

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 describing what happened, please be <u>current</u>, <u>specific</u>, and <u>detailed</u>. 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.

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**. Petitioners are advised to contact the court if the notice of the court date has not been received after 3 – 5 business days.

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 <u>www.selfrepresent.mo.gov</u>

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. Ex parte petition denied, case set for hearing. So ordered, /s/ Judge Date		
NOTE: It is the parti Petitioner:	es' responsibility to l	keep the cou	rt informed of any change	e of address or employment.	
	mestic violence, stall	king, or sexua	al assault, or person filing	g on behalf of the child(ren).	
Name: (Last)		(First)		_ (Middle)	
Address:				· · ·	
			Phone Number:		
child(ren) would be	endangered if their add	dress was disc		Petitioner alleges they/the the maintained as confidential.	
Email Address:					
				Race:	
Height:	Weight:	Hair	Color:	_ Eye Color:	
Employer Name:					
Employer Address:					
City:	State:	Zip:	Phone Number: _		
			e, stalking, or sexual ass		
. ,				_ (Middle)	
Address:					
City:	State:	Zip:	Phone Number: _		
DOB:	Gender:		SSN:	Race:	
Height:	Weight:	Hair	Color:	_ Eye Color:	
Employer Name:					

The following information	regarding chi	ildren is requir	ed. Complete	this section for	or any child	I subject to th	e action o	of this
case.								

Chi	ld((ren):
		·	/-

Any per	rson under the age of	f eighteen.			
Child [·]	1 Name:				
SSN:		DOB:	_ Gender:	Race:	
Child 2	2 Name:				
		DOB:			
Child 3	3 Name:				
SSN:		DOB:	_ Gender:	Race:	
Child 4	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	8 Name:				
SSN:		DOB:	_ Gender:	Race:	
Child 9	9 Name:				
SSN:		DOB:	_ Gender:	Race:	
Child '	10 Name:				
SSN:		DOB:	_ Gender:	Race:	
🗌 Ch	eck if more than ten ch	nildren and attach additional she	et		
		Instruct			
√ lf ac	ditional snace is need	ed complete additional Confider	ntial Case Filing Information S	chaote	
 If additional space is needed, complete additional Confidential Case Filing Information Sheets. NOTE: The full Social Security Number (SSN) is <i>required</i> 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. 					
Submitte	ed by:		Bar ID (required if attorney):		
If not sh	own above:				
Address	::				
City:			State:	Zip:	
Phone:			Email Address:		
ΝΟΤΙ	E: It is the parties' res	sponsibility to keep the court i	nformed of any change of a	ddress 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.					

Confidential Redacted Information Filing Sheet Order of Protection - Child

TO BE SERVED WITH THE PETITION.

	Petitioner Information				
Your full name:					
	Respondent Information				
Name:					
	Child Information				
Address:					



Petition for a Court Order of Protection - Child

<u>Lawrence</u> County, Missouri Circuit Court (County where court is located. City of Saint Louis is considered a county.)

Use this form to ask for a court Order of Protection on behalf of a child (person under 17 years of age unless otherwise emancipated) who has been a victim of child abuse, sexual assault, or stalking. The Petitioner must be a parent, guardian, guardian ad litem, a court appointed special advocate, or a juvenile officer. Learn more: https://www.courts.mo.gov/page.jsp?id=383. This form is for use for one child. Do not include the name of the child on this form. Include the name on the Confidential Redacted Filing Information Sheet.

Case Number <u>24LW-PN00</u> (Will be assigned by the court when case is filed)

(Your Name) Petitioner,

You are the **Petitioner**. The Petitioner is the person who starts a court case.

I am the

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

Child needing protection:

Protected Child Initials Only:						
Age:	Sex: 🗌 F 🗌 M	Race:				
And						

Respondent.

The **Respondent** is the person the child needs protection from.

A. Information about the people involved in this case

Information about the protected child.

The person the child needs protection from will get a copy of this form.

Child

Relationship to Respondent: Child Child Step-child or former step-child parent is unmarried, intimate residing/resided with Respondent Other (specify):	
 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. sexually assaulting the child. 	
This happened at	(address),
(city), Missouri, in the County of	
The family home of the child is: (check the boxes that apply) owned leased rented By: Respondent Petitioner Other (name) Occupied by: (include name only if different from above)	
Respondent has knowingly and intentionally: (check all the boxes that apply) 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 unlawfully assaulted the child followed the child from place to place abused the child's pet(s) threatened to do any of the above	
Please describe in detail what happened:	

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

Information about the person the child needs protection from. The court and law enforcement will use this section to try to find the Respondent. Fill in as much information as you can. If you don't know something, leave it blank. Alias or nickname (list all): Last four digits of social security number: _____ Age: _ Is \square at least 18 years of age or emancipated \square under 18. Race: ____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Identifying marks (Examples: tattoos, birthmark, braces, beard, pierced ear, glasses): Home address: City: _____ County: _____ Phone number: Work name: _____ Work address: _____ Work phone: ______ Work hours: _____ Other places law enforcement may find Respondent to serve the paperwork:

B. I am asking the court to

Use this section to ask the court for what you want in the case. Check all boxes that apply.

1. Order an Ex Parte (emergency) Order of Protection. Ex parte means this request can be granted without a hearing. It is a temporary order.

2. Order a Full Order of Protection.

The court will schedule a hearing about your request and may grant the order after listening to both sides.

3.	I want th	e court to	order	Respond	lent not	to:
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commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or
disturbing the peace of the protected child.

abuse or threaten to abuse the protected child's pet(s)	3).
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	enter the family	y home o	of the	protected	child,	located	at
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enter the school(s) of the protected child, located at _____

enter the place of work of the child, located at _____

come within _____ (feet) of the protected child.

communicate with the protected child by phone, email, text, social media, or in any other way.

have any contact with the protected child except as specifically authorized by the court order.
other:

I am requesting 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 which an Order of Protection is in effect

I am not requesting exclusion of Respondent from the family home of the protected child.

- 4. Award custody or visitation of the protected child as listed in C. below.
- 5. Order Respondent to pay child support, maintenance, other support, court fees, or for injuries I received.

Child support is money paid by one parent to the other parent or guardian for the financial support of a child. Child support may be ordered by a court or child support enforcement agency.

Maintenance is money paid by one ex-spouse to the other ex-spouse for financial support of the spouse. Maintenance may be ordered by a court during or after a divorce.

I ask Respondent to pay \$ _____ in **child support** to me every ___ week ___ month.

I ask Respondent to pay \$ _____ in **maintenance** to me every week month.

I ask Respondent to pay \$	to me for rent or mortgage payments
to the residence occupied by th	e protected child _ per week _ per month on
the home that I live in.	

I ask Respondent to pay \$	to me for reasonable housing or other
services provided to the protected	child by a shelter for victims of domestic violence
🗌 per week 🔲 per month.	

	I ask Respondent to pay \$ to me for medical treatment or services provided to the protected child as a result of injuries sustained by an act of domest violence committed by Respondent.				
	I ask Respondent to pay court costs.				
	I ask Respondent to pay attorney fees.				
6.	Order temporary possession of personal property to me. Personal property is property other than land that you own. Examples of personal property are a bed, furniture, Xbox, jewelry, etc.				
	Order Petitioner be given temporary possession of (list items)				
	Prohibit Respondent from disposing of property owned together with me				
7. Order the Respondent to go to counseling or treatment for					
	batterers.				
	substance abuse.				
8.	Other				
	Order the full order of protection to automatically renew unless Respondent asks for a hearing at least 30 days before the order expires.				
	Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. You must also complete the Wireless Telephone Number Transfer Addendum form. https://www.courts.mo.gov/file.jsp?id=105013				
	Award possession and care of the child's pet(s) to me and order Respondent to pay for medical costs that resulted from abuse of the pet(s).				
	Order my address on my voter's registration record to be closed to the public.				
	Other (specify):				

C. Custody of the Child

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

Who should receive custody of the child?

Person to Receive Custody	Relationship to Parties	<u>Temporary</u>	<u>Full</u>

Indicate any prior or pending court cases before, or orders entered by this court or any other court involving the following parties. (If there are no cases, indicate there are none.)

Petitioner:

Respondent:

Child (identified above):

Award visitation with the child as follows:

D. Signatures

I swear or affirm under penalty of perjury that the facts are true according to my best knowledge and belief.

□ I certify that I have removed all confidential information from this document in compliance with the redaction requirements in Rule 55.025.

NOTICE: You are 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.**

Sign
Date

Your address, telephone number

Attorney Signature (if applicable)

Date

Attorney's name, bar number