The court cannot change custody if a prior order regarding custody is pending or has been made.

Who should receive custody of each child?

<u>Child</u>	<u>Person to Receive Custody</u>	<u>Relationship to Parties</u>	<u>Temporary</u>	<u>Full</u>
Child One	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Child Two	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Child Three	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Child Four	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Child Five	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

☐ See Addendum requesting custody and visitation for additional children.

Is there court case for custody for the child(ren) identified above?

☐ No ☐ Yes

If yes, select which child(ren) and enter the case number(s):

☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five

Case number(s):

☐ Award visitation with the child(ren) as follows:

3. 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 to the residence occupied by the protected child(ren)** ☐ per week ☐ per month.

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

☐ I ask Respondent to pay \$ _____ to me for **medical treatment or services provided to the protected child(ren) as a result of injuries sustained by an act of domestic violence committed by Respondent.**

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

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

4. ☐ Order Respondent to participate in a:

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

☐ substance abuse treatment program.

5. 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 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 the child(ren)'s 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 (specify):

D. Signatures

I swear or affirm under penalty of perjury that 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

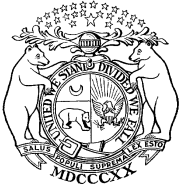
Date

Attorney Signature (if applicable)

Date

Attorney's name, bar number

Attorney's address, telephone number



Petition for a Court Order of Protection – Child – Addendum

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

Use this form to provide information on additional children for a court order of protection. **Do not include the name of each child on this form. Include the name(s) on the Confidential Redacted Information Filing Sheet.**

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

Children needing protection:

Protected Child Six Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Seven Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Eight Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Nine Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Protected Child Ten Initials Only: _____

Age: _____ Sex: ☐ F ☐ M

Information about the protected children.



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

Child Six's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
- ☐ is the child's step-parent or former step-parent.
- ☐ lives with the child.
- ☐ used to live with the child.
- ☐ has stalked the child.
- ☐ has sexually assaulted the child.
- ☐ other: _____.

The family home of the child is: (check the boxes that apply)

☐ owned ☐ rented ☐ other

by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

Child Seven's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
☐ is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child.
☐ has stalked the child.
☐ has sexually assaulted the child.
☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other

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

Child Eight's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
☐ is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child.
☐ has stalked the child.
☐ has sexually assaulted the child.
☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other

by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

Child Nine's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
☐ is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child.
☐ has stalked the child.
☐ has sexually assaulted the child.
☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other

by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.

Child Ten's Relation to Respondent

Respondent (check all that apply):

- ☐ is the child's parent.
☐ is the child's step-parent or former step-parent.
☐ lives with the child.
☐ used to live with the child.
☐ has stalked the child.
☐ has sexually assaulted the child.
☐ other: _____.

The family home of the child is: (check the boxes that apply)

- ☐ owned ☐ rented ☐ other
by: ☐ Respondent ☐ Petitioner ☐ Other (name) _____.
-

Respondent knowingly and intentionally:

- ☐ caused or attempted to cause physical harm to the child(ren):
☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten
Date(s): _____
Location(s): _____

- ☐ placed or attempted to place the child(ren) in fear of immediate physical harm:
☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten
Date(s): _____
Location(s): _____

- ☐ coerced the child(ren). Respondent threatened or forced the child(ren) to do something the child(ren) did not want to do.
☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten
Date(s): _____
Location(s): _____

- ☐ stalked the child(ren). Two or more times Respondent followed the child(ren), watched the child(ren), threatened the child(ren), communicated with the child(ren), or caused somebody to do those things to the child(ren). It caused the child(ren) to be in fear of physical harm.
☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten
Dates: _____
Locations: _____

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

☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten

Dates: _____

Locations: _____

☐ sexually assaulted the child(ren). Respondent used force, threat of force, or duress to make the child(ren) perform a sexual act against the child(ren)'s will.

☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten

Date(s): _____

Location(s): _____

☐ unlawfully imprisoned the child(ren). Respondent refused to let the child(ren) leave when the child(ren) wanted to leave.

☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten

Date(s): _____

Location(s): _____

☐ followed the child(ren) from place to place.

☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten

Date(s): _____

Location(s): _____

☐ abused the child(ren)'s pet(s).

☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten

Date(s): _____

Location(s): _____

☐ threatened to do any of the above.

☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten

Date(s): _____

Location(s): _____

This is what happened (include specific details):



Do not include the name of any child in the details. Use “the child”, “the children”, “Child Six”, “Child Seven”, etc. or the child’s initials.

An immediate and present danger of domestic violence, stalking, or sexual assault to the child(ren) exists because (describe):



Do not include the name of any child. Use “the child”, “the children”, “Child Six”, “Child Seven”, etc. or the child’s initials.

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

☐ **I request the court award custody and visitation of the protected children.**



The court cannot change custody if a prior order regarding custody is pending or has been made.

Who should receive custody of each child?

<u>Child</u>	<u>Person to Receive Custody</u>	<u>Relationship to Parties</u>	<u>Temporary</u>	<u>Full</u>
Child Six	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Seven	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Eight	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Nine	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Ten	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a court case for custody for the child(ren) identified above?

☐ No ☐ Yes

If yes, select which child(ren) and enter the case number(s):

☐ Child Six ☐ Child Seven ☐ Child Eight ☐ Child Nine ☐ Child Ten

Case number(s):

☐ Award visitation with the children as follows:



Confidential Case Filing Information Sheet

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.

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

Case Type: ☐ Child Protection Order ☐ 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 current address or where I live may put the protected children in danger.**



If revealing your current address or where you live puts the protected children 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 ☐ Unknown

Race & Ethnicity is observed/perceived.

The following information regarding the protected child(ren) is required. Complete this section for any child subject to the action of this case. If revealing the protected child's current address or place of residence will put the child in danger, check the box under the address for each child to indicate the address is confidential.

Protected Child(ren) Information:**Protected Child 1**Party Type Code: CHLD Party Type Description: ChildName: (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 2

Party Type Code: CH2 Party Type Description: Child 2

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 3

Party Type Code: CH3 Party Type Description: Child 3

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 4Party Type Code: CH4 Party Type Description: Child 4Name: (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.

Protected Child 5Party Type Code: CH5 Party Type Description: Child 5Name: (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.

☐ Check if more than five children and complete Addendum.

Instructions to Filer

- ✓ Complete this form for all parties known at the time of filing.
- ✓ 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.



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