

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

Use this form when six to ten children are involved with this case. Use CP25 for one child and CP27 for two to five children.

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Child Child Step-Child or Former Step-Child	
	Child Child Step-Child or Former Step-Child Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ Other (specify)	

	Party Guardian Ad Litem Court Ap f Protection – Child that was issued against (date).	-								
	ration of the full order will place the protecte stalking, or sexual assault.	d child(re	n) in an immediate and	I present danger of domestic						
The circu	The circumstances forming the basis for the initial order continue to exist.									
	The following incidents of domestic violence, stalking, or sexual assault have occurred since the date the petition was filed:									
Other rea	asons:									
requests th finding by t	ant to section 455.516, RSMo, the Darty at the court renew the Full Order of Protection he court of a subsequent act of abuse is not ar/affirm under penalty of perjury that these t	on – Chile t required	d for at least 180 days for a renewal order of	and not more than one year. A protection.						
NOTICE:	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 on this motion. Do not provide this information if doing so will endanger the child.									
	Date									
<u>/S/</u>	Movant's Signature		Attorney's Name, M	lissouri 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

SS#		Height	PETITIONER Weight				NFIDENTIA ERVE WIT	AL H PETITION
DOB	Sex	Hair Color	Eye Color	Race	Case No.			
			RESPONDENT					
SS#		Height	Weight					
DOB	Sex	Hair Color	Eye Color	Race				
	PROT	ECTION O	RDER SERVICI	E INFORMA	TION A	ND SUMM	ARY SHEE	<u>Г</u>
		WORK ADDRESS ts that service not be ac	complished at work	(Initials)		RESPONDENT'	S HOME ADDR	ESS
	Company Nam	e/Work Hours				Street	Address	
	Street A	Address			City		State	ZIP
City	Sta	te	ZIP			County	Ph	one Number
		OTHE	R LOCATIONS WH (Do not list B	HERE RESPON Bars and Drinking Esta		Y BE FOUND		
		Place or Name				Place	or Name	
		Street Address				Street	Address	
City		State	ZIP	City		State		ZIP
			RESPONDENT'S	ADDITIONAL tach Photo if Available		<u>FION</u>		
MAKE OF C.	AR:	MC	DEL:	YEAR:	COL	OR:	LICENSE #:	
IS RESPOND	DENT ON PROE	BATION:		NAME OF PR	OBATION O	FFICER:		
DOES THE I	RESPONDENT	CARRY A WEA	PON OR FIREARM?					
PARTIES TO	THIS FILING	WERE INVOLVE	S WITH THIS OR AN D IN:	. IF YI	ES, STATE A	LL CASE NUME		VHICH THE AND CASE TYPES
HAS THERE	EVER BEEN A	CUSTODY ORD	HER/FATHER OF THE ER ENTERED BY THI F THE CHILD(REN):	S OR ANY OTH	ER COURT	: .		
		PETITIONI	E <mark>R'S</mark> ADDRESS, TELE	PHONE NUMBEI	R, AND OTH	ER INFORMATI	ON	
ADDRESS:				TELEPHONE:		DAY:		
						EVENING:		
				EMAIL ADDRE	SS:			
<mark>DOES EITHE</mark> WHAT LANG			PRETER:		CH PARTY(I	ES):		