



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI  
**Affidavit of Changes in Circumstance and Motion to Modify Judgment/Full Order of Protection – Child**

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)

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

A change has occurred in the circumstances of the child(ren) or his/her/their custodian and the modification is necessary to serve the best interests of the child(ren). Below are the specific facts, including dates and times, which ☐ Petitioner ☐ Respondent ☐ Guardian ad Litem ☐ Court Appointed Special Advocate 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)

- |  |  |
|--|--|
| <input type="checkbox"/> Installments of maintenance or support. | <input type="checkbox"/> Conditions regarding communication. |
| <input type="checkbox"/> Custody.                                | <input type="checkbox"/> Conditions regarding contact.       |
| <input type="checkbox"/> Visitation.                             |  |
| <input type="checkbox"/> Other (specify):                        |  |

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

**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 affidavit and motion. **Do not provide this information if doing so will endanger the child(ren).**

\_\_\_\_\_  
Your Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Your Telephone Number

In witness thereof:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk Witnessing Signature

Subscribed and sworn to before me on this \_\_\_\_\_ (date).

(Seal)

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 – Child Protection**
**Required at Time of Filing Petition**

**NOTICE TO LAW ENFORCEMENT:** This is a confidential form and shall be used only to enter 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: ☐ Child Protection Order ☐ 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 current address or where I live may put the protected children in danger.



**If revealing your current address or where you live puts the protected children 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 &amp; Ethnicity is observed/perceived.

The following information regarding the protected child(ren) is required. Complete this section for any child subject to the action of this case. If revealing the protected child's current address or place of residence will put the child in danger, check the box under the address for each child to indicate the address is confidential.

**Protected Child(ren) Information:****Protected Child 1**Party Type Code: **CHLD** Party Type Description: Child

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

Address (if different than Petitioner address): \_\_\_\_\_

☐ This is a confidential 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

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Ethnicity: ☐ Hispanic or Latinx

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Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement  
☐ Another State Agency ☐ Driver's License ☐ Unknown

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Race & Ethnicity is observed/perceived.**Protected Child 2**Party Type Code: CH2 Party Type Description: Child 2

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

Address (if different than Petitioner address): \_\_\_\_\_

☐ This is a confidential address.Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

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Race: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Other ☐ Unknown

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Ethnicity: ☐ Hispanic or Latinx

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Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement  
☐ Another State Agency ☐ Driver's License ☐ Unknown

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Race & Ethnicity is observed/perceived.**Protected Child 3**Party Type Code: CH3 Party Type Description: Child 3

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

Address (if different than Petitioner address): \_\_\_\_\_

☐ This is a confidential address.Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

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Race: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Other ☐ Unknown

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Ethnicity: ☐ Hispanic or Latinx

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Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Court ☐ Law Enforcement  
☐ Another State Agency ☐ Driver's License ☐ Unknown

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Race & Ethnicity is observed/perceived.

**Protected Child 4**Party Type Code: CH4 Party Type Description: Child 4

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

Address (if different than Petitioner address): \_\_\_\_\_

☐ This is a confidential 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☐ Another State Agency ☐ Driver's License ☐ Unknown

Race &amp; Ethnicity is observed/perceived.

**Protected Child 5**Party Type Code: CH5 Party Type Description: Child 5

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

Address (if different than Petitioner address): \_\_\_\_\_

☐ This is a confidential 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☐ Another State Agency ☐ Driver's License ☐ Unknown

Race &amp; Ethnicity is observed/perceived.

☐ Check if more than five children and complete Addendum.

### Instructions to Filer

- ✓ Complete this form for all parties known at the time of filing.
- ✓ 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.**