



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

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

(Date File Stamp)

### Affidavit of Changes in Circumstance and Motion to Modify Judgment of the Full Order of Protection - Adult

A Judgment of the Full Order of Protection - Adult was entered in \_\_\_\_\_ (County/City of St. Louis), MO, on \_\_\_\_\_ (date) and is effective until \_\_\_\_\_ (date).

A change has occurred in the circumstances of Petitioner, Respondent, or child(ren) and the modification is necessary to serve the best interests of the parties. Below are the specific facts, including dates and times, that  Petitioner  Respondent believes forms grounds for modification of the court's judgment:

I request that the court find grounds for modification of: (check the box that applies)

- Installments of maintenance or support.
- Custody.
- Visitation.
- Other (specify): \_\_\_\_\_.
- Conditions regarding communication.
- Conditions regarding contact.

The specific modification that I am requesting is: \_\_\_\_\_

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	Your Signature	
_____	_____	
Your Street Address		
_____	_____	_____
City	State	Zip
_____		
Your Telephone Number		

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

In witness thereof:

_____	_____
Date	Clerk Witnessing Signature

(Seal) Subscribed and sworn to before me on \_\_\_\_\_ (date).  
My commission expires: \_\_\_\_\_ Date \_\_\_\_\_ Notary Public

**Directions for Completing This affidavit must be completed and signature witnessed by a court clerk or notary before filing it with the court.**

**\*\*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  Unknown

Ethnicity:  Hispanic or Latinx

Race & 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.**