



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Petition for Order of Protection - Adult

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

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
	Responsible Law Enforcement ORI:
vs.	Related Cases:
	(Date File Stamp)
Respondent:	Respondent's Home Address:
Alias/Nicknames:	Home Phone Number:
Respondent's DOB:	Respondent's Work Address:
Age:	Work Phone Number:
SSN (if known, last four digits):	Work Hours:
Race: Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Other Locations Where Respondent May Be Served:
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):	Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) in common <input type="checkbox"/> Former spouse <input type="checkbox"/> Intimate residing/resided together <input type="checkbox"/> Are/were in a continuing social relationship of a romantic/intimate nature <input type="checkbox"/> Related by blood. Define relationship: _____ <input type="checkbox"/> Related by marriage. Define relationship: _____ <input type="checkbox"/> Residing/resided together; no intimacy <input type="checkbox"/> Stalking/Sexual Assault. Define relationship: _____
I. PETITIONER INFORMATION	
1. I am Petitioner and <input type="checkbox"/> at least 17 years of age <input type="checkbox"/> under 17 but emancipated	
2. I reside in _____ (city), _____ (state), in the County of _____.	
II. RESPONDENT INFORMATION	
3. Respondent is <input type="checkbox"/> at least 17 years of age or emancipated <input type="checkbox"/> under 17	
4. Respondent may be found in _____ (city), _____ (state), in the County of _____.	
III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED	
5. An act of domestic violence, stalking, or sexual assault occurred at _____ (address), _____ (city), _____ (state), in the County of _____.	

IV. COMPLETE FOR DOMESTIC VIOLENCE PETITION ONLY

Relationship with Respondent

6. Respondent and I: (check one or more)

- ☐ reside together.
- ☐ previously resided together at _____ (address),
_____ (city), _____ (state), in the
County of _____.
- ☐ never resided together.

Residency

7. The residence in which I live is: (check one or more)

- ☐ jointly owned, leased or rented or jointly occupied by Respondent and me.
- ☐ owned, leased, rented or occupied by me.
- ☐ jointly owned, leased, rented or occupied by me and someone other than Respondent.
- ☐ owned, leased, rented or occupied by someone else, and Respondent is my spouse.
- ☐ jointly occupied by me and another person, and Respondent has no property interest therein.

Custody

List only the children that the Petitioner and Respondent have in common. The court cannot change custody if a prior order regarding custody is pending or has been made.

8. It is in the best interest of the minor children that custody be awarded as follows:

	<u>Child's Name</u>	<u>SSN (last 4 digits only)</u>	<u>Age</u>	<u>Address</u> (If other than Petitioner)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

	<u>Who did each Child reside with during last six months</u>	<u>Persons to Receive Custody</u>	<u>Custody</u> (check one or both)	
			<u>Temporary</u>	<u>Full</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(If necessary, attach additional sheets.)

V. COMPLETE FOR STALKING OR SEXUAL ASSAULT PETITION ONLY

9. Respondent is stalking or sexually assaulting me. Explain relationship (example: co-workers, neighbors, etc.)

VI. COMPLETE FOR ALL CASES

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

(If none, so state):

- a. Petitioner _____
- b. Respondent _____
- c. Children (identified in item 8) _____

Acts Committed by Respondent:

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

- | | |
|---|--|
| <input type="checkbox"/> caused or attempted to cause me physical harm | <input type="checkbox"/> sexually assaulted me |
| <input type="checkbox"/> placed or attempted to place me in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned me |
| <input type="checkbox"/> coerced me | <input type="checkbox"/> followed me from place to place |
| <input type="checkbox"/> stalked me | <input type="checkbox"/> abused my pet(s) |
| <input type="checkbox"/> harassed me | <input type="checkbox"/> threatened to do any of the above |

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

12. I am afraid of Respondent and there is an immediate and present danger of domestic violence to me or other good cause for an emergency temporary order of protection because: (describe)

13. ☐ Photographs/Exhibits are filed as evidence of my injuries.**VII. PETITIONER'S REQUESTS**

14. Pursuant to sections 455.010 - 455.085 RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check all that apply)

- ☐ committing or threatening to commit domestic violence, sexual assault, molesting, or disturbing the peace of Petitioner wherever Petitioner may be found.
- ☐ abusing or threatening to abuse Petitioner's pet(s).
- ☐ stalking Petitioner.
- ☐ entering the dwelling of Petitioner located at (see notice below) _____
- ☐ entering the premises of the Petitioner's school, located at _____.
- ☐ entering onto the premises of the Petitioner's place of employment, located at _____.
- ☐ come within _____ (feet) of the Petitioner.
- ☐ communicating with Petitioner in any manner or through any medium.
- ☐ other: _____

Additional Requests:

It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection enjoining Respondent from the above acts for such time as is necessary to protect Petitioner and that the court: (one or more may be selected)

Custody

15. ☐ Award custody of the minor child(ren) to ☐ Petitioner ☐ Respondent.
16. ☐ Order visitation with the minor child(ren) to ☐ Petitioner ☐ Respondent as follows:

Child Support/Maintenance

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

ADDITIONAL SPACE FOR NARRATIVE IF NEEDED

Other Support

19. ☐ Order that Respondent make or continue to make the rent or mortgage payments in the amount of \$ _____ (check one) ☐ per week ☐ per month on the residence occupied by Petitioner.
20. ☐ Order that Respondent pay Petitioner's rent at a residence, other than the residence previously shared with Respondent, in the amount of \$ _____ (check one) ☐ per week ☐ per month.
21. ☐ Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.
22. ☐ Order Respondent to pay the cost of medical treatment or services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by Respondent.

Personal Property

23. ☐ Order that Petitioner be given temporary possession of the following personal property:
24. ☐ Prohibit Respondent from transferring, encumbering, or otherwise disposing of the following property mutually owned or leased with Petitioner:

Counseling/Treatment

25. ☐ Order Respondent to participate in a court-approved counseling program designed for ☐ batterers and/or ☐ substance abuse.

Costs/Fees

26. ☐ Order Respondent to pay court costs.
27. ☐ Order Respondent to pay Petitioner's attorney fees.

Other

28. ☐ 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.
29. ☐ Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
30. ☐ 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).
31. ☐ Order Petitioner's residential address on voter's registration record to be closed to the public.
32. ☐ Other (specify): _____

VIII. 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

/s/

Petitioner's Signature

Address (Optional)

City, State and Zip

Telephone

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

Address

City, State, Zip Code

Telephone

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.**

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

PETITIONER
SS# _____ Height _____ Weight _____
DOB _____ Sex _____ Hair Color _____ Eye Color _____ Race _____
Case No. _____

CONFIDENTIAL
DO NOT SERVE WITH PETITION

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

PROTECTION ORDER SERVICE INFORMATION AND SUMMARY SHEET

RESPONDENT'S WORK ADDRESS

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

RESPONDENT'S HOME ADDRESS

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 16TH CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
FAMILY COURT DIVISION

at Kansas City at Independence

In Re the Matter of:	
Petitioner	Case Number _____
Respondent	*** The completion of this form is MANDATORY, with or WITHOUT children in common with the respondent.

FAMILY COURT INFORMATION SHEET

	PETITIONER	RESPONDENT
Name		
Residential Address		
Mailing Address		
Social Sec. No.		
Driver's License No.		
Home Phone No.		
Email Address		
Employer Name		
Employer Address		
Employer Phone No.		

List all unemancipated children who are subjects of this proceeding:

Name (last, first, middle)	DOB	Social Security No.	Children Reside with:	
			Petitioner	Respondent

☐ To assist in determining child support, have any of these children ever received welfare or Medicaid? ☐ Yes ☐ No

I certify that: ☐ There are no other related cases

☐ The following are the only cases pending or previously adjudicated in any court related to dissolution of marriage, custody, visitation, paternity, guardianship, adoption, child support, maintenance, abuse neglect or delinquent behavior (by the minor child/ren), or adult abuse of or by any parties to this action. I further state that the parties to this action have been known by other names, as stated below:

Indicate style of related case/case number/court and whether case is pending or closed:

I state that the parties to this action have been known by the following other names:

Each party shall have a continuing duty to update the information on this sheet as necessary until this matter has been disposed.

Date: _____ Petitioner: /S/ _____

RULE 68.1 Filing Requirement – Family Court Proceedings
Circuit Court Form 17 – Family Court Information sheet – shall be completed and attached to all initial pleadings filed in the Family Court Division

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

☐ AT KANSAS CITY ☐ AT INDEPENDENCE

NOTICE

You have requested an Ex Parte Order of Protection under the Adult and/or Child Abuse Protection Orders Act. If you leave the courthouse before the protective order is signed, or filed from a facility outside the courthouse, **YOU MUST RETURN LATER THE SAME DAY TO COLLECT YOUR SIGNED COPIES OF THE ORDER WHICH CONTAIN YOUR COURT DATE.**

Without a signed copy of the Ex Parte Order of Protection in your possession, enforcement by your local police department is unlikely.

IF YOU HAVE NOT ALREADY DONE SO, THE COURT RECOMMENDS THAT YOU SEEK THE ASSISTANCE OF A SHELTER IF RETURNING HOME POSES A THREAT TO YOUR SAFETY. A LIST OF AVAILABLE SHELTERS IS ON THE LAST PAGE OF THE ADULT/CHILD ABUSE BOOKLET PREVIOUSLY DISTRIBUTED.

/S/ _____
Petitioner's Signature

Date

- ☐ I, the above signed Petitioner, request that any paperwork be automatically emailed to myself at the email address given on the confidential information sheet. (Having the paperwork emailed to you does NOT prevent you from coming into the office to obtain hard copies of your paperwork as well.)
- ☐ I, the above signed Petitioner, request that an individual, other than myself be allowed to collect my Ex Parte Order of Protection.
- ☐ I, the above signed Petitioner, request that an advocate or an individual from the shelter, be allowed to collect my Ex Parte Order of Protection.

TO BE COMPLETED BY THE CLERK

Case number _____

This notice was:

Collected by Petitioner _____

Not Collected by Petitioner _____

Collected by the Undersigned (as requested above)

Signature

NOTICE TO CLERK

NOTIC

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

☐ AT KANSAS CITY

☐ AT INDEPENDENCE

☐ AT FAMILY COURT

PETITIONER

VS.

CASE NO. _____

RESPONDENT

MOTION TO ISSUE EXPARTE ORDER OR SUMMONS

COMES NOW Petitioner in the above referenced matter and requests that an Ex Parte Order of Protection be entered against Respondent.

In the alternative, upon review on the Petition for Order of Protection, and a denial by the Court, Petitioner hereby requests:

- ☐ that the matter be set for hearing and that the Court Administrator issue summons to the Respondent in the above listed case; or
- ☐ that the matter NOT BE SET FOR HEARING

Date

/S/

Petitioner

ORDER

- ☐ Petitioner's Motion is SUSTAINED. An Ex Parte Order of Protection is to be issued to the Petitioner and served on the Respondent.
- ☐ Petitioner's Motion is SUSTAINED. Summons is to be issued.
 - ☐ The Petitioner has requested that the matter not be set for hearing if the Petition for Order of Protection is denied an Ex Parte Order.
- ☐ Petitioner's Motion is DENIED. Petition for Ex Parte Order of Protection is hereby dismissed for the following reason:
 - ☐ The Court lacks jurisdiction to hear this matter.
 - ☐ The Petitioner has failed to state a claim upon which relief may be granted.

Date

Judge