



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:	
	Related Cases:	(Date File Stamp)
vs.		
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:	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: _____	
Eye Color: Weight:		
(Identifying information for use by Law Enforcement)		
Visible Identifying Marks (e.g. tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):		

**I. PETITIONER INFORMATION**

- I am Petitioner and  at least 17 years of age  under 17 but emancipated
- I reside in \_\_\_\_\_ (city), \_\_\_\_\_ (state),  
in the County of \_\_\_\_\_.

**II. RESPONDENT INFORMATION**

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

**III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED**

- 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 9) \_\_\_\_\_

**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"/> threatened to do any of the above |
| <input type="checkbox"/> harassed me  |  |

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.  Order Petitioner's residential address on voter's registration record to be closed to the public.

15. 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.
- 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**

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

\_\_\_\_\_

\_\_\_\_\_

**Child Support/Maintenance**

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

**Other Support**

- 20.  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.
- 21.  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.
- 22.  Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.
- 23.  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**

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

**Counseling/Treatment**

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

**Costs/Fees**

- 27.  Order Respondent to pay court costs.
- 28.  Order Respondent to pay Petitioner's attorney fees.

**Other Orders**

- 29.  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.
- 30.  Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 31.  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

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

\_\_\_\_\_ Address (Optional)

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ Telephone

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

\_\_\_\_\_ Address

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ 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/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.)