



Pro-se Filing Information & Responsibilities

Who suggested that you file this order? _____

A police report has been made on (date) _____ with (agency) _____

To file in Lawrence County either you must reside there, the person you're filing against can be served there, or the incident occurred there.

To file for yourself you must be over the age of seventeen or otherwise emancipated.

To file against someone who is seventeen or younger you must first contact the Juvenile Office.
(Juvenile Office: 417-235-6245, address 309 E Cleveland Ave, Monett, MO 65708)

To file for any child(ren) you must be their parent or legal guardian.

To file for custody there cannot be any prior order regarding custody pending or having been made involving the child(ren) and the person being filed against.

Failure to fully complete and/or changing the pre-printed text on the petition may result in a denial of the petition.

When filing out the "Acts Committed by Respondent" section (#11/12 on the Adult Petition or #6/7 on the Child(ren) Petition), please be **current**, **specific**, and **detailed**. If more space is required, additional pages are available and can be attached to the petition. **Please do not write on the back of the petition or any additional pages.**

At the request of the court, a background check will be made to see what legal actions have been taken or are pending against the parties involved in this protection order.

There is no filing fee or court costs associated with filing for an order of protection.

If the Judge sets the petition for a court date, notice will be provided to the petitioner, however, **it is the petitioner's responsibility to be aware of their court date. Failure to appear may result in a dismissal of the case.**

If the respondent violates the order, it is the petitioner's responsibility to make a police report.

If a Guardian ad Litem is appointed to represent the child(ren), the court will assess the costs at the hearing.

If the allegations regarding the children qualify under the mandated abuse/neglect reporting law, a hotline call will be made to the Children's Division.

For additional resources, forms, and general information, including the redaction requirements of Court Operating Rule 2, please visit www.selfrepresent.mo.gov

I have read this document, or had it read to me, and affirm that I qualify to file for an order of protection and I understand my responsibilities as the petitioner,

Signature of Petitioner

Date



Confidential Case Filing Information Sheet

Required at Time of Filing Petition

NOTICE TO LAW ENFORCEMENT:

This is a confidential form and shall be used only to validate the electronic transfer of the case into the Missouri Uniform Enforcement System (MULES).

DO NOT SERVE THIS FORM TO THE RESPONDENT.

For COURT USE ONLY:

Pursuant to 455, RSMo,

- Ex parte petition granted, case set for hearing.
 Custody awarded to Petitioner.
 Ex parte petition denied, case dismissed.
 Ex parte petition denied, case set for hearing.

So ordered,

/s/ _____
 Judge Date

NOTE: It is the parties' responsibility to keep the court informed of any change of address or employment.

Petitioner:

The adult victim of domestic violence, stalking, or sexual assault, or person filing on behalf of the child(ren).

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Confidential Address [If checked, do not write address anywhere on petition.] Petitioner alleges they/the child(ren) would be endangered if their address was disclosed, therefore requests it be maintained as confidential.

Email Address: _____

DOB: _____ Gender: _____ SSN: _____ Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Respondent:

The person alleged to have committed domestic violence, stalking, or sexual assault.

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Email Address: _____

DOB: _____ Gender: _____ SSN: _____ Race: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

The following information regarding children is required. Complete this section for any child subject to the action of this case.

Child(ren):**Any person under the age of eighteen.**

Child 1 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 2 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 3 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 4 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 5 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 6 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 7 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 8 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 9 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

Child 10 Name: _____

SSN: _____ DOB: _____ Gender: _____ Race: _____

 Check if more than ten children and attach additional sheet
Instructions

✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The full Social Security Number (SSN) is **required** pursuant to section 509.520, RSMo. This is a confidential document due to the SSN and possible confidential addresses. This information is used to open a case in the courts case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Submitted by: _____ Bar ID (required if attorney): _____

If not shown above:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

NOTE: It is the parties' responsibility to keep the court informed of any change of address or employment.

Instructions to Clerk

A copy of this form shall be sent to law enforcement to validate the electronic transfer of the case into MULES. This document must be saved in the case management system with a document security level of 6 making this a sealed document.



Petition for Order of Protection - Adult

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

Judge or Division:	Case Number:	(Date File Stamp)
Petitioner:	Related Cases:	
vs.		
Respondent:	Respondent's Home Address:	
Alias/Nicknames:	Home Phone Number:	
Respondent's Year of Birth:	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 18 years of age or emancipated under 18.
- 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 child(ren) that Petitioner and Respondent have in common. The court cannot change custody if a prior order regarding custody is pending or has been made. **Do not include the name of each child on this form. Include the name(s) on the Confidential Redacted Information Filing Sheet.**

8. It is in the best interest of the minor, unemancipated child(ren) that custody be awarded as follows:

<u>Child's Initials Only</u>	<u>Age</u>	<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 8) _____

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"/> abused my pet(s) |
| <input type="checkbox"/> harassed me | <input type="checkbox"/> threatened to do any of the above |

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. 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.
- abusing or threatening to abuse Petitioner's pet(s).
- stalking Petitioner.
- entering the dwelling of Petitioner located at (see notice below) _____
_____.
- entering the premises of Petitioner's school, located at _____
_____.
- entering onto the premises of Petitioner's place of employment, located at _____
_____.
- coming within _____ (feet) of 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

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

Child Support/Maintenance

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

Other Support

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

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

Counseling/Treatment

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

Costs/Fees

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

Other

- 28. Order the full order of protection issued for one year be automatically renewed unless Respondent requests a hearing at least 30 days prior to the expiration of the order.
- 29. Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 30. Award possession and care of any pet(s), along with any moneys necessary to cover medical costs that may have resulted from abuse of the pet(s).
- 31. Order Petitioner's residential address on voter's registration record to be closed to the public.
- 32. 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 Respondent.**

I certify this document complies with all the redaction requirements of Court Operating Rule 2.

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 petition. **Do not provide this information if doing so will endanger you.**