

**CONFIDENTIAL CASE FILING INFORMATION SHEET**  
**DOMESTIC RELATIONS CASES – ADULT ABUSE/STALKING**  
 Required at Case Initiation



YOU WILL BE SIGNED UP FOR Track This Case TO FOLLOW MO CASE.NET

**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**

**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** The **full** Social Security Number (SSN) is **required** pursuant to Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's 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.

Filing Date: \_\_\_\_\_ County: Cole County

Style of Case: \_\_\_\_\_  
 (i.e. Petitioner v. Respondent)

Case Type Code: QA/QB Case Type Description (CIRCLE ONE): (QA) ADULT ABUSE (QB) STALKING

**Petitioner/Protected Person Information:** Party Type Code: PET Party Type Description: Petitioner

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Phone Service Provider: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 (Example: AT&T)

**Respondent Information:** Party Type Code: RES Party Type Description: Respondent

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Phone Service Provider: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 (Example: AT&T)

**Employer Information**

Petitioner/Protected Person Employer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Respondent Employer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

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

\*MACSS – Missouri Automated Child Support System

**Children:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Check if more than five children and attach additional sheet

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

Phone Service Provider: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Example: AT&T)

\*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 validate the electronic transfer of the case into MULES.**

**Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.**



IN THE 19<sup>TH</sup> JUDICIAL CIRCUIT COURT, COLE COUNTY, MISSOURI

Judge or Division: <b>DIVISION II, DANIEL R GREEN</b>	<b>Case Number: 20AC-FC0</b>	(Date File Stamp) _____
	Court ORI Number: MO026033J	
Petitioner:	MSHP Number:	
	Responsible Law Enforcement ORI:	
	Related Cases:	

**Adult Abuse Petitioner Information  
(Confidential Record)**

**Petitioner has indicated that disclosure of his or her current address or place of residence may endanger him or her.**

**This information must be maintained as Confidential and is for Court Use Only.**

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

Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_

**Instructions to Clerk**

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.



**IN THE 19<sup>TH</sup> JUDICIAL CIRCUIT, COLE COUNTY, MISSOURI**  
**Petition for Order of Protection - Adult**

**Notice to Petitioner: Respondent will receive a copy of this petition with service.**

Judge or Division: DIVISION II DANIEL R GREEN	<b>Case Number: 20AC-FC0</b>	
	Court ORI Number: MO026033J	
Petitioner:   vs.	MSHP Number:	(Date File Stamp)
	Responsible Law Enforcement ORI:	
	Related Cases:	
Respondent:  Alias/Nicknames:	Respondent's Home Address:  Home Phone Number:	
Respondent's DOB: Age: SSN (if known, last four digits): Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Hair Color: Height: Eye Color: Weight: (Identifying information for use by Law Enforcement)	Respondent's Work Address:  Work Phone Number: Work Hours:  Other Locations Where Respondent May Be Served:	
Visible Identifying Marks (e.g. tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) in common <input type="checkbox"/> Former spouse <input type="checkbox"/> Intimate residing/resided together <input type="checkbox"/> Are/were in a continuing social relationship of a romantic/intimate nature <input type="checkbox"/> Related by blood. Define relationship: _____ <input type="checkbox"/> Related by marriage. Define relationship: _____ <input type="checkbox"/> Residing/resided together; no intimacy <input type="checkbox"/> Stalking/Sexual Assault. Define relationship: _____	

**I. PETITIONER INFORMATION**

- I am Petitioner and  at least 17 years of age  under 17 but emancipated
- I reside in \_\_\_\_\_ (city), \_\_\_\_\_ (state),  
in the County of \_\_\_\_\_.

**II. RESPONDENT INFORMATION**

- Respondent is  at least 17 years of age or emancipated  under 17
- Respondent may be found in \_\_\_\_\_ (city), \_\_\_\_\_ (state),  
in the County of \_\_\_\_\_.

**III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED**

- An act of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), in the County of \_\_\_\_\_.

**IV. COMPLETE FOR DOMESTIC VIOLENCE PETITION ONLY**

**Relationship with Respondent**

6. Respondent and I: (check one or more)

- reside together.
- previously resided together at \_\_\_\_\_ (address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), in the  
County of \_\_\_\_\_.
- never resided together.

**Residency**

7. The residence in which I live is: (check one or more)

- jointly owned, leased or rented or jointly occupied by Respondent and me.
- owned, leased, rented or occupied by me.
- jointly owned, leased, rented or occupied by me and someone other than Respondent.
- owned, leased, rented or occupied by someone else, and Respondent is my spouse.
- jointly occupied by me and another person, and Respondent has no property interest therein.

**Custody**

List only the children that the Petitioner and Respondent have in common. The court cannot change custody if a prior order regarding custody is pending or has been made.

8. It is in the best interest of the minor children that custody be awarded as follows:

	<u>Child's Name</u>	<u>SSN (last 4 digits only)</u>	<u>Age</u>	<u>Address</u> (If other than Petitioner)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

	<u>Who did each Child reside with during last six months</u>	<u>Persons to Receive Custody</u>	<u>Custody</u> (check one or both)	
			<u>Temporary</u>	<u>Full</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(If necessary, attach additional sheets.)

**V. COMPLETE FOR STALKING OR SEXUAL ASSAULT PETITION ONLY**

9. Respondent is stalking or sexually assaulting me. Explain relationship (example: co-workers, neighbors, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**VI. COMPLETE FOR ALL CASES**

10. Indicate any prior or pending custody court cases before, or orders entered by, this court or any other court involving the following parties. Indicate the case numbers.

(If none, so state):

- a. Petitioner \_\_\_\_\_
- b. Respondent \_\_\_\_\_
- c. Children (identified in item 9) \_\_\_\_\_

**Acts Committed by Respondent:**

11. Respondent has knowingly and intentionally: (check at least one)

- |                                                                                                     |                                                            |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> caused or attempted to cause me physical harm                              | <input type="checkbox"/> sexually assaulted me             |
| <input type="checkbox"/> placed or attempted to place me in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned me          |
| <input type="checkbox"/> coerced me                                                                 | <input type="checkbox"/> followed me from place to place   |
| <input type="checkbox"/> stalked me                                                                 | <input type="checkbox"/> threatened to do any of the above |
| <input type="checkbox"/> harassed me                                                                |                                                            |

by the following act(s): (Include the most recent date(s) of each act described.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. I am afraid of Respondent and there is an immediate and present danger of domestic violence to me or other good cause for an emergency temporary order of protection because: (describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13.  Photographs/Exhibits are filed as evidence of my injuries.

**VII. PETITIONER'S REQUESTS**

14.  Order Petitioner's residential address on voter's registration record to be closed to the public.

15. Pursuant to sections 455.010 - 455.085 RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check all that apply)

- committing or threatening to commit domestic violence, sexual assault, molesting, or disturbing the peace of Petitioner wherever Petitioner may be found.
- stalking Petitioner.
- entering the dwelling of Petitioner located at (see notice below) \_\_\_\_\_
- entering the premises of the Petitioner's school, located at \_\_\_\_\_
- entering onto the premises of the Petitioner's place of employment, located at \_\_\_\_\_
- come within \_\_\_\_\_ (feet) of the Petitioner.
- communicating with Petitioner in any manner or through any medium.
- other: \_\_\_\_\_

**Additional Requests:**

It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection enjoining Respondent from the above acts for such time as is necessary to protect Petitioner and that the court: (one or more may be selected)

**Custody**

16.  Award custody of the minor child(ren) to  Petitioner  Respondent.
17.  Order visitation with the minor child(ren) to  Petitioner  Respondent as follows:

\_\_\_\_\_

\_\_\_\_\_

**Child Support/Maintenance**

18.  Order  Petitioner  Respondent to pay child support to  Petitioner  Respondent in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.
19.  Order  Petitioner  Respondent to pay maintenance to  Petitioner  Respondent in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.

**Other Support**

- 20.  Order that Respondent make or continue to make the rent or mortgage payments in the amount of \$ \_\_\_\_\_ (check one)  per week  per month on the residence occupied by Petitioner.
- 21.  Order that Respondent pay Petitioner's rent at a residence, other than the residence previously shared with Respondent, in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.
- 22.  Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.
- 23.  Order Respondent to pay the cost of medical treatment or services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by Respondent.

**Personal Property**

- 24.  Order that Petitioner be given temporary possession of the following personal property:  
\_\_\_\_\_
- 25.  Prohibit Respondent from transferring, encumbering, or otherwise disposing of the following property mutually owned or leased with Petitioner:  
\_\_\_\_\_

**Counseling/Treatment**

- 26.  Order Respondent to participate in a court-approved counseling program designed for  batterers and/or  substance abuse.

**Costs/Fees**

- 27.  Order Respondent to pay court costs.
- 28.  Order Respondent to pay Petitioner's attorney fees.

**Other Orders**

- 29.  Order the full order of protection issued for one year be automatically renewed unless Respondent requests a hearing by 30 days prior to the expiration of the order.
- 30.  Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 31.  Other (specify): \_\_\_\_\_

**VIII. PETITIONER'S SIGNATURE**

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief. **I understand that a copy of this petition will be served on the respondent.**

\_\_\_\_\_ 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

**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.**