



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.



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 one child is involved with this case. Use CP42 for two to five children and CP41 for six to ten children.

Do not include the name of the child on this form. Include the name on the Confidential Redacted Filing Information Sheet.

Judge or Division:	Case Number:	(Date File Stamp)
Petitioner:	Related Cases:	
Protected Child Initials Only: 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's Relationship to Respondent: <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:		
Alias/Nicknames:		
Respondent's Year of Birth: Age: SSN (if known, last four digits): Race: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M Hair Color: _____ Height: _____ Eye Color: _____ Weight: _____ (Identifying Information for use by Law Enforcement) Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses): _____	Respondent's Home Address: Home Phone Number: Respondent's Work Address: Work Phone Number: Work Hours: Other Locations Where Respondent May Be Served:	

I. PROTECTED CHILD INFORMATION

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 18 who is residing with the child.
- ☐ a household member under 18 who resided with the child.
- ☐ a person under 18 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), MO.

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"/> abused the child's pet(s) |
| <input type="checkbox"/> harassed the child | <input type="checkbox"/> 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 18 years of age or emancipated ☐ under 18.
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.
Do not include the name of the child on this form. Include the name on the Confidential Redacted Information Filing Sheet.

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

Child's Initials Only Relationship to Parties Person to Receive Custody Temporary Full

_____ _____ _____ ☐ ☐

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 (identified in item 10): _____

12. ☐ Award visitation with the child 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.
- ☐ Abusing or threatening to abuse the protected child's pet(s).
- ☐ Having any contact with the protected child, except as specifically authorized by this Order.
- ☐ Entering the family home of the protected child, located at _____.
- ☐ Entering the place of employment or school of the protected child, located at _____.
- ☐ Communicating with the protected child in any manner or through any medium.
- ☐ Coming within _____ (feet) of the protected child.
- ☐ Other: _____.

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

- It is in the best interest of the child to remain in the home;
- A substantial risk to the child exists unless Respondent is excluded;
- A remaining adult family or household member is able to care adequately for the child 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 Respondent from the family home of the protected child 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 child 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 or abusing a pet.
- ☐ Order Respondent not to have any contact with the protected child except as specifically authorized by this order.
- ☐ Order Respondent not to enter the family home, place of employment or school of the protected child except as specifically authorized by this order.
- ☐ Award custody of the child 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 Respondent to make or continue to make the rent or mortgage payments to the residence occupied by the protected child 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 by a shelter for victims of domestic violence.
21. ☐ Order Respondent to pay the cost of medical treatment or services provided to protected child 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 at least 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. ☐ 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).
28. ☐ I believe that revealing my address will endanger myself or the protected child. (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.
30. ☐ Other (specify): _____
_____.

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 Respondent.**

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

Date

Petitioner's Signature

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

Address (Optional)

City, State and Zip

Telephone

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

Address

City, State and Zip

Telephone