

Pro-se Filing Information & Responsibilities Child 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 <u>legal</u> 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 |
| 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 – Child Protection

Required at Time of Filing Petition

NOTICE TO LAW ENFORCEMENT: This is a confidential form and shall be used only to enter 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: Child Protection Order | Registration of Foreign | Protection Order |
| Petitioner/Protected Person Informat | ion: | |
| Party Type Code and Description: (Sele | ect one) | |
| PETP Party Type Description: | Petitioner Acting Pro Se (w | ith no attorney) |
| PET Party Type Description: | Petitioner (with attorney) | |
| Name: (Last) | (First) | (Middle) |
| Address: | | |
| City: | State: | Zip: |
| $\hfill\square$ Revealing my current address or wh | ere I live may put the protec | cted children in danger. |
| If revealing your current address danger, check the box above to Contact Telephone Number: | have your address marke | ed as confidential. |
| Email Address: | | |
| Temporary and/or Mailing Address (if di | ifferent from above): | |
| Address: | | |
| City: | State: | Zip: |
| Date of Birth: Gend | er: Male Female | SSN: |
| Race: (Select one or more) | an Indian or Alaska Native lative Hawaiian or other Pac | <u>_</u> |
| Ethnicity: Hispanic or Latinx | | |
| Race & Ethnicity Source: Petitioner | | |
| Race & Ethnicity is self-identified. | | |

| Case Number (For Court Use Only) | |
|----------------------------------|--|
|----------------------------------|--|

| Respondent Information: Party Type Code and Description: (Select one) Party Type Description: Respondent | Acting Pro So (with | , no attorney) | | | |
|---|-----------------------|-----------------------------|--|--|--|
| | | | | | |
| Name: (Last) (First) | | | | | |
| Address: | | 7in: | | | |
| Contact Telephone Number: Email Address: | | | | | |
| Date of Birth: Gender: Male | Female SSN: | | | | |
| Race: (Select one or more) | laska Native | | | | |
| Ethnicity: Hispanic or Latinx | | | | | |
| Race & Ethnicity Source: (Select one) Petitione Department of Corrections/Probation and Parole Driver's License Unknown | | _aw Enforcement | | | |
| Race & Ethnicity is observed/perceived. | | | | | |
| The following information regarding the protected chi child subject to the action of this case. If revealing the residence will put the child in danger, check the box address is confidential. | e protected child's o | current address or place of | | | |
| Protected Child(ren) Information: | | | | | |
| Protected Child 1 | | | | | |
| Party Type Code: CHLD Party Type Descrip | tion: <u>Child</u> | | | | |
| Name: (Last) | _ (First) | (Middle) | | | |
| Address (if different than Petitioner address): | | | | | |
| ☐ This is a confidential address. | | | | | |
| Date of Birth: Gender: | Male 🗌 Female | SSN: | | | |
| Race: (Select one or more) | | | | | |

| Cas | e Number (For Court Use Only) |
|---|-------------------------------|
| Ethnicity: Hispanic or Latinx | |
| Race & Ethnicity Source: (Select one) | |
| Race & Ethnicity is observed/perceived. | |
| Protected Child 2 | |
| Party Type Code: CH2 Party Type Description: | Child 2 |
| Name: (Last)(Fi | |
| Address (if different than Petitioner address): | |
| This is a confidential address. | |
| Date of Birth: Gender: Male | Female SSN: |
| Race: (Select one or more) | |
| Ethnicity: Hispanic or Latinx | |
| , , , | Court |
| Race & Ethnicity is observed/perceived. | |
| Protected Child 3 | |
| Party Type Code: CH3 Party Type Description: | Child 3 |
| Name: (Last) (Fi | rst) (Middle) |
| Address (if different than Petitioner address): | |
| This is a confidential address. | |
| Date of Birth: Gender: Male | Female SSN: |
| Race: (Select one or more) | |
| Ethnicity: Hispanic or Latinx | |
| _ ` | Court |
| | |

Race & Ethnicity is observed/perceived.

| | Case | Number (For Cou | rt Use Only) | |
|--|---|-----------------|-------------------|--|
| Protected Child 4 | | | | |
| Party Type Code: <u>CH4</u> | _ Party Type Description: _ | Child 4 | | |
| Name: (Last) | (Firs | st) | (Middle) | |
| Address (if different than Petitic | oner address): | | | |
| ☐ This is a confidential addres | S. | | | |
| Date of Birth: | Gender: | Female | SSN: | |
| Race: (Select one or more) Black or African American Other Unknown | ☐ Native Hawaiian or o | ther Pacific | _ | |
| Ethnicity: Hispanic or Latinx | | | | |
| Race & Ethnicity Source: (Select one) | | | | |
| Protected Child 5 Party Type Code: CH5 Name: (Last) Address (if different than Petitic | (Firs | st) | (Middle) | |
| This is a confidential addres | · | | | |
| Date of Birth: | | Female | SSN: | |
| Race: (Select one or more) Black or African American Other Unknown | American Indian or Alaska ☐ Native Hawaiian or o | | Asian Islander | |
| Ethnicity: Hispanic or Latinx | | | | |
| Race & Ethnicity Source: (Sele | , – – | Court 🗌 | Law Enforcement | |
| Race & Ethnicity is observed/pe | erceived. | | | |

 $\hfill \square$ Check if more than five children and complete Addendum.

| ase Number (For Court Use Only) | |
|---------------------------------|--|
| ase number (FOI GOUL OSE CHIV) | |

Instructions to Filer

- ✓ Complete this form for all parties known at the time of filing.
- ✓ 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: | | | | |
| | | | State: | Zip: |
| Phone: | | Email Address: | | |
| *IMPORTANT: | : It is the parties' respor employment.* | nsibility to keep the court | informed of | any change of address or |

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 - Child TO BE SERVED WITH THE PETITION.

| | Petitioner Information | |
|-----------------|-----------------------------|--|
| | | |
| Your full name: | | |
| | | |
| | Protected Child Information | |
| | Protected Child One | |
| Name: | | |
| | Protected Child Two | |
| Name: | | |
| | Protected Child Three | |
| Name: | | |
| | Protected Child Four | |
| Name: | | |
| | Protected Child Five | |
| Name: | | |
| | | |

If you have more than five children, complete the Confidential Redacted Information Filing

Sheet - Child - Addendum.

Petition for a Court Order of Protection - Child



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 domestic violence, stalking, or sexual assault. 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. If you have more than five children, complete the Petition for a Court Order of Protection-Child – Addendum. **Do not include the name of each child on this form. Include the name(s) on the Confidential Redacted Information Filing Sheet**.

| | | Case Number 24LW-PN00 |
|----------------------------------|---|--|
| | | (Will be assigned by the court when case is filed) |
| (Your Name) Petitioner, | | _ |
| You are the Peti | tioner . The Petitioner is the p | erson who starts a court case. |
| guardian ad I | ordian of the child(ren). item for the child(ren). ed special advocate for the ch | nild(ren). |
| ☐ juvenile office | er. | |
| Children nee | ding protection: | |
| Protected Child | One Initials Only: | |
| Age: | Gender: 🗌 F 🗌 M | |
| Protected Child | l Two Initials Only: | <u></u> |
| Age: | Gender: 🗌 F 🗌 M | |
| Protected Child | l Three Initials Only: | <u></u> |
| Age: | Gender: 🗌 F 🗌 M | |
| Protected Child | l Four Initials Only: | <u></u> |
| Age: | Gender: 🗌 F 🗌 M | |
| Protected Child | l Five Initials Only: | <u></u> |
| Age: | Gender: F M | |
| ☐ I have more t children. | han five children needing prot | ection. See Addendum for information on additional |
| And | | |
| Respondent. The Responder | nt is the person the child(ren) | need(s) protection from. |

SJRC (08-24) CP40

| This petition is being filed in the county where (check all that apply): the child(ren) live. |
|--|
| the domestic violence, stalking, or sexual assault happened. |
| Respondent may be served with this petition. |
| Trespondent may be served with this petition. |
| A. Information about the people involved in this case |
| Information about the protected child(ren). |
| The person the child(ren) need(s) protection from will get a copy of this form. |
| Child One's Relation to Respondent Respondent (check all that apply): |
| is the child's parent. |
| is the child's step-parent or former step-parent. |
| ☐ lives with the child. ☐ used to live with the child. |
| has stalked the child. |
| has sexually assaulted the child. |
| other: |
| The family home of the child is: (check the boxes that apply) |
| owned rented other |
| by: Respondent Petitioner Other (name) |
| |
| Child Two's Relation to Respondent |
| Respondent (check all that apply): |
| is the child's parent. |
| is the child's step-parent or former step-parent. |
| ☐ lives with the child. |
| used to live with the child. has stalked the child. |
| has sexually assaulted the child. |
| other: |
| TI 6 3 1 2 6 1 1 3 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| The family home of the child is: (check the boxes that apply) |
| owned rented other by Respondent Petitioner Other (name) |
| nv* Respondent Pellioner Ciner (name) |

| Child Three's Relation to Respondent Respondent (check all that apply): |
|---|
| is the child's parent. |
| is the child's step-parent or former step-parent. |
| ☐ lives with the child. |
| used to live with the child. |
| has stalked the child. |
| has sexually assaulted the child. |
| other: |
| |
| The family home of the child is: (check the boxes that apply) |
| owned rented other |
| by: Respondent Petitioner Other (name) |
| |
| Child Four's Relation to Respondent |
| Respondent (check all that apply): |
| is the child's parent. |
| is the child's step-parent or former step-parent. |
| ☐ lives with the child. |
| used to live with the child. |
| has stalked the child. |
| has sexually assaulted the child. |
| other: |
| |
| The family home of the child is: (check the boxes that apply) |
| owned rented other |
| by: Respondent Petitioner Other (name) |
| |
| Child Five's Relation to Respondent |
| Respondent (check all that apply): |
| is the child's parent. |
| is the child's step-parent or former step-parent. |
| ☐ lives with the child. |
| used to live with the child. |
| has stalked the child. |
| has sexually assaulted the child. |
| other: |
| The family hame of the shild is: (check the bayes that apply) |
| The family home of the child is: (check the boxes that apply) |
| □ owned □ rented □ other |
| by: Respondent Petitioner Other (name) |
| |
| |

Information about the person the child(ren) 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: Is _ at least 18 years of age or emancipated _ under 18. (Emancipated means no longer under the control, support, and responsibility of a parent or guardian.) | | | |
| Race: (Select one or more) | | | |
| ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White | | | |
| ☐ Other | | | |
| 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): | | | | |
|--|--|--|--|--|
| s Respondent on Probation or Parole? | | | | |
| ls Respondent currently in jail? | | | | |
| What type of vehicle(s) does Respondent drive? (Include vehicle make, model, year, color, license plate number) | | | | |
| | | | | |
| B. Explain what happened | | | | |
| the best you can. Select the box for each child who is a victim of the act of domestic violence, | | | | |
| date(s) and location(s) is not known, list the approximate date(s) and describe the location(s) the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below. | | | | |
| the best you can. Select the box for each child who is a victim of the act of domestic violence, | | | | |
| the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below. | | | | |
| the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below. Respondent knowingly and intentionally: caused or attempted to cause physical harm to the child(ren). Child One Child Two Child Three Child Four Child Five | | | | |
| the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below. Respondent knowingly and intentionally: caused or attempted to cause physical harm to the child(ren). Child One Child Two Child Three Child Four Child Five Date(s): | | | | |
| the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below. Respondent knowingly and intentionally: caused or attempted to cause physical harm to the child(ren). Child One Child Two Child Three Child Four Child Five Date(s): Location(s): placed or attempted to place the child(ren) in fear of immediate physical harm. Child One Child Two Child Three Child Four Child Five Date(s): | | | | |
| the best you can. Select the box for each child who is a victim of the act of domestic violence, stalking, or sexual assault. You will be asked to provide details below. Respondent knowingly and intentionally: caused or attempted to cause physical harm to the child(ren). Child One Child Two Child Three Child Four Child Five Date(s): Location(s): placed or attempted to place the child(ren) in fear of immediate physical harm. Child One Child Two Child Three Child Four Child Five Date(s): Location(s): coerced the child(ren). Respondent threatened or forced the child(ren) to do something the | | | | |

| stalked the child(ren). Two or more times Respondent followed the child(ren), watched the child(ren), threatened the child(ren), communicated with the child(ren), or caused somebody to do those things to the child(ren). It caused the child(ren) to be in fear of physical harm. |
|--|
| ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five |
| Dates: |
| Locations: |
| |
| harassed the child(ren). More than one time, Respondent caused substantial emotional distress to the child(ren) by following the child(ren), looking in the window, lingering outside the residence, or doing something else to distress the child(ren). |
| Child One Child Two Child Three Child Four Child Five |
| Dates: |
| Locations: |
| sexually assaulted the child(ren). Respondent used force, threat of force, or duress to make the child(ren) perform a sexual act against the child(ren)'s will. |
| ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five |
| Date(s): |
| Location(s): |
| |
| unlawfully imprisoned the child(ren). Respondent refused to let the child(ren) leave when the child(ren) wanted to leave. |
| ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five |
| Date(s): |
| Location(s): |
| |
| followed the child(ren) from place to place. |
| ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five |
| Date(s): |
| Location(s): |
| |
| abused the child(ren)'s pet(s). |
| ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five |
| |
| Date(s): Location(s): |
| Location(3). |
| threatened to do any of the above. |
| ☐ Child One ☐ Child Two ☐ Child Three ☐ Child Four ☐ Child Five Date(s): |
| Location(s): |

| ☐ See Addendum for information on what happened to additional children needing protection from Respondent. |
|---|
| This is what happened (include specific details): |
| Do not include the name of any child in the details. Use "the child", "the children", "Child One", "Child Two", etc. or the child's initials. |

| exists because (describe): |
|---|
| Do not include the name of any child. Use "the child", "the children", "Child One", "Child Two", etc. or the child's initials. |
| |
| |
| |
| |
| |
| |
| |
| ☐ I have photographs, text messages, phone messages, or other evidence of the 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, stalking, and sexual assault against the protected child(ren). I am also requesting the court to issue a Full Order of Protection against Respondent after a hearing on this petition to protect the child(ren) from acts of domestic violence, stalking, and sexual assault 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 boxes 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 of the protected child(ren). |
| disturbing the peace of the protected child(ren). abuse or threaten to abuse the protected child(ren)'s pet(s). |
| disturbing the peace of the protected child(ren). |
| disturbing the peace of the protected child(ren). abuse or threaten to abuse the protected child(ren)'s pet(s). |

| come with | in (feet) of the pro | tected child(ren). | | |
|---|--|------------------------------------|------------------|-------------|
| communic way. | cate with the protected child(ren) by | phone, email, text, social med | ia, or in any o | ther |
| have any order. | contact with the protected child(ren |) except as specifically authorize | zed by the cou | urt |
| other: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | esting the Ex Parte Order of Protected child(ren) because: | tion exclude Respondent from | the family hor | ne of |
| ■ It is | s in the best interest of the child(ren | n) to remain in the home; | | |
| • A s | substantial risk to the child(ren) exis | ts unless Respondent is exclud | ded; and | |
| | emaining adult family or household ld(ren) in the absence of Responde | • | ately for the | |
| OH | a(ren) in the absence of Nesponde | iii. | | |
| Award o | custody and visitation of the | protected child(ren). | | |
| \wedge | | , | | |
| The court cannot change custody if a prior order regarding custody is pending or has been | | | | |
| made. | | | | |
| Who should r | receive custody of each child? | | | |
| <u>Child</u> | Person to Receive Custody | Relationship to Parties | <u>Temporary</u> | <u>Full</u> |
| Child One | | | . 🗆 | |
| Child Two | | | . 🗆 | |
| Child Three | | | . 🗆 | |
| Child Four | | | . 🗆 | |
| Child Five | | | . 🗆 | |
| ☐ See Adde | ndum requesting custody and visita | ation for additional children. | | |
| Is there coul | rt case for custody for the child(r | en) identified above? | | |
| <u> </u> | which child(ren) and enter the case | e number(s): | | |
| | Child Two Child Three | . , | | |
| Case number | r(s): | | | |

2.

| | Award visitation with the child(ren) as follows: | | |
|--|---|--|--|
| 3. | 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 to the residence occupied by the protected child(ren) ☐ per week ☐ per month. | | |
| | ☐ I ask Respondent to pay \$ to me for reasonable housing or other services provided to the protected child(ren) 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(ren) as a result of injuries sustained by an act of domestic violence committed by Respondent. | | |
| | ☐ I ask Respondent to pay court costs . | | |
| | ☐ I ask Respondent to pay attorney fees. | | |
| 4. | ☐ Order Respondent to participate in a: ☐ court-approved counseling program designed to help stop violent behavior. ☐ substance abuse treatment program. | | |
| 5. | 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 wireless tele completed the Wireless Telephone Numbe https://www.courts.mo.gov/file.jsp?id=1050 | |
|---|---|
| | n)'s pet(s) to me and order Respondent to pay for |
| ☐ Order my residential address on my voter's ☐ Other (specify): | s registration record to be closed to the public. |
| D. Sio | gnatures |
| I swear or affirm under penalty of perjury that the belief. I understand that a copy of my petition understand that a copy of my petition of the second of | |
| 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 - Child IN THE 39th JUDICIAL CIRCUIT, LAWRENCECOUNTY, 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 issue | ed by this court. An immediate and present danger of child(ren)'s pet(s), stalking, or sexual assault to the | | | |
| ☐ there is no prior order regarding cust or has been made, or | ody involving Respondent and the child(ren) is pending | | | |
| Respondent is less than 17 years of age. | | | | |
| The ex parte order will take effect when entered and will remain in effect until a hearing o order of protection is held. A hearing on the petition shall be held as scheduled by the co | | | | |
| The court to enter an order appointing advocate to represent the child victing | ng a guardian ad litem or court-appointed special n(s). | | | |
| The court to direct the children's division appropriate services. | sion to conduct an investigation and to provide | | | |
| ☐ The case is to be transferred to juver | nile court for a hearing on a full order of protection. | | | |
| | scheduled . An immediate and present danger of child(ren)'s pet(s), stalking, or sexual assault to the petition. | | | |
| ☐ Ex Parte Order is Denied and Judgment | of Dismissal is entered for the following reason: | | | |
| | atter. The petition shall be filed in the county where the incident of domestic violence, stalking, or sexual assault y be served. | | | |
| | ef in this court. The protected child(ren) has(have) not y a present or former family or household member or ng or sexual assault. | | | |
| ☐ Petitioner has failed to state a claim up | on which relief may be granted. | | | |
| SO ORDERED: | | | | |
| Date | Judge | | | |
| CP80 (08-24) 1 c | of 1 455.503, 455.505, 455.513 RSMo | | | |