IN THE _____ JUDICIAL CIRCUIT, _____, MISSOURI

Motion for Renewal of Full Order of Protection – Child
Use this form when one child is involved with this case. Use CP27 for two to five children and CP26 for six to ten children.

Judge or Division:	**Case Number:**
	Court ORI Number:
Petitioner:	MSHP Number:
Protected Child:	Responsible Law Enforcement ORI:
Age of Protected Child:	Related Cases:
Sex: ☐ F ☐ M Race:	Respondent's Home Address:
vs.	
Respondent:	
Alias/Nicknames:	Home Phone Number:
Respondent's DOB: SSN (if known, last four digits):	Respondent's Work Address:
	Work Phone Number:
	Work Hours: (Date File Stamp)

Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:
☐ Child   ☐ Step-Child or Former Step-Child
☐ Parent is Unmarried, Intimate Residing/Resided with Respondent
☐ 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(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

_____
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
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 CRIMINIAL/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:_____

FCCIS