



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

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

(Date File Stamp)

Motion for Renewal of Full Order of Protection - Adult

Petitioner requests that the court renew the Full Order of Protection that was issued against Respondent on _____ (date) and terminates on _____ (date) for the reason that:

- ☐ The expiration of the full order will place me in immediate and present danger of domestic violence, stalking, or sexual assault.
- ☐ The circumstances forming the basis for the initial order continue to exist.
- ☐ The following incidents of domestic violence, stalking, sexual assault, or abuse of a pet have occurred since the date the petition was filed:
- ☐ Other reasons:

Pursuant to section 455.040, RSMo, Petitioner requests that the court renew the full order of protection. A finding by the court of a subsequent act of domestic violence, stalking, or sexual assault is not required for a renewal order of protection.

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

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

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

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

****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 & 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) _____

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 & Ethnicity is observed/perceived by the Petitioner.

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.

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.*

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.