

CONFIDENTIAL CASE FILING INFORMATION SHEET
DOMESTIC RELATIONS CASES – ADULT ABUSE/STALKING
 Required at Case Initiation

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

DO NOT SERVE THIS FORM TO THE RESPONDENT.

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 Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's 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.

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

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

Case Type Code: _____ Case Type Description: _____

Petitioner/Protected Person Information:

Party Type Code: _____ Party Type Description: _____

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

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

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

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Respondent Information:

Party Type Code: _____ Party Type Description: _____

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

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

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

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Employer Information

Petitioner/Protected Person Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

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): _____

☐ Check if more than five 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

This copy of this form shall be sent to law enforcement to validate the electronic transfer of the case into MULES.

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, _____ COUNTY, MISSOURI

Judge or Division:	Case Number:	
	Court ORI Number:	
Petitioner:	MSHP Number:	
	Responsible Law Enforcement ORI:	
	Related Cases:	
		(Date File Stamp)

**Adult Abuse Petitioner Information
(Confidential Record)**

Petitioner has indicated that disclosure of his or her current address or place of residence may endanger him or her.

**This information must be maintained as
Confidential and is for Court Use Only.**

Permanent Address: _____

Daytime Phone Number: _____
Evening Phone Number: _____
Email Address: _____

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, _____ COUNTY, MISSOURI

Petition for Order of Protection - Adult

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

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
	Responsible Law Enforcement ORI:
vs.	Related Cases:
	(Date File Stamp)
Respondent:	Respondent's Home Address:
Alias/Nicknames:	Home Phone Number:
Respondent's DOB:	Respondent's Work Address:
Age:	Work Phone Number:
SSN (if known, last four digits):	Work Hours:
Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Other Locations Where Respondent May Be Served:
Hair Color: Height:	
Eye Color: Weight:	
(Identifying information for use by Law Enforcement)	
Visible Identifying Marks (e.g. tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) in common <input type="checkbox"/> Former spouse <input type="checkbox"/> Intimate residing/resided together <input type="checkbox"/> Are/were in a continuing social relationship of a romantic/intimate nature <input type="checkbox"/> Related by blood. Define relationship: _____ <input type="checkbox"/> Related by marriage. Define relationship: _____ <input type="checkbox"/> Residing/resided together; no intimacy <input type="checkbox"/> Stalking/Sexual Assault. Define relationship: _____

I. PETITIONER INFORMATION

1. I am Petitioner and ☐ at least 17 years of age ☐ under 17 but emancipated
2. I reside in _____ (city), _____ (state),
in the County of _____.

II. RESPONDENT INFORMATION

3. Respondent is ☐ at least 17 years of age or emancipated ☐ under 17
4. Respondent may be found in _____ (city), _____ (state),
in the County of _____.

III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED

5. An act of domestic violence, stalking, or sexual assault occurred at _____ (address),
_____ (city), _____ (state), in the County of _____.

IV. COMPLETE FOR DOMESTIC VIOLENCE PETITION ONLY

Relationship with Respondent

6. Respondent and I: (check one or more)
- ☐ reside together.
- ☐ previously resided together at _____ (address),
_____ (city), _____ (state), in the
County of _____.
- ☐ never resided together.

Residency

7. The residence in which I live is: (check one or more)

- ☐ jointly owned, leased or rented or jointly occupied by Respondent and me.
☐ owned, leased, rented or occupied by me.
☐ jointly owned, leased, rented or occupied by me and someone other than Respondent.
☐ owned, leased, rented or occupied by someone else, and Respondent is my spouse.
☐ jointly occupied by me and another person, and Respondent has no property interest therein.

Custody

List only the children that Petitioner and Respondent have in common. The court cannot change custody if a prior order regarding custody is pending or has been made.

8. It is in the best interest of the minor children that custody be awarded as follows:

	<u>Child's Name</u>	<u>SSN (last 4 digits only)</u>	<u>Age</u>	<u>Address</u> (If other than Petitioner)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

	<u>Who did each Child reside with during last six months</u>	<u>Persons to Receive Custody</u>	<u>Custody</u> (check one or both)	
			<u>Temporary</u>	<u>Full</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(If necessary, attach additional sheets.)

V. COMPLETE FOR STALKING OR SEXUAL ASSAULT PETITION ONLY

9. Respondent is stalking or sexually assaulting me. Explain relationship (example: co-workers, neighbors, etc.)

VI. COMPLETE FOR ALL CASES

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

(If none, so state):

- a. Petitioner _____
- b. Respondent _____
- c. Children (identified in item 9) _____

Acts Committed by Respondent:

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

- | | |
|---|--|
| <input type="checkbox"/> caused or attempted to cause me physical harm | <input type="checkbox"/> sexually assaulted me |
| <input type="checkbox"/> placed or attempted to place me in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned me |
| <input type="checkbox"/> coerced me | <input type="checkbox"/> followed me from place to place |
| <input type="checkbox"/> stalked me | <input type="checkbox"/> abused my pet(s) |
| <input type="checkbox"/> harassed me | <input type="checkbox"/> threatened to do any of the above |

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

12. I am afraid of Respondent and there is an immediate and present danger of domestic violence to me or other good cause for an emergency temporary order of protection because: (describe)

13. ☐ Photographs/Exhibits are filed as evidence of my injuries.

VII. PETITIONER'S REQUESTS

14. Pursuant to sections 455.010 - 455.085, RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check all that apply)

- ☐ committing or threatening to commit domestic violence, sexual assault, molesting, or disturbing the peace of Petitioner wherever Petitioner may be found.
- ☐ abusing or threatening to abuse Petitioner's pet(s).
- ☐ stalking Petitioner.
- ☐ entering the dwelling of Petitioner located at (see notice below) _____
- ☐ entering the premises of Petitioner's school, located at _____
- ☐ entering onto the premises of Petitioner's place of employment, located at _____
- ☐ come within _____ (feet) of Petitioner.
- ☐ communicating with Petitioner in any manner or through any medium.
- ☐ other: _____

Additional Requests:

It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection enjoining Respondent from the above acts for such time as is necessary to protect Petitioner and that the court: (one or more may be selected)

Custody

15. ☐ Award custody of the minor child(ren) to ☐ Petitioner ☐ Respondent.
16. ☐ Order visitation with the minor child(ren) to ☐ Petitioner ☐ Respondent as follows:

Child Support/Maintenance

17. ☐ Order ☐ Petitioner ☐ Respondent to pay child support to ☐ Petitioner ☐ Respondent in the amount of \$ _____ (check one) ☐ per week ☐ per month.
18. ☐ Order ☐ Petitioner ☐ Respondent to pay maintenance to ☐ Petitioner ☐ Respondent in the amount of \$ _____ (check one) ☐ per week ☐ per month.

Other Support

19. ☐ Order Respondent to make or continue to make the rent or mortgage payments in the amount of \$ _____ (check one) ☐ per week ☐ per month on the residence occupied by Petitioner.
20. ☐ Order Respondent to pay Petitioner's rent at a residence, other than the residence previously shared with Respondent, in the amount of \$ _____ (check one) ☐ per week ☐ per month.
21. ☐ Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.
22. ☐ Order Respondent to pay the cost of medical treatment or services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by Respondent.

Personal Property

23. ☐ Order Petitioner be given temporary possession of the following personal property:

24. ☐ Prohibit Respondent from transferring, encumbering, or otherwise disposing of the following property mutually owned or leased with Petitioner:

Counseling/Treatment

25. ☐ Order Respondent to participate in a court-approved counseling program designed for ☐ batterers and/or ☐ substance abuse.

Costs/Fees

26. ☐ Order Respondent to pay court costs.

27. ☐ Order Respondent to pay Petitioner's attorney fees.

Other

28. ☐ 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.

29. ☐ Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)

30. ☐ Award possession and care of any pet(s), along with any moneys necessary to cover medical costs that may have resulted from abuse of the pet(s).

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

32. ☐ Other (specify): _____

VIII. 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 Respondent.

Date

Petitioner's Signature

Address (Optional)

City, State and Zip

Telephone

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

Address

City, State and Zip

Telephone

NOTICE: Section 455.030.3, RSMo, provides that a petitioner seeking protection under the Domestic Violence Act is not required to reveal any current address or place of residence on this petition. **Do not provide this information if doing so will endanger you.**

**THIS SPACE IS PROVIDED FOR DESCRIPTIONS OF ACTS/EVENTS REFERENCED
IN SECTION VI; STATEMENT 11.**

Additional pages may be added as well as copies of text messages and/or photos.

Date_____ Time_____ am/pm (circle one) Address_____ County_____
description of abuse of stalking:

Date_____ Time_____ am/pm (circle one) Address_____ County_____
description of abuse of stalking:

Date_____ Time_____ am/pm (circle one) Address_____ County_____
description of abuse of stalking:

I am afraid of the RESPONDENT, and there is an immediate and present danger of abuse or stalking of me because:
(describe)

(describe)