



## OFFICE OF THE CIRCUIT CLERK

Thirteenth Judicial Circuit Court  
Boone County Courthouse  
705 E. Walnut St.  
Columbia, Missouri 65201

Christy Blakemore  
Circuit Clerk

Tel: (573) 886-4000  
Fax: (573) 886-4045

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### Important Information for Petitioner Requesting a Child Protection Order For 6-10 Protected Children

You have petitioned the court for a **Child Protection Order**. Upon completion of the required forms the paperwork will be processed immediately by the Office of the Circuit Clerk. You are required to provide accurate service instructions to obtain proper service of your child protection order.

When the hearing date (which is the court date at the bottom of the child protection order) arrives, you, as the petitioner, **MUST APPEAR IN COURT TO TESTIFY**. Even if the child protection order has not been served, you still must appear on the court date and tell the judge if you wish to proceed and, if so, you may be asked to provide further service instructions to the judge.

**If you do not receive your certified copy of the child protection order in the mail within five days of filing, please call the Office of the Circuit Clerk for your court date.**

#### PLEASE NOTE ON ALL CHILD PROTECTION ORDERS:

- the Confidential Information Sheet you completed will be submitted to the Guardian ad Litem appointed by the court to assist in their investigation;
- copies of your petition will be forwarded to the Juvenile Office;
- if you file a Request to Dismiss or Motion to Terminate, a court hearing is required by statute;
- if you fail to appear in court on the date of the hearing, the court may dismiss the action;
- Gretchen Yancey will be the appointed Guardian ad Litem on your case; you can contact her at (573) 514-4061.

Important telephone numbers to remember are: **Sheriff's Department** (573) 875-1111 and the **Office of the Circuit Clerk** (573) 886-4009. If you have questions about service on the respondent, please call the sheriff. If you have questions about your hearing or other matters concerning your petition for order of protection, please call the clerk.

## 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](http://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: \_\_\_\_\_

**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 \_\_\_\_\_ JUDICIAL CIRCUIT COURT \_\_\_\_\_, MISSOURI

Judge or Division:	Case Number:	(Date File Stamp)
	Court ORI Number:	
Petitioner:	MSHP Number:	
SSN:	Responsible Law Enforcement ORI:	
Protected Child:	Related Cases:	
SSN:		
DOB/Age:		

**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.**



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

**Petition for Order of Child Protection**

**Notice to Petitioner: Respondent will receive a copy of this petition with service.**

Use this form when six to ten children are involved with this case. Use CP40 for one child and CP42 for two to five children.

<p>Judge or Division:</p>	<p>Case Number:</p> <p>Court ORI Number:</p>
<p><b>Petitioner:</b></p> <p>Protected Child 1: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 2: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 3: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 4: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 5: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 6: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 7: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 8: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 9: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p> <p>Protected Child 10: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:</p>	<p>MSHP Number:</p> <p>Responsible Law Enforcement ORI:</p> <p>Related Cases: _____ (Date File Stamp)</p> <p><b>Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</b></p> <p>Protected Child's Relationship to Respondent (Child 1): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 2): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 3): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 3): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 5): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 6): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 7): <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) _____</p>
vs.	<p>Protected Child's Relationship to Respondent (Child 8): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 9): <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) _____</p> <p>Protected Child's Relationship to Respondent (Child 10): <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) _____</p>
<p><b>Respondent:</b></p> <p>Alias/Nicknames:</p> <p>Respondent's DOB: Age: SSN (if known, last four digits): Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Hair Color: Height: Eye Color: Weight: <i>(Identifying Information for use by Law Enforcement)</i></p> <p>Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):</p>	<p>Respondent's Home Address:</p> <p>Home Phone Number:</p> <p>Respondent's Work Address:</p> <p>Work Phone Number: Work Hours:</p> <p>Other Locations Where Respondent May Be Served:</p>

## I. PROTECTED CHILD INFORMATION

Complete questions 1 – 6 for each protected child.

### Protected Child 1:

1. I am Petitioner and the: (check appropriate boxes)
  - parent or guardian of the child.
  - guardian ad litem for the child.
  - court appointed special advocate for the child.
  - juvenile officer.
2. Respondent is:
  - a household member who is residing with the child.
  - a household member who resided with the child in the past.
  - an emancipated child who is residing with the child.
  - an emancipated child who resided with the child in the past.
  - stalking the child.
  - a household member under 17 who is residing with the child.
  - a household member under 17 who resided with the child.
  - a person under 17 stalking the child.
3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.
- 3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)
4. The family home of the child is: (check appropriate boxes)
  - owned  leased  rented
  - By:  Respondent  Petitioner  Other (name) \_\_\_\_\_
  - Occupied by: (include name only if different from above) \_\_\_\_\_
5. Respondent has knowingly and intentionally: (check at least one)
  - caused physical injury to the child.
  - stalked the child.
  - sexually abused the child.
  - inflicted emotional abuse on the child.by the following acts: (Include the most recent date(s) of the acts described.)
6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

### Protected Child 2:

1. I am Petitioner and the: (check appropriate boxes)
  - parent or guardian of the child.
  - guardian ad litem for the child.
  - court appointed special advocate for the child.
  - juvenile officer.
2. Respondent is:
  - a household member who is residing with the child.
  - a household member who resided with the child in the past.
  - an emancipated child who is residing with the child.
  - an emancipated child who resided with the child in the past.
  - stalking the child.
  - a household member under 17 who is residing with the child.
  - a household member under 17 who resided with the child.
  - a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

caused physical injury to the child.

stalked the child.

sexually abused the child.

inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

### Protected Child 3:

1. I am Petitioner and the: (check appropriate boxes)

parent or guardian of the child.

guardian ad litem for the child.

court appointed special advocate for the child.

juvenile officer.

2. Respondent is:

a household member who is residing with the child.

a household member who resided with the child in the past.

an emancipated child who is residing with the child.

an emancipated child who resided with the child in the past.

stalking the child.

a household member under 17 who is residing with the child.

a household member under 17 who resided with the child.

a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

caused physical injury to the child.

stalked the child.

sexually abused the child.

inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

**Protected Child 4:**

1. I am Petitioner and the: (check appropriate boxes)

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

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

- owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

- caused physical injury to the child.
- stalked the child.
- sexually abused the child.
- inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

**Protected Child 5:**

1. I am Petitioner and the: (check appropriate boxes)

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

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

- caused physical injury to the child.
- stalked the child.
- sexually abused the child.
- inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

#### Protected Child 6:

1. I am Petitioner and the: (check appropriate boxes)

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

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

- caused physical injury to the child.
- stalked the child.
- sexually abused the child.
- inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

**Protected Child 7:**

1. I am Petitioner and the: (check appropriate boxes)
  - parent or guardian of the child.
  - guardian ad litem for the child.
  - court appointed special advocate for the child.
  - juvenile officer.
2. Respondent is:
  - a household member who is residing with the child.
  - a household member who resided with the child in the past.
  - an emancipated child who is residing with the child.
  - an emancipated child who resided with the child in the past.
  - stalking the child.
  - a household member under 17 who is residing with the child.
  - a household member under 17 who resided with the child.
  - a person under 17 stalking the child.
3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.
- 3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)
4. The family home of the child is: (check appropriate boxes)
  - owned  leased  rentedBy:  Respondent  Petitioner  Other (name) \_\_\_\_\_  
Occupied by: (include name only if different from above) \_\_\_\_\_
5. Respondent has knowingly and intentionally: (check at least one)
  - caused physical injury to the child.
  - stalked the child.
  - sexually abused the child.
  - inflicted emotional abuse on the child.by the following acts: (Include the most recent date(s) of the acts described.)
6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

**Protected Child 8:**

1. I am Petitioner and the: (check appropriate boxes)
  - parent or guardian of the child.
  - guardian ad litem for the child.
  - court appointed special advocate for the child.
  - juvenile officer.
2. Respondent is:
  - a household member who is residing with the child.
  - a household member who resided with the child in the past.
  - an emancipated child who is residing with the child.
  - an emancipated child who resided with the child in the past.
  - stalking the child.
  - a household member under 17 who is residing with the child.
  - a household member under 17 who resided with the child.
  - a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

- caused physical injury to the child.
- stalked the child.
- sexually abused the child.
- inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

#### Protected Child 9:

1. I am Petitioner and the: (check appropriate boxes)

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

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.

- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

- caused physical injury to the child.
- stalked the child.
- sexually abused the child.
- inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

**Protected Child 10:**

1. I am Petitioner and the: (check appropriate boxes)

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

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.

3. The act(s) of domestic violence or stalking occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence or stalking occurred. (check appropriate boxes)

4. The family home of the child is: (check appropriate boxes)

- owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

5. Respondent has knowingly and intentionally: (check at least one)

- caused physical injury to the child.
- stalked the child.
- sexually abused the child.
- inflicted emotional abuse on the child.

by the following acts: (Include the most recent date(s) of the acts described.)

6. An immediate and present danger of domestic violence or stalking to the child exists because: (describe)

**II. RESPONDENT INFORMATION**

7. Respondent is  at least 17 years of age or emancipated  under 17

8. Respondent may be found in \_\_\_\_\_ (city), \_\_\_\_\_ (state), in the County of \_\_\_\_\_.

**III. CUSTODY**

9. It is in the best interest of the child(ren) that custody be awarded as follows:

<u>Child's Name</u>	<u>Relationship to Parties</u>	<u>Person to Receive Custody</u>	<u>Temporary</u>	<u>Full</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

10. Indicate any prior or pending custody court cases before, or orders entered by, this court or any other court involving the following parties.

(If none, so state):

- a. Petitioner: \_\_\_\_\_
- b. Respondent: \_\_\_\_\_
- c. Child(ren) (identified in item 9): \_\_\_\_\_

11.  Award visitation with the child(ren) as follows:

**IV. PETITIONER'S REQUESTS**

12. Pursuant to chapter 455, RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check boxes that apply)

- Committing or threatening to commit domestic violence, stalking, molesting, or disturbing the peace of the protected child(ren).
- Having any contact with the protected child(ren), except as specifically authorized by this Order.
- Entering the family home of the protected child(ren), located at \_\_\_\_\_.
- Entering the place of employment or school of the protected child(ren), located at \_\_\_\_\_.
- Communicating with the protected child(ren) in any manner or through any medium.
- Come within \_\_\_\_\_ (feet) of the protected child(ren).
- Other: \_\_\_\_\_

13.  It is further requested that 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) remaining in the home;
- A substantial risk to the child(ren) exists unless Respondent is excluded;
- A remaining adult family or household member is able to care adequately for the child(ren) in the absence of Respondent; and
- A commitment has been obtained from the Children's Division to provide appropriate social services to the family or household members during the period of time during which an Order of Protection is in effect.

14.  Exclusion of the Respondent from the family home of the protected child(ren) is not being requested.

**Additional Requests:**

15. It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Child Protection enjoining Respondent from the above acts for such time as is necessary to protect the protected child(ren) and that the court:
- Order Respondent not to commit or threaten to commit domestic violence, stalk, molest, or disturb the peace of the protected child(ren).
  - Order Respondent not to have any contact with the protected child(ren), except as specifically authorized by this order.
  - Order Respondent not to enter the family home, place of employment or school of the protected child(ren), except as specifically authorized by this order.
  - Award custody of the child(ren) to \_\_\_\_\_

**Child Support/Maintenance**

16.  Order Respondent to pay child support in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.
17.  Order Respondent to pay maintenance in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.

**Other Support**

18.  Order that Respondent make or continue to make the rent or mortgage payments to the residence occupied by the protected child(ren) in the amount of \$ \_\_\_\_\_  per week  per month.
19.  Order Respondent to pay a reasonable fee for housing and other services provided to the protected child(ren) by a shelter for victims of domestic violence.
20.  Order Respondent to pay the cost of medical treatment or services provided to protected child(ren) as a result of injuries sustained by an act of domestic violence committed by Respondent.

**Counseling/Treatment**

21.  Order Respondent to participate in a court-approved counseling program designed to help batterers stop violent behavior or a substance abuse program.

**Costs/Fees**

22.  Order Respondent to pay court costs.
23.  Order Respondent to pay Petitioner's attorney fees.

**Other**

24.  Order the full order of protection issued for one year be automatically renewed unless Respondent requests a hearing by 30 days prior to the expiration of the order.
25.  Other (specify):
26.  I believe that revealing my address will endanger myself or the protected child(ren). (Note: If checked, complete the Child Protection Petitioner and Protected Child Information (Confidential Record) form.)
27.  Order Petitioner's residential address on voter's registration record be closed to the public.

V. PETITIONER'S SIGNATURE

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

**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(ren) on this petition. **Do not provide this information if doing so will endanger the child(ren).**

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

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

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone