IN THE _____ JUDICIAL CIRCUIT, _____, MISSOURI

Judge or Division:	**Case Number:**	
	Court ORI Number:	
Petitioner:	MSHP Number:	
	Responsible Law Enforcement ORI:	
vs.	Related Cases:	(Date File Stamp)

Respondent: Alias/Nicknames:	Respondent's Home Address: Home Phone Number:
Respondent's DOB: SSN (if known, last four digits): Race: Sex: ☐ F ☐ M	Respondent's Work Address: Work Phone Number: Work Hours:
	Other Locations Where Respondent May Be Served:
	Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: ☐ Spouse ☐ Child(ren) in common ☐ Former spouse ☐ Intimate residing/resided together ☐ Are/were in a continuing social relationship of a romantic/intimate nature ☐ Related by blood. Define relationship: _____ ☐ Related by marriage. Define relationship: _____ ☐ Residing/resided together; no intimacy ☐ Stalking/Sexual Assault. Define relationship: _____

Motion for Renewal of Full Order of Protection - Adult

The Petitioner requests that the court renew the Full Order of Protection that was issued against Respondent on
_____ (date) and terminates on _____ (date) for the reason that:

☐ The expiration of the full order will place me in 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 455.040, RSMo, Petitioner requests that the court renew the full order of protection for not less than 180 days and not more than one year. A finding by the court of a subsequent act of domestic violence, stalking, or sexual assault 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 455.030.3, 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.**

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

_____
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 CRIMINIAL/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:_____

FCCIS