

IN IHE	JUDICIAL CIRCUIT,	
D 4141	( O   (D ( )	A 1 14

## \_ COUNTY, MISSOURI

## **Petition for Order of Protection - Adult**

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

Judge or Division:	Case Number:				
	Court ORI Number:				
Petitioner:	MSHP Number:				
	Responsible Law Enforcement ORI:				
vs.	Related Cases:	(Date File Stamp)			
Respondent:	Respondent's Home Address:				
Alias/Nicknames:					
	Home Phone Number:				
Respondent's DOB: Age:	Respondent's Work Address:				
SSN (if known, last four digits):					
Race: Sex: $\square$ F $\square$ M	Work Phone Number:				
Hair Color: Height:	Work Hours:				
Eye Color: Weight:	Other Locations Where Respondent May Be Served:				
(Identifying information for use by Law Enforcement)					
Visible Identifying Marks (e.g. tattoos, birthmarks,	Petitioner's Relationship to Respondent pursuant to 18	U.S.C. §§ 921(a)(32)			
braces, mustache, beard, pierced ear, glasses):	and 922(g)(8) determination:				
	Spouse Child(ren) in common				
	Former spouse  Intimate residing/resided together				
	Are/were in a continuing social relationship of a rom				
	Related by blood. Define relationship:				
	Related by marriage. Define relationship:				
	☐ Residing/resided together; no intimacy ☐ Stalking/Sexual Assault. Define relationship:				
I DETI	TIONER INFORMATION	_			
1. I am Petitioner and ☐ at least 17 ye	-				
in the County of	<del>.</del>				
II. RESPONDENT INFORMATION					
3. Respondent is ☐ at least 17 ye	ars of age or emancipated  under 17				
4. Respondent may be found in	4. Respondent may be found in (city), (state),				
in the County of					
III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED					
<del>-</del>	5. 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				
<ul><li>Respondent and I: (check one or more)</li><li>reside together.</li></ul>				
previously resided together at			(	address),
	(city),			
County of				
never resided together.				
Residency				
<ul><li>7. The residence in which I live is: (check one or jointly owned, leased or rented or jointly oc</li></ul>				
owned, leased, rented or occupied by me.				
<ul><li>jointly owned, leased, rented or occupied b</li><li>owned, leased, rented or occupied by som</li></ul>				
jointly occupied by me and another person			1.	
Custody				
List only the children that the Petitioner and Respon regarding custody is pending or has been made.	dent have in common. The court canno	t change c	ustody if a prior orde	r
8. It is in the best interest of the minor children the	nat custody be awarded as follows:			
<u>Child's Name</u>	SSN (last 4 digits only)	<u>Age</u>	Address (If other than Petit	ioner)
1				
2			<del></del>	
3			<del></del>	
4				
5				
			Custo	dv
Who did each Child reside	Persons to Receive		(check one	
with during last six months	<u>Custody</u>		<u>Temporary</u>	<u>Full</u>
1			П	
2.			_	
3				
4				Ш
5				
(If necessary, attach additional sheets.)				
V. COMPLETE FOR STAI	LKING OR SEXUAL ASSAULT PE	TITION C	NLY	
Respondent is stalking or sexually assaulting m	ne. Explain relationship (example: co-w	orkers, nei	ighbors, etc.)	
VI. CO	OMPLETE FOR ALL CASES			
Indicate any prior or pending custody court case following parties. Indicate the case numbers.	es before, or orders entered by, this co	urt or any o	other court involving t	the
(If none, so state):				
a. Petitioner				
b. Respondent				
c. Children (identified in item 8)				

Other Support					
20.  Order that Respondent make or continue to make the rent or mortgage payments in the amount of \$					
(check one) $\square$ per week $\square$ per month on the residence occupied by Petitioner.					
21.  Order that Respondent 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.					
22.  Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.					
23.  Order Respondent to pay the cost of medical treatment or sustained by an act of domestic violence committed by Re					
Personal Property  24. ☐ Order that Petitioner be given temporary possession of the	e following personal property:				
25. Prohibit Respondent from transferring, encumbering, or ot leased with Petitioner:	therwise disposing of the following property mutually owned or				
Counseling/Treatment  26. ☐ Order Respondent to participate in a court-approved coun ☐ substance abuse.  Costs/Fees	nseling program designed for □ batterers and/or				
27.  Order Respondent to pay court costs.					
28.  Order Respondent to pay Petitioner's attorney fees.					
Other Orders					
	utomatically renewed unless Respondent requests a hearing				
30. Petitioner to receive wireless telephone number(s) and bill complete the Wireless Telephone Number Transfer Adder					
31.  Other (specify):					
VIII. PETITIONER'	S SIGNATURE				
I swear/affirm under penalty of perjury that these facts are true according to this petition will be served on the respondent.	ording to my best knowledge and belief. I understand that a				
Date	Petitioner's Signature				
	Address (Optional)				
	City, State and Zip				
NOTICE: Section 455.030.3, RSMo, provides that a					
Petitioner seeking protection under the Domestic Violence Act is not required to reveal any current	Telephone				
address or place of residence on this motion. Do not provide this information if doing so will endanger you.	Attorney's Name, Missouri Bar No., if Applicable				
<b>U</b> - <b>y</b>	Address				
	City, State and Zip				
	Telephone				