



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

Judge or Division:	Case Number:	(Date File Stamp)
	Court ORI Number:	
Petitioner:	MSHP Number:	
	Responsible Law Enforcement ORI:	
vs.	Related Cases:	
Respondent:		
Alias/Nicknames:		

### Affidavit of Foreign Order of Protection - Adult

I am filing my foreign order of protection as permitted by section 455.067, RSMo.

☐ A certified copy of the foreign order of protection is attached. The order is a true and accurate copy and has not been altered.

Subsequent orders affecting foreign order of protection (if any): (Describe below; e.g. divorce order, extension of original protection order, etc.)

_____	_____
	Date of Order
_____	_____
	Date of Order
_____	_____
	Date of Order

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

☐ I certify this document complies with all the redaction requirements of Court Operating Rule 2.

\_\_\_\_\_  
Date

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

**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 affidavit. **Do not provide this information if doing so will endanger you.**

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

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

\_\_\_\_\_  
Telephone

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

# Confidential Case Filing Information Sheet

## Domestic Relations Cases – Adult Abuse/Stalking

Required at Time of Filing Petition

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

**DO NOT SERVE THIS FORM TO THE RESPONDENT.**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

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

### Petitioner/Protected Person Information:

Party Type Code and Description: (Select one)

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

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

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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



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

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Race: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Other ☐ Unknown

Ethnicity: ☐ Hispanic or Latinx

Race &amp; Ethnicity Source: Petitioner

Race &amp; Ethnicity is self-identified.

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**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) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_Race: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White☐ Other ☐ UnknownEthnicity: ☐ Hispanic or LatinxRace & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement ☐ Jail☐ Department of Corrections/Probation and Parole ☐ Another State Agency☐ Driver's License ☐ Unknown

Race &amp; Ethnicity is observed/perceived by the Petitioner.

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

**Children:****Child 1 Name:** \_\_\_\_\_Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_**Child 2 Name:** \_\_\_\_\_Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_**Child 3 Name:** \_\_\_\_\_Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Child 5 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_☐ Check if more than five children and attach additional sheet.

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### Instructions to Filer

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

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

Submitted by: \_\_\_\_\_

If submitted by an attorney, complete the following:

Bar ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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### 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.**