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.**

EX-PARTE FILING PACKET ADULT ABUSE

Adult Abuse Petition

* Answer all questions to the best of your ability
* On the signature page, you must check the Redaction check box

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
* Please provide birthdates & complete Social Security #s if available
* Page 2 is for employment & children('s) information

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 following 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 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 all that apply.

☐ Spouse ☐ Former spouse ☐ Child(ren) in common
☐ Are/were in a continuing social relationship of a romantic/intimate nature
☐ Residing/resided together; with intimacy ☐ Residing/resided together; no intimacy
☐ Related by blood. Define relationship: _____
☐ Related by marriage. Define relationship: _____
☐ Stalking ☐ Sexual Assault. Define relationship _____

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: _____

☐ harassed me. Two or more times 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.

Child One

☐ **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

Case Number (For Court Use Only) _____

CONFIDENTIAL CASE FILING INFORMATION SHEET
DOMESTIC RELATIONS CASES – ADULT ABUSE/STALKING
Required at Case Initiation

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.

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 Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's 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, MISSOURI

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

Case Type Code: _____ Case Type Description: _____

Petitioner/Protected Person Information:

Party Type Code: PET Party Type Description: Petitioner

(You)

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

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

DOB: _____ Age: _____ Gender: ☐ Male ☐ Female SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Respondent Information:

Party Type Code: RES Party Type Description: Respondent

(Them)

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

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

DOB: _____ Age: _____ Gender: ☐ Male ☐ Female SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Employer Information

Petitioner/Protected Person Employer Name: _____

Employer Address: _____

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

Respondent 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.

*MACSS – Missouri Automated Child Support System

Children:

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 five 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

This copy of this form shall be sent to law enforcement to validate the electronic transfer of the case into MULES.

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.