



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI
Motion for Renewal of Full Order of Protection – Child

Judge or Division:	Case Number: Court ORI Number:
Petitioner:	MSHP Number: Responsible Law Enforcement ORI:
vs.	Related Cases:
Respondent:	
Alias/Nicknames:	

(Date File Stamp)

The Party Guardian Ad Litem Court Appointed Special Advocate requests that the court renew the Full Order of Protection - Child that was issued against Respondent on _____ (date) and terminates on _____ (date) for the reason that:

- The expiration of the full order will place the protected child(ren) in an immediate and present danger of domestic violence, stalking, or sexual assault.
- The circumstances forming the basis for the initial order continue to exist.
- The following incidents of domestic violence, stalking, sexual assault, or abuse of a pet have occurred since the date the petition was filed:

Other reasons:

Pursuant to section 455.516, RSMo, the Party Guardian Ad Litem Court Appointed Special Advocate requests that the court renew the Full Order of Protection - Child for at least 180 days and not more than one year. A finding by the court of a subsequent act of abuse is not required for a renewal order of protection.

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

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

I certify this document complies with all the redaction requirements of Court Operating Rule 2.

Date	
/S/ _____	_____
Movant's Signature	Attorney's Name, Missouri Bar No., if Applicable
_____	_____
Address (Optional)	Address
_____	_____
City, State and Zip	City, State and Zip
_____	_____
Telephone	Telephone

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

PETITIONER
SS# _____ Height _____ Weight _____
DOB _____ Sex _____ Hair Color _____ Eye Color _____ Race _____

CONFIDENTIAL
DO NOT SERVE WITH PETITION

Case No. _____

RESPONDENT
SS# _____ Height _____ Weight _____
DOB _____ Sex _____ Hair Color _____ Eye Color _____ Race _____

PROTECTION ORDER SERVICE INFORMATION AND SUMMARY SHEET

RESPONDENT'S WORK ADDRESS

RESPONDENT'S HOME ADDRESS

Petitioner/Respondent requests that service not be accomplished at work _____ (Initials)

Company Name/Work Hours _____

Street Address _____

Street Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

County _____ Phone Number _____

OTHER LOCATIONS WHERE RESPONDENT MAY BE FOUND

(Do not list Bars and Drinking Establishments)

Place or Name _____

Place or Name _____

Street Address _____

Street Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

RESPONDENT'S ADDITIONAL INFORMATION

(Attach Photo if Available)

MAKE OF CAR: _____ MODEL: _____ YEAR: _____ COLOR: _____ LICENSE #: _____

IS RESPONDENT ON PROBATION: _____ NAME OF PROBATION OFFICER: _____

DOES THE RESPONDENT CARRY A WEAPON OR FIREARM? _____

ARE THERE ANY PAST OR PENDING CASES WITH THIS OR ANY OTHER COURT (INCLUDING MUNICIPAL COURTS) IN WHICH THE PARTIES TO THIS FILING WERE INVOLVED IN: _____ IF YES, STATE ALL CASE NUMBERS, COURTS, AND CASE TYPES (INCLUDE EX PARTES, ANY FAMILY COURT MATTER, AND/OR CRIMINAL/ORDINANCE CASES): _____

IS THE RESPONDENT THE NATURAL MOTHER/FATHER OF THE MINOR CHILD(REN): _____
HAS THERE EVER BEEN A CUSTODY ORDER ENTERED BY THIS OR ANY OTHER COURT: _____
IF YES, WHO WAS GRANTED CUSTODY OF THE CHILD(REN): _____

PETITIONER'S ADDRESS, TELEPHONE NUMBER, AND OTHER INFORMATION

ADDRESS: _____ TELEPHONE: _____ DAY: _____

_____ EVENING: _____

EMAIL ADDRESS: _____

DOES EITHER PARTY REQUIRE AN INTERPRETER: _____ IF YES, WHICH PARTY(IES): _____
WHAT LANGUAGE: _____



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Name:	Case Number:
Address:	Case Type:
	Style of Case:
Document Filed:	(Date File Stamp)

Redaction Certification

The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Rules 19.10, 55.025, or 84.015.

COR 2.02

The responsibility for redacting confidential information rests solely with the counsel, parties, or any other person filing the document. Courts will not review each case document to ensure compliance and will not refuse to accept or file a document on that basis.

On and after the Expanded Remote Access Implementation Date: July 1, 2023

- All redactions shall be done in a manner that makes it clear that information has been redacted. If necessary to reference the redacted information in a redacted document, filers shall use generic descriptors.
- When a filer redacts information from a document offered for filing in any court, the filer also must file a confidential redacted information filing sheet that either:
 - has the unredacted version of the document attached; or
 - sets out the information redacted from the document with an explanation referencing where the information was redacted from in the document or the generic descriptors used in the document to reference the redacted information.
- All filers shall affirmatively certify compliance with the redaction requirements in Rules 19.10, 55.025, and 84.015 when a document is filed. This certification shall be accomplished through an automated process implemented in the electronic filing system for its authorized users or, for filers who are not authorized users of the electronic filing system, by a paper form attached to the document or on the document itself.
- When a motion is filed alleging a document filed with the court contains insufficiently redacted confidential information, the clerk shall raise the document's security level to a confidential setting. The court shall dispose of the motion within 30 days. If the court determines the document is sufficiently redacted, the clerk shall reset the document's security level to allow for proper public access.

I HAVE READ AND UNDERSTAND THE ABOVE.

_____ /S/ _____
Date Filer's Signature