



IN THE _____ JUDICIAL CIRCUIT, _____, MISSOURI

Motion for Renewal of Full Order of Protection - Child

Use this form when two to five children are involved with this case. Use CP25 for one child and CP26 for six to ten children.

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
Protected Child 1:	Responsible Law Enforcement ORI:
Age of Protected Child:	Related Cases:
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	(Date File Stamp)
Protected Child 2:	Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:
Age of Protected Child:	Protected Child's Relationship to Respondent (Child 1):
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Protected Child 3:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
Age of Protected Child:	<input type="checkbox"/> Other (specify) _____
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent (Child 2):
Protected Child 4:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Age of Protected Child:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<input type="checkbox"/> Other (specify) _____
Protected Child 5:	Protected Child's Relationship to Respondent (Child 3):
Age of Protected Child:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
	<input type="checkbox"/> Other (specify) _____
vs.	Protected Child's Relationship to Respondent (Child 4):
Respondent:	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child
Alias/Nicknames:	<input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent
	<input type="checkbox"/> Other (specify) _____
Respondent's DOB:	Protected Child's Relationship to Respondent (Child 5):
SSN (if known, last four digits):	<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) _____
	Respondent's Home Address:
	Home Phone Number:
	Respondent's Work Address:
	Work Phone Number:
	Work Hours:

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).

- ☐ 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).**

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 _____
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: _____