



OFFICE OF THE CIRCUIT CLERK

SHERRY TERRELL

Thirteenth Judicial Circuit Court

Boone County Courthouse

705 E. Walnut St.

Columbia, MO 65201

Tel: (573) 886-4009 | Fax: (573) 886-4045

Important Information for Petitioner Requesting an Adult Ex Parte Order of Protection

You have petitioned the court for an **ex parte order of protection**. Upon completion of the required forms, the paperwork will be processed immediately by the Office of the Circuit Clerk. You are required to provide accurate service instructions to obtain proper service of your ex parte order. The order shall be valid upon issuance and is enforceable by law enforcement, and *you must appear on your court date for the order to remain in effect*.

Note: Whether the ex parte order is issued or the matter denied, a hearing will be set and your petition, along with the Court's order will be served upon the Respondent.

When the hearing date arrives via mail, you as the petitioner, **MUST APPEAR IN COURT TO TESTIFY**. Even if the ex parte order has not been served, you must appear on the court date and tell the judge if you wish to proceed and, if so, you may be asked to provide further service instructions to the judge. If you fail to appear in court on the date of the hearing, the court may dismiss the action.

If you do not receive your certified copy of the ex parte order in the mail within five days of filing, please call the Office of the Circuit Clerk for your court date.

Protective Order Information:

Please contact our office today before 5:00PM and get the following information: Case number, court date if applicable, and if your temporary protection order was granted, denied, or dismissed.

For questions about your hearing, service, or other matters concerning your petition for order of protection, please contact the order of protection clerk at **573-886-4009**. You can also track your case on Case.net. See instructions ----->

PICTURE ID IS REQUIRED AT THE TIME OF FILING


H:>CIRCUIT_CLERKS>Family>Family Clerks>AA Packets>Adult Ex Parte Cover Letter

Track This Case


Email & Text Notification Service

Directions: Write the case number below, and follow the provided instructions.

Case Number: _____



1. Go to Missouri Case.net
<https://www.courts.mo.gov/casenet>
2. Enter case number or litigant name
3. Click "Track This Case" for desired cases
4. Provide your email address and mobile phone number (optional)
5. Enter special characters in verification box
6. Click "Track This Case"

 Automatic Notifications, Reminders and Alerts about Scheduled Events and Future Payments Due

INFORMATION PROVIDED IS NOT CONSIDERED AN OFFICIAL COURT NOTICE

****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) _____ (Suffix) _____

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: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

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) _____ (Suffix) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

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: _____ Sex: ☐ Male ☐ Female SSN: _____**Child 2 Name:** _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____**Child 3 Name:** _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Child 4 Name: _____Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____**Child 5 Name:** _____Date of Birth: _____ Sex: ☐ 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.



Petition for a Court Order of Protection - Adult

_____ County, Missouri Circuit Court
(County where court is located. City of Saint Louis is considered a county.)

Use this form to ask for a court Order of Protection against someone who committed an act of domestic violence, stalking, or sexual assault against you. Domestic violence includes abuse, abuse of a pet, assault, battery, coercion, harassment, stalking, sexual assault, or holding you against your will. Learn more: <https://www.courts.mo.gov/page.jsp?id=533>

Case Number: _____
(Will be assigned by the court when case is filed)

(Your Name)
Petitioner,

You are the **Petitioner**. The Petitioner is the person who starts a court case.

And

Respondent.

The **Respondent** is the person you need protection from.

This petition is being filed in the county where (check all that apply):

- ☐ I live.
☐ the domestic violence, stalking, or sexual assault happened.
☐ Respondent may be served with this petition.

A. Information about the people involved in this case

Information about you.



The person you need protection from will get a copy of this form.

Your Age: _____ If you are under 17, are you emancipated (no longer under the control, support, and responsibility of a parent or guardian)? ☐ Yes ☐ No

What is your relationship to the person you need protection from? Check the most appropriate.

- ☐ We are married. ☐ We were married. ☐ We have a child together.
☐ We live together. ☐ We used to live together.
☐ We are in a romantic relationship. ☐ We were in a romantic relationship.
☐ We are related by blood or marriage. Describe: _____
☐ Respondent is stalking me or abused me sexually. Describe the connection with Respondent (example: coworker, neighbor, stranger): _____

My home is: (check all that apply)

☐ owned ☐ rented

By: ☐ Me ☐ Respondent ☐ Other (name) _____.

☐ Respondent has no property interest in my home.

Information about the person you need protection from. The court and law enforcement will use this section to try to find Respondent. Fill in as much information as you can.

Other names Respondent is known by (list all): _____

Age: _____ Respondent is ☐ at least 17 years of age or emancipated (no longer under the control, support, and responsibility of a parent or guardian) ☐ under 17.

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Sex: ☐ Male ☐ Female Height: _____ Weight: _____

Hair (Select one): ☐ Blond ☐ Black ☐ Blue ☐ Brown ☐ Green ☐ Grey ☐ Orange ☐ Pink
☐ Purple ☐ Red ☐ Sandy ☐ Unknown or Completely Bald ☐ White

Eyes (Select one): ☐ Black ☐ Blue ☐ Brown ☐ Dichromatic ☐ Green ☐ Grey ☐ Hazel
☐ Multicolored ☐ Maroon ☐ Pink ☐ Unknown

Identifying marks (Examples: e.g., tattoos, birthmarks, braces, scars, beard, pierced ear, glasses):

Home address: _____

City: _____ County: _____

Phone number: _____

Work name: _____

Work address: _____

Work phone: _____ Work hours: _____

Other places law enforcement may find Respondent to serve the paperwork:

Does Respondent have social media accounts such as Facebook, Snapchat, TikTok, Instagram, etc.? ☐ Yes ☐ No If yes, list the account(s) and user name(s): _____

Does Respondent carry a weapon or firearm? ☐ Yes ☐ No

If Yes, list the weapon(s) or firearm(s): _____

Is Respondent on Probation or Parole? ☐ Yes ☐ No

If Yes, name of Probation or Parole Officer: _____

Is Respondent currently in jail? ☐ Yes ☐ No

What type of vehicle(s) does Respondent drive? (Include vehicle make, model, year, color, license plate number) _____

B. Explain what happened

Check all boxes that apply. List all dates and locations for each box selected. If the exact date(s) or location(s) is not known, list the approximate date(s) and describe the location(s) the best you can. You will be asked to provide details of what happened below.

Respondent knowingly and intentionally:

☐ caused or attempted to cause me physical harm.

Date(s): _____

Location(s): _____

☐ placed or attempted to place me in fear of immediate physical harm.

Date(s): _____

Location(s): _____

☐ coerced me. Respondent threatened me or forced me to do something I did not want to do.

Date(s): _____

Location(s): _____

☐ stalked me. Two or more times Respondent followed me, watched me, threatened me, communicated with me, or caused somebody to do those things to me. It caused me to be in fear of physical harm.

Dates: _____

Locations: _____

☐ harassed me. More than one time, Respondent caused substantial emotional distress to me by following me, looking in the window, lingering outside the residence, or doing something else to distress me.

Dates: _____

Locations: _____

☐ sexually assaulted me. Respondent used force, threat of force, or duress to make me perform a sexual act against my will.

Date(s): _____

Location(s):

☐ unlawfully imprisoned me. Respondent refused to let me leave when I wanted to leave.

Date(s):

Location(s):

☐ followed me from place to place.

Date(s): _____

Location(s):

☐ abused my pet(s).

Date(s): _____

Location(s):

☐ threatened to do any of the above.

Date(s):

Location(s):

This is what happened (include specific details):

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

C. I request the court

Issue an emergency temporary order of protection (Ex Parte Order of Protection) restraining Respondent from acts of domestic violence against me. I am also requesting the court to issue a Full Order of Protection against the Respondent after a hearing on this petition to protect me from acts of domestic violence for a longer period of time as determined by the court.

Use this section to ask the court for what you want in the case. **Check all that apply.**

1. I want the court to order Respondent NOT to:

- ☐ commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace wherever I am.
- ☐ abuse or threaten to abuse my pet(s).
- ☐ enter the home where I am living.
- ☐ enter my school, located at _____.
- ☐ enter my place of work, located at _____.
- ☐ come within _____ (feet) of me.
- ☐ communicate with me by phone, email, text, social media, or in any other way.
- ☐ other: _____

_____.



Normally, a full order of protection is valid for at least 180 days and not more than one year. If the judge finds that Respondent poses a serious danger, the judge can issue a protective order that is valid for at least two years and not more than ten years. Complete the section below only if you want the judge to find that Respondent poses serious danger.

2. Serious Danger – I want the court to

- ☐ issue a protection order that is valid for at least two years and not more than ten years because Respondent poses a serious danger to my physical or mental health or to a minor household member's physical or mental health.

Respondent has a history of:

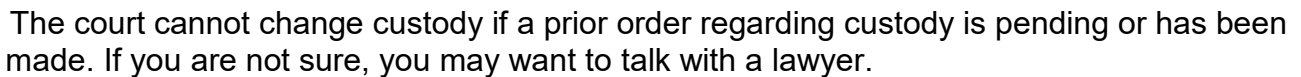
- ☐ inflicting or causing physical harm, bodily injury, or assault.
- ☐ stalking or causing fear of physical harm, bodily injury or assault on me or a minor in my household.

Respondent has:

- ☐ a criminal record.
- ☐ prior full orders of adult or child protection issued against him/her.
- ☐ been found guilty of a dangerous felony under Missouri law.
- ☐ violated a term of probation or parole intended to protect me or a minor in my household.

☐[illegible]

You may ask the court to order temporary custody if custody has not been decided in another case. Temporary custody is an order of the court awarding custody or visitation of the child(ren) to a person for a limited period of time. Complete the information below only if you want the court to award custody or visitation.



Child One

☐

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Two

☐ I have provided the name and age of Child Two on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Three

☐ I have provided the name and age of Child Three on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Four

☐ I have provided the name and age of Child Four on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

Child Five

- ☐ I have provided the name and age of Child Five on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: _____

Name of person who should get custody: _____

This person should get ☐ Full Custody ☐ Temporary Custody

Is there a court case for custody?

☐ No ☐ Yes If yes, enter the Case number: _____

- ☐ I have additional children.

Attach Exhibit A to this form listing additional children.

4. Order Respondent to pay child support, maintenance, other support, court fees, or for injuries I received.

Child support is money paid by one parent to the other parent or guardian for the financial support of a child. Child support may be ordered by a court or child support enforcement agency.

Maintenance is money paid by one spouse to the other spouse for financial support.

☐ I ask Respondent to pay \$ _____ in **child support** to me every ☐ week ☐ month.

☐ I ask Respondent to pay \$ _____ in **maintenance** to me every ☐ week ☐ month.

☐ I ask Respondent to pay \$ _____ to me for **rent or mortgage payments**
☐ per week ☐ per month on the home that I live in.

☐ I ask Respondent to pay \$ _____ to me for **reasonable housing or other services provided to me by a shelter for victims of domestic violence** ☐ per week ☐ per month.

☐ I ask Respondent to pay \$ _____ to me for **medical treatment that resulted from injuries caused to me by Respondent.**

☐ I ask Respondent to pay **court costs.**

☐ I ask Respondent to pay **attorney fees.**

5. ☐ Order temporary possession of personal property to me.

Personal property is property other than land you own. Examples of personal property are automobiles, checkbooks, keys, furniture, Xbox, jewelry, etc.

List items:

☐ Prohibit Respondent from transferring or disposing of property owned together with me.

List items:

6. ☐ **Order Respondent to participate in a:**

- ☐ court-approved counseling program designed to help stop violent behavior.
- ☐ substance abuse treatment program.

7. **Other**

- ☐ Order the full order of protection to automatically renew unless Respondent asks for a hearing at least 30 days before the order expires.
- ☐ Order Respondent to give me my wireless telephone number(s) and billing responsibilities. I have completed the Wireless Telephone Number Transfer Addendum form.
<https://www.courts.mo.gov/file.jsp?id=105013>
- ☐ Award possession and care of my pet(s) to me and order Respondent to pay for medical costs that resulted from abuse of the pet(s).
- ☐ Order my residential address on my voter's registration record to be closed to the public.
- ☐ Other: _____.

D. Signatures

I swear or affirm under penalty of perjury the facts are true according to my best knowledge and belief. **I understand that a copy of my petition will be served upon Respondent.**

☐ I certify no confidential information is included on this document.

<hr/> <div>Sign</div>	<hr/> <div>Date</div>
-----------------------	-----------------------

<hr/> <div>Attorney Signature (if applicable)</div>	<hr/> <div>Date</div>
---	-----------------------

Attorney's name, bar number

Attorney's address, telephone number

**Confidential Redacted Information Filing Sheet
Order of Protection - Adult**

TO BE SERVED WITH THE PETITION.

Petitioner Information

Your full name: _____

Child Information

Child One

Name: _____ Age: _____

Child Two

Name: _____ Age: _____

Child Three

Name: _____ Age: _____

Child Four

Name: _____ Age: _____

Child Five

Name: _____ Age: _____

Attach additional page if there are more than five children.