



# Pro-se Filing Information & Responsibilities

## Adult Protection Order

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 years old or younger you must first contact the Juvenile Office.  
(Juvenile Office: 417-605-7600, 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 **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.

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.

**Petitioner's 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 may 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 please visit [www.selfrepresent.mo.gov](http://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

**\*\*FOR COURT USE ONLY\*\***

## Confidential Case Filing Information Sheet Domestic Relations Cases – Adult Abuse/Stalking

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 Law Enforcement System (MULES).**

**DO NOT SERVE THIS FORM TO THE RESPONDENT.**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Case Type:  Adult Abuse without Stalking  Adult Abuse/Stalking  
 Registration of Foreign Protection Order

**Petitioner/Protected Person Information:**

Party Type Code and Description: (Select one)

**PETP** Party Type Description: Petitioner Acting Pro Se (with no attorney)

**PET** Party Type Description: Petitioner (with attorney)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Revealing my home address or where I live will put me in danger.



**If revealing your home address or where you live puts you in danger, check the box above to have your address marked as confidential.**

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Temporary and/or Mailing Address (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Race: (Select one or more)  American Indian or Alaska Native  Asian

Black or African American  Native Hawaiian or other Pacific Islander  White

Other  Unknown

Ethnicity:  Hispanic or Latinx

Race & Ethnicity Source: Petitioner

Race & Ethnicity is self-identified.

**Respondent Information:**

Party Type Code and Description: (Select one)

**RESP** Party Type Description: Respondent Acting Pro Se (with no attorney)

**RES** Party Type Description: Respondent (with attorney)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Race: (Select one or more)  American Indian or Alaska Native  Asian

Black or African American  Native Hawaiian or other Pacific Islander  White

Other  Unknown

Ethnicity:  Hispanic or Latinx

Race & Ethnicity Source: (Select one)  Petitioner  Court  Law Enforcement  Jail

Department of Corrections/Probation and Parole  Another State Agency

Driver's License  Unknown

Race & Ethnicity is observed/perceived by the Petitioner.

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

**Children:**

**Child 1 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

**Child 2 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

**Child 3 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

**Child 4 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

**Child 5 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Check if more than five children and attach additional sheet.

**Instructions to Filer**

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

**NOTE:** If known, 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: \_\_\_\_\_

If submitted by an attorney, complete the following:

Bar ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**Instructions to Clerk**

**This copy of this form shall be sent to law enforcement to enter 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 - Adult**

**TO BE SERVED WITH THE PETITION.**

**Petitioner Information**

Your full name: \_\_\_\_\_

**Child Information**

**Child One**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Two**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Three**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Four**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Five**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Attach additional page if there are more than five children.



# Petition for a Court Order of Protection - Adult

\_\_\_\_\_ 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 against someone who committed an act of domestic violence against you. Domestic violence includes abuse, abuse of a pet, assault, battery, coercion, harassment, stalking, sexual assault, or holding you against your will. Learn more: <https://www.courts.mo.gov/page.jsp?id=533>

Case Number: **24LW-PN00**  
(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.

And

\_\_\_\_\_  
Respondent.

The **Respondent** is the person you need protection from.

This petition is being filed in the county where (check all that apply):

- I live.
- the domestic violence, stalking, or sexual assault happened.
- Respondent may be served with this petition.

## A. Information about the people involved in this case

### Information about you.



**The person you need protection from will get a copy of this form.**

Your Age: \_\_\_\_\_ If you are under 17, are you emancipated (no longer under the control, support, and responsibility of a parent or guardian)?  Yes  No

**What is your relationship to the person you need protection from?** Check the most appropriate.

- We are married.       We were married.       We have a child together.
- We live together.       We used to live together.
- We are in a romantic relationship.       We were in a romantic relationship.
- We are related by blood or marriage. Describe: \_\_\_\_\_
- Respondent is stalking me or abused me sexually. Describe the connection with Respondent (example: coworker, neighbor, stranger): \_\_\_\_\_

My home is: (check all that apply)

owned  rented

By:  Me  Respondent  Other (name) \_\_\_\_\_.

Respondent has no property interest in my home.

**Information about the person you need protection from. The court and law enforcement will use this section to try to find Respondent. Fill in as much information as you can.**

Other names Respondent is known by (list all): \_\_\_\_\_

Age: \_\_\_\_\_ Respondent is  at least 18 years of age or emancipated (no longer under the control, support, and responsibility of a parent or guardian)  under 18.

Race (Select one or more)  American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or other Pacific Islander  White  
 Other  Unknown

Ethnicity:  Hispanic or Latinx

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair (Select one):  Blond  Black  Blue  Brown  Green  Grey  Orange  Pink  
 Purple  Red  Sandy  Unknown or Completely Bald  White

Eyes (Select one):  Black  Blue  Brown  Dichromatic  Green  Grey  Hazel  
 Multicolored  Maroon  Pink  Unknown

Identifying marks (Examples: tattoos, birthmark, scars, 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:

Does Respondent have social media accounts such as Facebook, Snapchat, TikTok, Instagram, etc.?  Yes  No If yes, list the account(s) and user name(s):

Does Respondent carry a weapon or firearm?  Yes  No

If Yes, list the weapon(s) or firearm(s): \_\_\_\_\_

Is Respondent on Probation or Parole?  Yes  No

If Yes, name of Probation or Parole Officer: \_\_\_\_\_

Is Respondent currently in jail?  Yes  No

What type of vehicle(s) does Respondent drive? (Include vehicle make, model, year, color, license plate number)

<h2>B. Explain what happened</h2>
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**Check all boxes that apply. List all dates and locations for each box selected. If the exact date(s) or location(s) is not known, list the approximate date(s) and describe the location(s) the best you can. You will be asked to provide details of what happened below.**

Respondent knowingly and intentionally:

caused or attempted to cause me physical harm.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

placed or attempted to place me in fear of immediate physical harm.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

coerced me. Respondent threatened me or forced me to do something I did not want to do.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

stalked me. Two or more times Respondent followed me, watched me, threatened me, communicated with me, or caused somebody to do those things to me. It caused me to be in fear of physical harm.

Dates: \_\_\_\_\_

Locations: \_\_\_\_\_



harassed me. More than one time, Respondent caused substantial emotional distress to me by following me, looking in the window, lingering outside the residence, or doing something else to distress me.

Dates: \_\_\_\_\_

Locations: \_\_\_\_\_

sexually assaulted me. Respondent used force, threat of force, or duress to make me perform a sexual act against my will.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

unlawfully imprisoned me. Respondent refused to let me leave when I wanted to leave.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

followed me from place to place.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

abused my pet(s).

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

threatened to do any of the above.

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

This is what happened (include specific details):

Attach additional pages, if needed.

- I am afraid of Respondent.
- There is an immediate and present danger of domestic violence to me.
- There are other good reasons for an emergency temporary order of protection because:

I have photographs, text messages, phone messages, or other evidence of my abuse.

## C. I request the court

Issue an emergency temporary order of protection (Ex Parte Order of Protection) restraining Respondent from acts of domestic violence against me. I am also requesting the court to issue a Full Order of Protection against the Respondent after a hearing on this petition to protect me from acts of domestic violence for a longer period of time as determined by the court.

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

### 1. I want the court to order Respondent NOT to:

- commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace wherever I am.
- abuse or threaten to abuse my pet(s).
- enter the home where I am living.
- enter my school, located at \_\_\_\_\_.
- enter my place of work, located at \_\_\_\_\_.
- come within \_\_\_\_\_ (feet) of me.
- communicate with me by phone, email, text, social media, or in any other way.
- other:



Normally, a full order of protection is valid for at least 180 days and not more than one year. If the judge finds that Respondent poses a serious danger, the judge can issue a protective order that is valid for at least two years and not more than ten years. Complete the section below only if you want the judge to find that Respondent poses serious danger.

### 2. Serious Danger – I want the court to

- issue a protection order that is valid for at least two years and not more than ten years because Respondent poses a serious danger to my physical or mental health or to a minor household member's physical or mental health.

Respondent has a history of:

- inflicting or causing physical harm, bodily injury, or assault.
- stalking or causing fear of physical harm, bodily injury or assault on me or a minor in my household.

Respondent has:

- a criminal record.
- prior full orders of adult or child protection issued against him/her.
- been found guilty of a dangerous felony under Missouri law.
- violated a term of probation or parole intended to protect me or a minor in my household.

violated a term of a prior full or temporary (ex parte) order of protection intended to protect me or a minor in my household.

Provide details for all boxes checked above:

3.  **Award custody or visitation of a minor child(ren) I have with Respondent.**

**You may ask the court to order temporary custody if custody has not been decided in another case. Temporary custody** is an order of the court awarding custody or visitation of the child(ren) to a person for a limited period of time. Complete the information below only if you want the court to award custody or visitation.



The court cannot change custody if a prior order regarding custody is pending or has been made. If you are not sure, you may want to talk with a lawyer.

<b>Child One</b>
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**I have provided the name and age of Child One on the Order of Protection Redacted Information Filing Sheet.**

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes If yes, enter the Case number: \_\_\_\_\_

## Child Two

I have provided the name and age of Child Two on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes If yes, enter the Case number: \_\_\_\_\_

## Child Three

I have provided the name and age of Child Three on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes If yes, enter the Case number: \_\_\_\_\_

## Child Four

I have provided the name and age of Child Four on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

**Is there a court case for custody?**

No  Yes If yes, enter the Case number: \_\_\_\_\_

## Child Five

- I have provided the name and age of Child Five on the Order of Protection Redacted Information Filing Sheet.

Name of the person child has lived with in the past 6 months: \_\_\_\_\_

Name of person who should get custody: \_\_\_\_\_

This person should get  Full Custody  Temporary Custody

### Is there a court case for custody?

No  Yes If yes, enter the Case number: \_\_\_\_\_

- I have additional children.

Attach Exhibit A to this form listing additional children.

#### 4. 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 spouse to the other spouse for financial support.

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**  
 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 me by a shelter for victims of domestic violence**  per week  per month.

I ask Respondent to pay \$ \_\_\_\_\_ to me for **medical treatment that resulted from injuries caused to me by Respondent.**

I ask Respondent to pay **court costs.**

I ask Respondent to pay **attorney fees.**

#### 5. Order temporary possession of personal property to me.

**Personal property** is property other than land you own. Examples of personal property are automobiles, checkbooks, keys, furniture, Xbox, jewelry, etc.

List items:

Prohibit Respondent from transferring or disposing of property owned together with me.

List items:

6.  **Order Respondent to participate in a:**

court-approved counseling program designed to help stop violent behavior.

substance abuse treatment program.

7. **Other**

Order the full order of protection to automatically renew unless Respondent asks for a hearing at least 30 days before the order expires.

Order Respondent to give me my wireless telephone number(s) and billing responsibilities. I have completed the Wireless Telephone Number Transfer Addendum form.  
<https://www.courts.mo.gov/file.jsp?id=105013>

Award possession and care of my pet(s) to me and order Respondent to pay for medical costs that resulted from abuse of the pet(s).

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

Other: \_\_\_\_\_.

## D. Signatures

I swear or affirm under penalty of perjury the facts are true according to my best knowledge and belief. **I understand that a copy of my petition will be served upon Respondent.**

I certify no confidential information is included on this document.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's name, bar number

\_\_\_\_\_  
Attorney's address, telephone number



**Order on Petition for a Court Order of Protection - Adult**  
**IN THE 39th JUDICIAL CIRCUIT, LAWRENCE COUNTY, MISSOURI**

Judge or Division:	Case Number: 24LW-PN00
Petitioner:	Hearing Date and Time:
vs.	_____
Respondent	

Upon the filing of a verified petition, the court orders as follows:

- Ex Parte Order of Protection to be issued by this court.** An immediate and present danger of domestic violence to the petitioner was shown in the petition. The ex parte order will take effect when entered and will remain in effect until a hearing on the full order of protection is held. A hearing on the petition shall be held as scheduled by the court.
  - Respondent is less than 17 years of age. The case is to be transferred to juvenile court for a hearing on a full order of protection. A guardian ad litem is to be appointed for Respondent.
- Ex Parte Order is Denied, hearing to be scheduled.** An immediate and present danger of domestic violence to the petitioner was not shown in the petition.
- Ex Parte Order is Denied and Judgment of Dismissal is entered for the following reason:**
  - The court lacks authority to hear this matter. The petition shall be filed in the county where the petitioner resides, where the alleged incident of domestic violence occurred, or where the respondent may be served.
  - Petitioner is not authorized to seek relief in this court. Petitioner has not been subjected to domestic violence by a present or former family or household member or has not been the victim of stalking or sexual assault.
  - Petitioner has failed to state a claim upon which relief may be granted.

**SO ORDERED:**

\_\_\_\_\_ Date

\_\_\_\_\_ Judge