



IN THE _____ JUDICIAL CIRCUIT, _____, MISSOURI

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.

Judge or Division:	Case Number:
	Court ORI Number:
Petitioner:	MSHP Number:
	Responsible Law Enforcement ORI:
	Related Cases:
Protected Child 1: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Respondent's Home Address:
Protected Child 2: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Home Phone Number: (Date File Stamp)
Protected Child 3: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Respondent's Work Address:
Protected Child 4: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Work Phone Number: Work Hours:
Protected Child 5: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:
Protected Child 6: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent (Child 1): <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) _____
Protected Child 7: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent (Child 2): <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) _____
Protected Child 8: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent (Child 3): <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) _____
Protected Child 9: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent (Child 4): <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) _____
Protected Child 10: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	Protected Child's Relationship to Respondent (Child 5): <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) _____
vs.	Protected Child's Relationship to Respondent (Child 6): <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:	Protected Child's Relationship to Respondent (Child 7): <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) _____
Alias/Nicknames:	
Respondent's DOB: SSN (if known, last four digits):	Protected Child's Relationship to Respondent (Child 8): <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) _____
	Protected Child's Relationship to Respondent (Child 9): <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) _____
	Protected Child's Relationship to Respondent (Child 10): <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) _____

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, or sexual assault 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 on this motion. **Do not provide this information if doing so will endanger the child.**

Date
/S/ _____
Movant's Signature

Address (Optional)

City, State and Zip

Telephone

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

Address

City, State and Zip

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: _____