

**ONLINE INSTRUCTIONS FOR COMPLETING A PETITION FOR A  
CHILD ORDER OF PROTECTION CASE FILED IN THE  
FAMILY COURT OF ST. LOUIS COUNTY**

1. First, please take a moment and read the Adult Abuse Pamphlet. This pamphlet has been designed to answer the questions most frequently asked. [www.stlouiscodvcouncil.com](http://www.stlouiscodvcouncil.com)
2. There are no filing fees or costs assessed for filing a petition or when the court issues an order of protection.
3. You are filling out these forms in the interest of your child(ren), however, you are the “petitioner”. Whenever information referring to the “petitioner” is requested, it refers to you, the person filing the petition. Whenever information referring to the “respondent” is requested, it refers to the person the petition is being filed against.
4. These forms you are completing are called the “petition” and all questions must be answered as fully as possible. If the question does not apply to you, please answer one of the following: none, no, or not applicable (n/a), whichever is appropriate for that question.
5. Please provide your complete name and address, which includes the city, state, and zip code. Also provide your race, sex, date of birth and/or social security number. Please provide the same complete information for the respondent.
6. All blanks should be completed and all boxes that apply should be checked.
7. Question number 5 contains the types of “domestic violence” or “stalking” that can occur. Please check the boxes that apply to your situation. In completing the second half of the question, include the dates of abuse or stalking and be specific as to what occurred. Describe in your own words what happened. THIS ANSWER IS VERY IMPORTANT, IT IS USED TO DETERMINE WHETHER OR NOT THE ORDER WILL BE ISSUED.
8. Look at the remainder of the questions. If they apply to your situation, please answer the questions as fully as possible. If they do not apply, please answer no, none or not applicable (n/a), whichever is appropriate.
9. Pages 6 and 7 contain the “request” section of your petition. If you do not make a request, the request cannot be considered by the judge.
10. Upon completion, you will need to print all forms and submit them in person to the St. Louis County Adult Abuse Office during the normal business hours of Monday through Friday, 8:00 a.m. to 5:00 p.m., and Saturday, 9:00 a.m. to 12:00 p.m. The Adult Abuse Office does not accept any filings for orders of protection after 4:00 p.m. during the week.
11. Please do not sign any forms until you have been interviewed and assisted by an Adult Abuse Clerk or a representative from your local police department.
12. Please remember, after you have read the pamphlet and filled out the petition as completely as possible, an Adult Abuse Clerk or a representative from your local police department will try to answer any questions you may have regarding the adult abuse laws.
13. If you have special needs addressed by the American With Disabilities Act, please notify the Circuit Clerk’s Office at (314) 615-8029, FAX (314) 615-8739, or TTY (314) 615-4567, at least three business days in advance of the court proceeding.

**NOTE: If the respondent is under the age of 17, complete the Service Information for Adult Abuse/Child Protection Case for Respondents Under the Age of 17 form. (Form number CCFC222). Both service information forms are not required.**

**YOU MUST PROVIDE YOUR DATE OF BIRTH AND/OR YOUR FULL SOCIAL SECURITY NUMBER WHEN FILING FOR AN ORDER OF PROTECTION SO LAW ENFORCEMENT CAN ENTER THE INFORMATION IN THE MISSOURI HIGHWAY PATROL SYSTEM.**



# IN THE 21<sup>ST</sup> JUDICIAL CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

## Petition for Order of Child Protection

**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:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>Case Number:</b></td> <td rowspan="5" style="width:20%; text-align: center; vertical-align: middle;">(Date File Stamp)</td> </tr> <tr> <td>Court ORI Number: MO095015J</td> </tr> <tr> <td>MSHP Number:</td> </tr> <tr> <td>Responsible Law Enforcement ORI:</td> </tr> <tr> <td>Related Cases:</td> </tr> </table>	<b>Case Number:</b>	(Date File Stamp)	Court ORI Number: MO095015J	MSHP Number:	Responsible Law Enforcement ORI:	Related Cases:						
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Responsible Law Enforcement ORI:													
Related Cases:													
<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: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</b></td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> </table>	<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) _____	
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<b>vs.</b>													
<b>Respondent:</b>  Alias/Nicknames: Respondent's DOB: Age:	Respondent's Home Address:  Home Phone Number:  Respondent's Work Address:  Work Phone Number: Work Hours:  Other Locations Where Respondent May Be Served:												
SSN (if known, last four digits): <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Race:</td> <td style="width:50%;">Sex: <input type="checkbox"/> F <input type="checkbox"/> M</td> </tr> <tr> <td>Hair Color:</td> <td>Height:</td> </tr> <tr> <td>Eye Color:</td> <td>Weight:</td> </tr> </table> (Identifying Information for use by Law Enforcement)  Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Race:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Hair Color:	Height:	Eye Color:	Weight:							
Race:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M												
Hair Color:	Height:												
Eye Color:	Weight:												

### 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), 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)

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"/> 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)~~ \_\_\_\_\_

**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 or stalking 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 or stalking 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"/> 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 or stalking to the child exists because: (describe)

\_\_\_\_\_

\_\_\_\_\_

**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"/> stalking the child.  |  |

3. The act(s) of domestic violence or stalking 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 or stalking 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"/> 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 or stalking 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.

3. The act(s) of domestic violence or stalking 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 or stalking 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
- 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 or stalking 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:
- |   |  |
|---|--|
| <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"/> stalking the child.  |  |

3. The act(s) of domestic violence or stalking 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 or stalking 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"/> 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 or stalking 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, molesting, or disturbing the peace of the protected child(ren)).
- 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 the 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 Child Protection 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, stalk, molest, or disturb the peace of the protected child(ren).
- 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 that Respondent 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.  Other (specify):  
\_\_\_\_\_
- 27.  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.)
- 28.  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

**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).**

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

\_\_\_\_\_ Address (Optional)

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ Telephone

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

\_\_\_\_\_ Address

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ Telephone



In the  
**FAMILY COURT**  
Of St. Louis County, Missouri



┌  
For File Stamp Only  
└

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Date

vs.  
\_\_\_\_\_

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Division

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**FINANCIAL STATEMENT OF PETITIONER  
(ORDER OF PROTECTION)**

**I. Name, Address, and Telephone Number of Employer(s):**

\_\_\_\_\_  
Petitioner's Employer

\_\_\_\_\_  
Respondent's Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
City, State, & Zip Code

Salary \$\_\_\_\_\_per\_\_\_\_\_

Salary \$\_\_\_\_\_per\_\_\_\_\_

**II. Your Other Income**

Public Assistance \$\_\_\_\_\_per\_\_\_\_\_

Retirement \$\_\_\_\_\_per\_\_\_\_\_

Child Support \$\_\_\_\_\_per\_\_\_\_\_

Social Security \$\_\_\_\_\_per\_\_\_\_\_

Maintenance \$\_\_\_\_\_per\_\_\_\_\_

Other \$\_\_\_\_\_per\_\_\_\_\_

**III. Your Monthly Expenses (Please print approximate monthly amounts):**

Rent \$\_\_\_\_\_

Automobile (Gas, Payment, Repair) \$\_\_\_\_\_

Mortgage \$\_\_\_\_\_

Food \$\_\_\_\_\_

Utilities (Gas, Electricity \$\_\_\_\_\_

Clothing \$\_\_\_\_\_

Water, Telephone) \$\_\_\_\_\_

Medical Care \$\_\_\_\_\_

Day Care \$\_\_\_\_\_

All Other \$\_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_.

\_\_\_\_\_  
Deputy

\_\_\_\_\_  
Petitioner

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

**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/City of St. Louis: \_\_\_\_\_

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

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

<p><b>Petitioner/Protected Person Information:</b></p> <p>Party Type Code: _____ Party Type Description: _____</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>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p><b>Respondent Information:</b></p> <p>Party Type Code: _____ Party Type Description: _____</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>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p align="center"><b>Employer Information</b></p> <p>Petitioner/Protected Person Employer Name: _____</p> <p>Employer Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>Respondent Employer Name: _____</p> <p>Employer Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p>

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

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address (if not shown on previous page): \_\_\_\_\_

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 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 FAMILY COURT OF ST. LOUIS COUNTY, MISSOURI

ORI MO095015 J

PETITIONER \_\_\_\_\_

DATE \_\_\_\_\_

DAY \_\_\_\_\_ NIGHT \_\_\_\_\_  
PETITIONER'S TELEPHONE NUMBERS \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

RESPONDENT \_\_\_\_\_

DIVISION \_\_\_\_\_

Indicate to the right, petitioner's mailing address and telephone number(s). Only to be completed if disclosure would not endanger child or household member. (This information is needed when a notice of proceeding is to be sent to petitioner).

PETITIONER'S MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

## SERVICE INFORMATION FOR ADULT ABUSE/CHILD PROTECTION CASE FOR RESPONDENT'S UNDER THE AGE OF 17

### I. PLEASE CHECK THE ADDRESS WHERE THE RESPONDENT MAY MOST LIKELY BE SERVED

PARENT(S)/GUARDIAN(S) NAME \_\_\_\_\_ (Serve on behalf of respondent)

PARENT(S)/GUARDIAN(S) WORK ADDRESS

PARENT(S)/GUARDIAN(S) RESIDING ADDRESS

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NATURE OF WORK: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### II. CUSTODIAL PARENT(S)/GUARDIAN(S) NAME AND DESCRIPTION (If available, bring a photo of the Respondent with you to attach to this form)

NAME \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ SKIN COMPLEXION \_\_\_\_\_ HAIR LENGTH/STYLE \_\_\_\_\_

VISIBLE IDENTIFYING MARKS (tattoos, birthmarks, braces, beard, pierced ear, etc.) \_\_\_\_\_

NICKNAMES \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE # \_\_\_\_\_