

**In the 19th Judicial Circuit, Cole County, Missouri  
Circuit Clerk Pre-Filing Protection Order Checklist  
2 - 5 Children**

Case No: 22AC-FC0

\_\_\_\_\_  
Print Your Name (Petitioner)

V.

\_\_\_\_\_  
Print the Name of the Person you are Filing Against (Respondent)

If Filing a Child Protection Order, please print all children's names below:

_____	_____
_____	_____
_____	_____
_____	_____

Select **the first checkbox (1)** that best describes your (Petitioner) Relationship to Respondent:

(pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination)

**CHOOSE ONLY ONE BOX**

- Spouse
- Former spouse
- Child(ren) in common
- Intimate residing/resided together
- Are/were in a continuing social relationship of a romantic/intimate nature

(If any of the above selected - request the court clerk provide you the domestic violence ex parte petitioning forms. You will be directed to review your filing with the PA Advocate, if they are available, prior to filing with the court.)

- Related by blood. Define relationship: \_\_\_\_\_
- Related by marriage. Define relationship: \_\_\_\_\_
- Residing/resided together; no intimacy
- Stalking. Define relationship: \_\_\_\_\_

(If any of the above selected - request the court clerk provide you the appropriate ex parte petitioning forms. You will complete the forms and file with the court directly.)

\_\_\_\_\_/\_\_\_\_\_/2022  
Date

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

\*\*\*\*\* **Court Use Only** \*\*\*\*\*

I have provided the above petitioning party the appropriate documentation for filing a petition for protection order and verify the above action was taken:

\_\_\_\_\_/\_\_\_\_\_/2022  
Date

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

\*\*\*\*\* **ALL FILERS MUST READ** \*\*\*\*\*

**NOTICE TO ALL FILING PARTIES:**

After filing your petition with the court, it will be reviewed by a judge. You will be contacted and notified by phone if an order was issued and/or when the case is set for hearing, or if your request was denied. You **MUST** provide the court with a phone number at which you can be contacted within the same day that your petition was filed to receive this information from the court. By law, court clerks cannot leave a voice message.

If you are not contacted by 4:30 pm on the date your petition is filed, please contact the Circuit Clerk's Office the following day after 8:00 am at 573-634-9150, ext. 3, to obtain this information.

**CONFIDENTIAL CASE FILING INFORMATION SHEET**  
**DOMESTIC RELATIONS CASES - CHILD PROTECTION - TWO TO FIVE CHILDREN**  
**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: QE Case Type Description: CHILD PROTECTION (2 - 5 Children)

**Petitioner:** Party Type Code: PETP 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: RESP 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: \_\_\_\_\_

**Protected Person Information:** Party Type Code: CHLD Party Type Description: CHILD ONE

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)

**Protected Person Information:** Party Type Code: CH2 Party Type Description: CHILD TWO

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)

**Protected Person Information:** Party Type Code: CH3 Party Type Description: CHILD THREE

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)

**Protected Person Information:** Party Type Code: CH4 Party Type Description: CHILD FOUR

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)

**Protected Person Information:** Party Type Code: CH5 Party Type Description: CHILD FIVE

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)

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 sheets

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, COLE COUNTY, MISSOURI

## Petition for Order of Protection - Child

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

Use this form when two to five children are involved with this case. Use CP40 for one child and CP41 for six to ten children.

Judge or Division: <b>DANIEL RICHARD GREEN</b>	<b>Case Number: 22AC-FC0</b> Court ORI Number: MSHP Number: Responsible Law Enforcement ORI: Related Cases: <span style="float:right">(Date File Stamp)</span>
<b>Petitioner:</b>  Protected Child 1: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 2: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 3: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 4: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 5: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<b>Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</b> Protected Child's Relationship to Respondent (Child 1): <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) _____  Protected Child's Relationship to Respondent (Child 2): <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) _____  Protected Child's Relationship to Respondent (Child 3): <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) _____  Protected Child's Relationship to Respondent (Child 4): <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) _____  Protected Child's Relationship to Respondent (Child 5): <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) _____
<b>vs.</b>	
<b>Respondent:</b>  Alias/Nicknames: Respondent's DOB: Age:  SSN (if known, last four digits): Race: <span style="margin-left: 150px;">Sex: <input type="checkbox"/> F <input type="checkbox"/> M</span> Hair Color: <span style="margin-left: 100px;">Height:</span> Eye Color: <span style="margin-left: 100px;">Weight:</span>  (Identifying Information for use by Law Enforcement) Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Respondent's Home Address:  Home Phone Number: Respondent's Work Address:  Work Phone Number: Work Hours: Other Locations Where Respondent May Be Served:

### I. PROTECTED CHILD INFORMATION

Complete questions 1 – 7 for each protected child.

#### Protected Child 1:

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

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> a household member who is residing with the child.</li> <li><input type="checkbox"/> a household member who resided with the child in the past.</li> <li><input type="checkbox"/> an emancipated child who is residing with the child.</li> <li><input type="checkbox"/> an emancipated child who resided with the child in the past.</li> <li><input type="checkbox"/> stalking the child.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> a household member under 17 who is residing with the child.</li> <li><input type="checkbox"/> a household member under 17 who resided with the child.</li> <li><input type="checkbox"/> a person under 17 stalking the child.</li> <li><input type="checkbox"/> sexually assaulting the child.</li> </ul> |
|--|---|

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

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)

owned  leased  rented

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"/> abused the child's pet(s)              |
| <input type="checkbox"/> harassed the child  | <input type="checkbox"/> threatened to do any of the above      |

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) \_\_\_\_\_  
\_\_\_\_\_

**Protected Child 2:**

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

- parent or guardian of the child.  
 guardian ad litem for the child.  
 court appointed special advocate for the child.  
 juvenile officer.

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), MO.

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.  
 There is a prior or pending custody order for this child.

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

owned  leased  rented

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"/> abused the child's pet(s)              |
| <input type="checkbox"/> harassed the child  | <input type="checkbox"/> threatened to do any of the above      |

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

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

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**Protected Child 3:**

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

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

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), MO.

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)

- 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)

- owned                       leased                       rented

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"/> abused the child's pet(s)              |
| <input type="checkbox"/> harassed the child  | <input type="checkbox"/> threatened to do any of the above      |

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

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---

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

**Protected Child 4:**

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

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.
- sexually assaulting the child.

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

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)

- owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

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

- caused or attempted to cause physical harm to the child
- placed or attempted to place the child in apprehension of immediate physical harm
- coerced the child
- stalked the child
- harassed the child
- sexually assaulted the child
- unlawfully imprisoned the child
- followed the child from place to place
- abused the child's pet(s)
- threatened to do any of the above

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) \_\_\_\_\_  
\_\_\_\_\_

**Protected Child 5:**

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

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.



2. Respondent is:
- a household member who is residing with the child.
  - a household member who resided with the child in the past.
  - an emancipated child who is residing with the child.
  - an emancipated child who resided with the child in the past.
  - stalking the child.
  - a household member under 17 who is residing with the child.
  - a household member under 17 who resided with the child.
  - a person under 17 stalking the child.
  - sexually assaulting the child.

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

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)  
 owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

6. Respondent has knowingly and intentionally: (check at least one)
- caused or attempted to cause physical harm to the child
  - placed or attempted to place the child in apprehension of immediate physical harm
  - coerced the child
  - stalked the child
  - harassed the child
  - sexually assaulted the child
  - unlawfully imprisoned the child
  - followed the child from place to place
  - abused the child's pet(s)
  - threatened to do any of the above

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(ren) 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"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<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(ren) (identified in item 10): \_\_\_\_\_

12.  Award visitation with the child(ren) 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(ren).
- Abusing or threatening to abuse the protected child(ren)'s pet(s).
- Having any contact with the protected child(ren), except as specifically authorized by this Order.
- Entering the family home of the protected child(ren), located at \_\_\_\_\_.
- Entering the place of employment or school of the protected child(ren), located at \_\_\_\_\_.
- Communicating with the protected child(ren) in any manner or through any medium.
- Come within \_\_\_\_\_ (feet) of the protected child(ren).
- Other: \_\_\_\_\_

14.  It is further requested that the Ex Parte Order of Protection exclude Respondent from the family home of the protected child(ren) because:

- It is in the best interest of the child(ren) remaining in the home;
- A substantial risk to the child(ren) exists unless Respondent is excluded;
- A remaining adult family or household member is able to care adequately for the child(ren) 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 Respondent from the family home of the protected child(ren) 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(ren) 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(ren), or abusing a pet.
- 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(ren), except as specifically authorized by this order.
- Award custody of the child(ren) 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 Respondent to make or continue to make the rent or mortgage payments to the residence occupied by the protected child(ren) 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(ren) by a shelter for victims of domestic violence.
- 21.  Order Respondent to pay the cost of medical treatment or services provided to protected child(ren) 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.  Award possession and care of any pet(s), along with any moneys necessary to cover medical costs that may have resulted from abuse of the pet(s).
- 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.
- 30.  Other (specify): \_\_\_\_\_  
\_\_\_\_\_

**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 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 455.510.3, 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).**