IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Motion for Renewal of Full Order of Child Protection

Use this form when six to ten children are involved with this case. Use CP25 for one child and CP27 for two to five children.

Judge or Division:

Case Number:

Court ORI Number:

MSHP Number:

Responsible Law Enforcement ORI:

Related Cases:

Petitioner:

Protected Child 1:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 2:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 3:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 4:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 5:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 6:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 7:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 8:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 9:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

Protected Child 10:
Age of Protected Child:
Sex: ☐ F ☐ M Race:

vs.

Respondent:

Alias/Nicknames:

Respondent's DOB:
SSN (if known, last four digits):

Respondent's Home Address:

Home Phone Number:

(Date File Stamp)

Respondent's Work Address:

Work Phone Number:
Work Hours:

Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:

Protected Child's Relationship to Respondent (Child 1):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 2):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 3):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 4):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 5):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 6):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 7):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 8):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 9):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

Protected Child's Relationship to Respondent (Child 10):
☐ Child ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify) _____

The ☐ Party ☐ 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 expiration of the full order will place the protected child(ren) in an immediate and present danger of domestic violence or stalking.

☐ The circumstances forming the basis for the initial order continue to exist.

☐ The following incidents of domestic violence or stalking have occurred since the date the petition was filed:

☐ Other reasons:

Pursuant to section 455.516, RSMo, the ☐ Party ☐ 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	Attorney's Name, Missouri Bar No., if Applicable
Address (Optional)	Address
City, State and Zip	City, State and Zip
Telephone	Telephone

Case Number (For Court Use Only) _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – DOMESTIC RELATIONS CASES

Required at Case Initiation and with Responsive Filings

INSTRUCTIONS:

✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)

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

NOTE: The **full** Social Security Number (SSN) is ***required*** pursuant to Section 509.520 RSMo if the party is a person.

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

Style of Case: _____
(i.e. Petitioner v. Respondent)

Case Type Code: _____ Case Type Description: _____

Petitioner/Plaintiff Information:

Party Type Code: _____ Party Type Description: _____

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

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Respondent/Defendant Information:

Party Type Code: _____ Party Type Description: _____

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

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Case Number (For Court Use Only) _____

Employer Information

Petitioner/Plaintiff Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Respondent/Defendant Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

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

*MACSS – Missouri Automated Child Support System

Children:

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

☐ Check if more than ten children and attach additional sheet

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown on previous page): _____

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

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.

BOONE COUNTY CIRCUIT CLERK

Christy Blakemore
705 East Walnut
Columbia, Mo. 65201
(573) 886-4000
Fax No. (573) 886-4044

Case No. _____

Sheriff's Service Instructions

Please complete the following information to assist the Sheriff's Department in serving a copy of the completed petition and the ex parte order of protection on the respondent. Please provide as much information as possible.

Your Name _____ Home Telephone _____

Hours you can be reached at home _____

Work Telephone _____. Hours you can be reached at work _____

Respondent's Name: _____

Respondent's place of residence and directions to residence if outside of city limits:

_____

_____

_____

Respondent's place of employment and directions if employed outside of city limits:

_____

_____

_____

Hours respondent can be served at work _____

List any other place respondent may be found (friend's house, parent's house, etc.):

_____

_____

_____

BEFORE THIS ORDER BECOMES EFFECTIVE, IT MUST BE APPROVED BY THE JUDGE.

DESCRIPTION OF RESPONDENT

Height _____ Weight _____ Hair Color _____ Hair Length _____

Other Descriptions:

_____

Make, model, color and license number of vehicle respondent drives: _____

_____

ATTACH PHOTO IF AVAILABLE

IN THE 13th JUDICIAL CIRCUIT COURT BOONE COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number: MO010033J
Petitioner:	MSHP Number:
SSN:	Responsible Law Enforcement ORI: MO0100000
Protected Child: SSN: DOB/Age:	Related Cases:

(Date File Stamp)

Child Protection
Petitioner and Protected Child Information
(Confidential Record)

Petitioner has indicated that disclosure of his/her or the protected child's current address or place of residence may endanger the child. This information must be maintained as *Confidential* and is for *Court Use Only*.

Protected Child's Permanent Address: _____

_____

_____

Daytime Phone Number: _____

Evening Phone Number: _____

Petitioner's Permanent Address (if different from above):

_____

_____

_____

Daytime Phone Number: _____

Evening Phone Number: _____

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

_____

_____

_____

Daytime Phone Number: _____

Evening Phone Number: _____

Instructions to Clerk

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.