



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

**Petition for Order of Protection - Child**

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

Use this form when two to five children are involved with this case. Use CP40 for one child and CP41 for six to ten children.

Judge or Division:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>Case Number:</b></td> <td rowspan="5" style="width:20%; text-align: center; vertical-align: middle;">(Date File Stamp)</td> </tr> <tr> <td>Court ORI Number:</td> </tr> <tr> <td>MSHP Number:</td> </tr> <tr> <td>Responsible Law Enforcement ORI:</td> </tr> <tr> <td>Related Cases:</td> </tr> </table>	<b>Case Number:</b>	(Date File Stamp)	Court ORI Number:	MSHP Number:	Responsible Law Enforcement ORI:	Related Cases:						
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Responsible Law Enforcement ORI:													
Related Cases:													
<b>Petitioner:</b>  Protected Child 1: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____  Protected Child 2: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____  Protected Child 3: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____  Protected Child 4: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____  Protected Child 5: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</b></td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> <tr> <td colspan="2">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) _____</td> </tr> </table>	<b>Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</b>		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'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'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'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'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) _____	
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<b>vs.</b>													
<b>Respondent:</b>  Alias/Nicknames: Respondent's DOB: Age:	Respondent's Home Address:  Home Phone Number:  Respondent's Work Address:  Work Phone Number: Work Hours:												
SSN (if known, last four digits): <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Race:</td> <td style="width:30%;">Sex: <input type="checkbox"/> F <input type="checkbox"/> M</td> </tr> <tr> <td>Hair Color:</td> <td>Height:</td> </tr> <tr> <td>Eye Color:</td> <td>Weight:</td> </tr> </table> (Identifying Information for use by Law Enforcement)  Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Race:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Hair Color:	Height:	Eye Color:	Weight:	Respondent's Work Address:  Work Phone Number: Work Hours:  Other Locations Where Respondent May Be Served:						
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Hair Color:	Height:												
Eye Color:	Weight:												

**I. PROTECTED CHILD INFORMATION**

Complete questions 1 – 7 for each protected child.

**Protected Child 1:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> a household member who is residing with the child.</li> <li><input type="checkbox"/> a household member who resided with the child in the past.</li> <li><input type="checkbox"/> an emancipated child who is residing with the child.</li> <li><input type="checkbox"/> an emancipated child who resided with the child in the past.</li> <li><input type="checkbox"/> stalking the child.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> a household member under 17 who is residing with the child.</li> <li><input type="checkbox"/> a household member under 17 who resided with the child.</li> <li><input type="checkbox"/> a person under 17 stalking the child.</li> <li><input type="checkbox"/> sexually assaulting the child.</li> </ul> |
|--|---|

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4.  There are no prior or pending custody orders for this child.  
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_.

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe) \_\_\_\_\_

\_\_\_\_\_

### Protected Child 2:

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.  
 guardian ad litem for the child.  
 court appointed special advocate for the child.  
 juvenile officer.

2. Respondent is:

- |   |  |
|---|--|
| <input type="checkbox"/> a household member who is residing with the child.           | <input type="checkbox"/> a household member under 17 who is residing with the child. |
| <input type="checkbox"/> a household member who resided with the child in the past.   | <input type="checkbox"/> a household member under 17 who resided with the child.     |
| <input type="checkbox"/> an emancipated child who is residing with the child.         | <input type="checkbox"/> a person under 17 stalking the child.                       |
| <input type="checkbox"/> an emancipated child who resided with the child in the past. | <input type="checkbox"/> sexually assaulting the child.                              |
| <input type="checkbox"/> stalking the child.  |  |

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4.  There are no prior or pending custody orders.  
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_.

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

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

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

\_\_\_\_\_

\_\_\_\_\_.

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe) \_\_\_\_\_

\_\_\_\_\_.

**Protected Child 3:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- |   |  |
|---|--|
| <input type="checkbox"/> a household member who is residing with the child.           | <input type="checkbox"/> a household member under 17 who is residing with the child. |
| <input type="checkbox"/> a household member who resided with the child in the past.   | <input type="checkbox"/> a household member under 17 who resided with the child.     |
| <input type="checkbox"/> an emancipated child who is residing with the child.         | <input type="checkbox"/> a person under 17 stalking the child.                       |
| <input type="checkbox"/> an emancipated child who resided with the child in the past. | <input type="checkbox"/> sexually assaulting the child.                              |
| <input type="checkbox"/> stalking the child.  |  |

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

- There are no prior or pending custody orders for this child.
- There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

- owned                       leased                       rented

By:  Respondent                       Petitioner                       Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_.

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

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

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

\_\_\_\_\_

\_\_\_\_\_.

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because:  
(describe) \_\_\_\_\_  
\_\_\_\_\_.

**Protected Child 4:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.
- sexually assaulting the child.

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address)  
\_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis),  
Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4.  There are no prior or pending custody orders for this child.  
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

- owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_.

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

- caused or attempted to cause physical harm to the child
- placed or attempted to place the child in apprehension of immediate physical harm
- coerced the child
- stalked the child
- harassed the child
- sexually assaulted the child
- unlawfully imprisoned the child
- followed the child from place to place
- threatened to do any of the above

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

\_\_\_\_\_  
\_\_\_\_\_.

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because:  
(describe) \_\_\_\_\_  
\_\_\_\_\_.

**Protected Child 5:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:
- a household member who is residing with the child.
  - a household member who resided with the child in the past.
  - an emancipated child who is residing with the child.
  - an emancipated child who resided with the child in the past.
  - stalking the child.
  - a household member under 17 who is residing with the child.
  - a household member under 17 who resided with the child.
  - a person under 17 stalking the child.
  - sexually assaulting the child.

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4.  There are no prior or pending custody orders for this child.  
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)  
 owned  leased  rented  
 By:  Respondent  Petitioner  Other (name) \_\_\_\_\_  
 Occupied by: (include name only if different from above) \_\_\_\_\_.

6. Respondent has knowingly and intentionally: (check at least one)
- caused or attempted to cause physical harm to the child
  - placed or attempted to place the child in apprehension of immediate physical harm
  - coerced the child
  - stalked the child
  - harassed the child
  - sexually assaulted the child
  - unlawfully imprisoned the child
  - followed the child from place to place
  - threatened to do any of the above

by the following acts: (Include the most recent date(s) of the acts described.)  
 \_\_\_\_\_  
 \_\_\_\_\_.

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe) \_\_\_\_\_  
 \_\_\_\_\_.

**II. RESPONDENT INFORMATION**

8. Respondent is  at least 17 years of age or emancipated  under 17  
 9. Respondent may be found in \_\_\_\_\_ (city), \_\_\_\_\_ (state), in the County of \_\_\_\_\_.

**III. CUSTODY**

The court cannot change custody if a prior order regarding custody is pending or has been made.

10. It is in the best interest of the child(ren) that custody be awarded as follows:

<u>Child's Name</u>	<u>Relationship to Parties</u>	<u>Person to Receive Custody</u>	<u>Temporary</u>	<u>Full</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

(If none, so state):

- a. Petitioner: \_\_\_\_\_.
- b. Respondent: \_\_\_\_\_.
- c. Child(ren) (identified in item 10): \_\_\_\_\_.

12.  Award visitation with the child(ren) as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. PETITIONER'S REQUESTS

13. Pursuant to chapter 455, RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check boxes that apply)

- Committing or threatening to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child(ren).
- Having any contact with the protected child(ren), except as specifically authorized by this Order.
- Entering the family home of the protected child(ren), located at \_\_\_\_\_.
- Entering the place of employment or school of the protected child(ren), located at \_\_\_\_\_.
- Communicating with the protected child(ren) in any manner or through any medium.
- Come within \_\_\_\_\_ (feet) of the protected child(ren).
- Other: \_\_\_\_\_  
\_\_\_\_\_

14.  It is further requested that the Ex Parte Order of Protection exclude Respondent from the family home of the protected child(ren) because:

- It is in the best interest of the child(ren) remaining in the home;
- A substantial risk to the child(ren) exists unless Respondent is excluded;
- A remaining adult family or household member is able to care adequately for the child(ren) in the absence of Respondent; and
- A commitment has been obtained from the Children's Division to provide appropriate social services to the family or household members during the period of time during which an Order of Protection is in effect.

15.  Exclusion of the Respondent from the family home of the protected child(ren) is not being requested.

#### Additional Requests:

16. It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection - Child enjoining Respondent from the above acts for such time as is necessary to protect the protected child(ren) and that the court:

- Order Respondent not to commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child(ren).
- Order Respondent not to have any contact with the protected child(ren), except as specifically authorized by this order.
- Order Respondent not to enter the family home, place of employment or school of the protected child(ren), except as specifically authorized by this order.
- Award custody of the child(ren) to \_\_\_\_\_.

#### Child Support/Maintenance

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

**Other Support**

- 19.  Order that Respondent make or continue to make the rent or mortgage payments to the residence occupied by the protected child(ren) in the amount of \$ \_\_\_\_\_  per week  per month.
- 20.  Order Respondent to pay a reasonable fee for housing and other services provided to the protected child(ren) by a shelter for victims of domestic violence.
- 21.  Order Respondent to pay the cost of medical treatment or services provided to protected child(ren) as a result of injuries sustained by an act of domestic violence committed by Respondent.

**Counseling/Treatment**

- 22.  Order Respondent to participate in a court-approved counseling program designed to help batterers stop violent behavior or a substance abuse program.

**Costs/Fees**

- 23.  Order Respondent to pay court costs.
- 24.  Order Respondent to pay Petitioner's attorney fees.

**Other**

- 25.  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.
- 26.  Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 27.  Other (specify): \_\_\_\_\_  
\_\_\_\_\_
- 28.  I believe that revealing my address will endanger myself or the protected child(ren). (Note: If checked, complete the Child Protection Petitioner and Protected Child Information (Confidential Record) form.)
- 29.  Order Petitioner's residential address on voter's registration record be closed to the public.

**V. 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

**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 petition. **Do not provide this information if doing so will endanger the child(ren).**

\_\_\_\_\_

Petitioner'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/Eye Color \_\_\_\_\_ Race \_\_\_\_\_

**CONFIDENTIAL**  
**DO NOT SERVE WITH PETITION**

Case No. \_\_\_\_\_

RESPONDENT

SS# \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
DOB \_\_\_\_\_ Sex \_\_\_\_\_ Hair/Eye Color \_\_\_\_\_ Race \_\_\_\_\_

**ADULT/CHILD ABUSE SERVICE INFORMATION AND SUMMARY SHEET**

PETITIONER/RESPONDENT'S WORK ADDRESS

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

PETITIONER/RESPONDENT'S HOME ADDRESS

Company Name/Work Hours \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_

OTHER LOCATIONS WHERE PETITIONER/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 \_\_\_\_\_

PETITIONER/RESPONDENT ADDITIONAL INFORMATION

(Attach Photo if Available)

MAKE OF CAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

IS PETITIONER/RESPONDENT ON PROBATION: \_\_\_\_\_ NAME OF PROBATION OFFICER: \_\_\_\_\_

**DOES THE PETITIONER/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):

HAS THERE EVER BEEN A CUSTODY ORDER ENTERED BY THIS OR ANY OTHER COURT: \_\_\_\_\_ IF YES, WHO WAS GRANTED CUSTODY OF THE CHILD(REN): \_\_\_\_\_

IS THE PETITIONER/RESPONDENT THE NATURAL MOTHER/FATHER OF THE MINOR CHILD(REN): \_\_\_\_\_

PETITIONER/RESPONDENT'S ADDRESS, TELEPHONE NUMBER, AND OTHER INFORMATION

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DAY: \_\_\_\_\_

\_\_\_\_\_ EVENING: \_\_\_\_\_

WHO REFERRED YOU TO THIS OFFICE: \_\_\_\_\_

DOES EITHER PARTY REQUIRE AN INTERPRETER: \_\_\_\_\_ IF YES, WHAT LANGUAGE: \_\_\_\_\_

**ORIGINAL (FILE IN CLOSED FILE)**  
**DO NOT FILE IN COURT'S CASE FILE**



**IN THE 16<sup>TH</sup> CIRCUIT COURT OF JACKSON COUNTY, MISSOURI  
FAMILY COURT DIVISION**

at Kansas City     at Independence

In Re the Matter of:	Case Number _____
Petitioner	
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.		
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: \_\_\_\_\_

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

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

\_\_\_\_\_  
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

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 Abuse Act and /or Child 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.**

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Time and Date

- 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**

(Stamp and Place in the case file folder.)