

INFORMATION ABOUT FILING FOR
AN EX-PARTE PETITION

- **There is no filing fee required.**

- **An Ex-Parte is for your PHYSICAL protection only. It is NOT meant for the protection of property. (PLEASE READ THE ATTACHED “DEFINITIONS OF ABUSE” AS LISTED ON THE MAIN INSTRUCTION PAGE.)**

- **You MUST give DETAILED accounts of the abuse/assault actions that have occurred. In addition, we do not have access to police reports so you must provide on if you would like it attached to your petition.**

- **You MUST provide a PHYSICAL ADDRESS where the Respondent may be served, in the event your Ex-Parte is granted or a hearing is scheduled.**

- **Only a parent or legal guardian may file a Child Protection petition. The parent/legal guardian is the Petitioner. If you are not a parent/legal guardian and feel a child is in danger, call your local law enforcement agency and/or the Child Abuse and Neglect Hotline at (800) 392-3738.**

EX-PARTE FILING PACKET ADULT ABUSE

Adult Abuse Petition

- * Answer all questions to the best of your ability
- * **Question 10**, If you have had a custody case concerning children in common you must answer this question.
- * **Question 11 & 12**, Which is why you are here, be detailed, write on the back of the pages (if needed), the Judge will not cont the police to get a police report. This is up to you to provide if you choose. The Judge is guided by state statute on what they can & cannot grant. List the events that brought you here today beginning with the most recent & work your way back. Provide dates & details. Do not give hearsay answers. Do give details of what was said or done.
- * **Question 15**, Mark anything you want the Judge to consider, they CANNOT grant anything you do not mark here!

Confidential filing Information Sheet

- * You are the Petitioner (PET)
- * Person you are filing against is the Respondent (RES)
- * You must provide a good address for orders to be served
- * Page 2 is for children's information (if filing for a child protection)

Definition of Abuse

You are notified that under section 455.010 (1) RSMo "Abuse" includes but is not limited to the occurrence of any of the follow acts, attempts or threats against a person who may be protected pursuant to this chapter, except abuse shall not include abuse inflicted on a child by accidental means by an adult household member or discipline of a child, including spanking, in a reasonable manner.

- (1) "Assault" purposely or knowingly placing or attempting to place another in fear of physical harm
- (2) "Battery" purposely or knowingly causing physical harm to another with or without a deadly weapon
- (3) "Coercion" compelling another by force or threat of force to engage in conduct from which the latter has a right to abstain or to abstain from conduct in which the person has a right to engage
- (4) "Harassment" engaging in a purposeful or knowing course of conduct involving more than one incident that alarms or causes distress to an adult or child & serves no legitimate purpose. The course of conduct must be such as would cause a reasonable adult or child to suffer substantial emotional distress and must actually cause substantial emotional distress to the petitioner or child. Such conduct might include, but is not limited to:
 - (a) Following another about in a public place or places
 - (b) Peering in the window or lingering outside the residence of another, but does not include constitutionally protected activity
- (5) "Sexual Assault" causing or attempting to cause another to engage involuntarily in any sexual act by force, threat of force, duress, or without that person's consent
- (6) "Unlawful Imprisonment" holding, confining, detaining or abducting another person against that person's will

Definition of Stalking

You are notified that, under section 455.501(14) RSMo "Stalking" is when any person purposely engages in an unwanted course of conduct that causes alarm to another person, or a person who resides together in the same household with the person seeking the order of protection when it is reasonable in that person's situation to have been alarmed by the conduct. As used in this subdivision.

- (a) "Alarm" means to cause fear of danger of physical harm.



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, stalking, or sexual assault 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: _____
(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 17 years of age or emancipated (no longer under the control, support, and responsibility of a parent or guardian) under 17.

Race and Ethnicity: (Select one or more) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White
 Hispanic or Latino Middle Eastern or North African (MENA) Other Unknown

Sex: 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, birthmarks, braces, scars, mustache, 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) _____

B. Explain what happened

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: _____

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.

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

CONFIDENTIAL CASE FILING INFORMATION SHEET – DOMESTIC RELATIONS CASES

Required at Case Initiation and with Responsive Filings

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ 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.

Filing Date: _____ County/City of St. Louis: RAY COUNTY

Style of Case: _____
(i.e. Petitioner v. Respondent)

Case Type Code: _____ Case Type Description: _____

<p>Petitioner/Plaintiff Information:</p> <p>Party Type Code: _____ Party Type Description: _____</p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Respondent/Defendant Information:</p> <p>Party Type Code: _____ Party Type Description: _____</p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: _____ Party Type Description: _____</p> <p>Name (if person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: _____ Party Type Description: _____</p> <p>Name (if person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>

Employer Information

Petitioner/Plaintiff Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Respondent/Defendant Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

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

Children:

*MACSS – Missouri Automated Child Support System

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: Male Female Optional: MACSS Member Number (to be completed by the court): _____

Check if more than ten children and attach additional sheet

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown on previous page): _____

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

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.



IN THE 8th JUDICIAL CIRCUIT, RAY COUNTY, MISSOURI

Name:	Case Number:
Address:	Case Type:
	Style of Case:
Document Filed:	(Date File Stamp)

Redaction Certification

The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Rules 19.10, 55.025, or 84.015.

COR 2.02

The responsibility for redacting confidential information rests solely with the counsel, parties, or any other person filing the document. Courts will not review each case document to ensure compliance and will not refuse to accept or file a document on that basis.

On and after the Expanded Remote Access Implementation Date: July 1, 2023

- All redactions shall be done in a manner that makes it clear that information has been redacted. If necessary to reference the redacted information in a redacted document, filers shall use generic descriptors.
- When a filer redacts information from a document offered for filing in any court, the filer also must file a confidential redacted information filing sheet that either:
 - has the unredacted version of the document attached; or
 - sets out the information redacted from the document with an explanation referencing where the information was redacted from in the document or the generic descriptors used in the document to reference the redacted information.
- All filers shall affirmatively certify compliance with the redaction requirements in Rules 19.10, 55.025, and 84.015 when a document is filed. This certification shall be accomplished through an automated process implemented in the electronic filing system for its authorized users or, for filers who are not authorized users of the electronic filing system, by a paper form attached to the document or on the document itself.
- When a motion is filed alleging a document filed with the court contains insufficiently redacted confidential information, the clerk shall raise the document's security level to a confidential setting. The court shall dispose of the motion within 30 days. If the court determines the document is sufficiently redacted, the clerk shall reset the document's security level to allow for proper public access.

I HAVE READ AND UNDERSTAND THE ABOVE.

_____ Date

_____ Filer's Signature