

**CONFIDENTIAL CASE FILING INFORMATION SHEET
DOMESTIC RELATIONS CASES - CHILD PROTECTION - ONE CHILD
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 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: QE Case Type Description: Child Protection (1 Child)

<p>Petitioner: Party Type Code: <u>PETP</u> Party Type Description: <u>PETITIONER</u></p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____</p> <p>Phone Service Provider: _____ Email Address: _____ (example: AT&T)</p>	
<p>Protected Person Information: Party Type Code: <u>CHLD</u> Party Type Description: <u>CHILD</u></p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____</p> <p>Phone Service Provider: _____ Email Address: _____ (example: AT&T)</p>	
<p>Respondent Information: Party Type Code: <u>RESP</u> Party Type Description: <u>RESPONDENT</u></p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____</p> <p>Phone Service Provider: _____ Email Address: _____ (example: AT&T)</p>	

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.



Petition for Order of Protection – Child

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

Use this form when one child is involved with this case. Use CP42 for two to five children and CP41 for six to ten children.

Judge or Division: Daniel R. Green	Case Number: 20AC-FC0 Court ORI Number: MSHP Number: Responsible Law Enforcement ORI: Related Cases: _____ (Date File Stamp)
Petitioner: Protected Child: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____	Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: Protected Child's Relationship to Respondent: <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____
vs.	
Respondent: Alias/Nicknames: _____	Respondent's Home Address: _____ Home Phone Number: _____ Respondent's Work Address: _____ Work Phone Number: _____ Work Hours: _____ Other Locations Where Respondent May Be Served: _____
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)	
Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses): _____	

I. PROTECTED CHILD INFORMATION

1. I am Petitioner and the: (check appropriate boxes)

<input type="checkbox"/> parent or guardian of the child.	<input type="checkbox"/> a household member under 17 who is residing with the child.
<input type="checkbox"/> guardian ad litem for the child.	<input type="checkbox"/> a household member under 17 who resided with the child in the past.
<input type="checkbox"/> court appointed special advocate for the child.	<input type="checkbox"/> an emancipated child who is residing with the child.
<input type="checkbox"/> juvenile officer.	<input type="checkbox"/> an emancipated child who resided with the child in the past.
	<input type="checkbox"/> stalking the child.
	<input type="checkbox"/> sexually assaulting the child.

2. Respondent is:

<input type="checkbox"/> a household member who is residing with the child.	<input type="checkbox"/> a household member under 17 who is residing with the child.
<input type="checkbox"/> a household member who resided with the child in the past.	<input type="checkbox"/> a household member under 17 who resided with the child.
<input type="checkbox"/> an emancipated child who is residing with the child.	<input type="checkbox"/> a person under 17 stalking the child.
<input type="checkbox"/> an emancipated child who resided with the child in the past.	<input type="checkbox"/> sexually assaulting the child.
<input type="checkbox"/> stalking the child.	

3. The act(s) of domestic violence, stalking, or sexual assault occurred at _____ (address) _____ (city) _____ (County/City of St. Louis), Missouri.

- 3.a. The county in which this petition is being filed is where the protected child lives respondent may be served act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4. There are no prior or pending custody orders for this child.
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

<input type="checkbox"/> owned	<input type="checkbox"/> leased	<input type="checkbox"/> rented
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 By: Respondent Petitioner Other (name) _____
 Occupied by: (include name only if different from above) _____

6. Respondent has knowingly and intentionally: (check at least one)
- | | |
|--|---|
| <input type="checkbox"/> caused or attempted to cause physical harm to the child | <input type="checkbox"/> sexually assaulted the child |
| <input type="checkbox"/> placed or attempted to place the child in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned the child |
| <input type="checkbox"/> coerced the child | <input type="checkbox"/> followed the child from place to place |
| <input type="checkbox"/> stalked the child | <input type="checkbox"/> threatened to do any of the above |
| <input type="checkbox"/> harassed the child | |

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

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

II. RESPONDENT INFORMATION

8. Respondent is at least 17 years of age or emancipated under 17.
9. Respondent may be found in _____ (city),
 _____ (state), in the County of _____.

III. CUSTODY

The court cannot change custody if a prior order regarding custody is pending or has been made.

10. It is in the best interest of the child that custody be awarded as follows:
- | | | | | |
|---------------------|--------------------------------|----------------------------------|--------------------------|--------------------------|
| <u>Child's Name</u> | <u>Relationship to Parties</u> | <u>Person to Receive Custody</u> | <u>Temporary</u> | <u>Full</u> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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

(If none, so state):

- a. Petitioner: _____
- b. Respondent: _____
- c. Child (identified in item 10): _____

12. Award visitation with the child as follows:

IV. PETITIONER'S REQUESTS

13. Pursuant to chapter 455, RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check boxes that apply)
- Committing or threatening to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child).
 - Having any contact with the protected child, except as specifically authorized by this Order.
 - Entering the family home of the protected child, located at _____.
 - Entering the place of employment or school of the protected child, located at _____.
 - Communicating with the protected child in any manner or through any medium.
 - Come within _____ (feet) of the protected child.
 - Other:

14. It is further requested that the Ex Parte Order of Protection exclude Respondent from the family home of the protected child because:
- It is in the best interest of the child remaining in the home;
 - A substantial risk to the child exists unless Respondent is excluded;
 - A remaining adult family or household member is able to care adequately for the child in the absence of Respondent; and
 - A commitment has been obtained from the Children's Division to provide appropriate social services to the family or household members during the period of time during which an Order of Protection is in effect.
15. Exclusion of the Respondent from the family home of the protected child is not being requested.

Additional Requests:

16. It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection – Child enjoining Respondent from the above acts for such time as is necessary to protect the protected child and that the court:
- Order Respondent not to commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child.
 - Order Respondent not to have any contact with the protected child(ren), except as specifically authorized by this order.
 - Order Respondent not to enter the family home, place of employment or school of the protected child, except as specifically authorized by this order.
 - Award custody of the child to _____

Child Support/Maintenance

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

Other Support

19. Order that Respondent make or continue to make the rent or mortgage payments to the residence occupied by the protected child in the amount of \$ _____ per week per month.
20. Order Respondent to pay a reasonable fee for housing and other services provided to the protected child by a shelter for victims of domestic violence.
21. Order Respondent to pay the cost of medical treatment or services provided to protected child as a result of injuries sustained by an act of domestic violence committed by Respondent.

Counseling/Treatment

22. Order Respondent to participate in a court-approved counseling program designed to help batterers stop violent behavior or a substance abuse program.

Costs/Fees

23. Order Respondent to pay court costs.
24. Order Respondent to pay Petitioner's attorney fees.

Other

25. 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.
26. Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
27. Other (specify):
28. I believe that revealing my address will endanger myself or the protected child(ren). (Note: If checked, complete the Child Protection Petitioner and Protected Child Information (Confidential Record) form.)
29. Order Petitioner's residential address on voter's registration record be closed to the public.

V. 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

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

Address (Optional)

City, State and Zip

Telephone

Attorney's Name, Missouri Bar No., if Applicable

Address

City, State and Zip

Telephone