

**ONLINE INSTRUCTIONS FOR COMPLETING A PETITION FOR AN
ADULT ABUSE ORDER OF PROTECTION CASE FILED IN THE
FAMILY COURT OF ST. LOUIS COUNTY**

1. First, please take a moment and read the Adult Abuse Pamphlet. This pamphlet has been designed to answer the questions most frequently asked. www.stlouiscodvcouncil.com
2. There are no filing fees or costs assessed for filing a petition or when the court issues an order of protection.
3. You are the “petitioner”. Whenever information referring to the “petitioner” is requested, it refers to you, the person filing the petition. Whenever information referring to the “respondent” is requested, it refers to the person the petition is being filed against.
4. These forms you are completing are called the “petition” and all questions must be answered as fully as possible. If the question does not apply to you, please answer one of the following: none, no, or not applicable (n/a), whichever is appropriate for that question.
5. Please provide your complete name and address, which includes the city, state, and zip code. Also provide your race, sex, date of birth and/or your social security number. Please provide the same complete information for the respondent.
6. All blanks should be completed and all boxes that apply should be checked.
7. Question number 11 contains the types of “domestic violence” or “stalking” that can occur. Please check the boxes that apply to your situation. In completing the second half of the question, include the dates of abuse or stalking and be specific as to what occurred. Describe in your own words what happened. THIS ANSWER IS VERY IMPORTANT, IT IS USED TO DETERMINE WHETHER OR NOT THE ORDER WILL BE ISSUED.
8. Look at the remainder of the questions. If they apply to your situation, please answer the questions as fully as possible. If they do not apply, please answer no, none or not applicable (n/a), whichever is appropriate.
9. Pages 3 and 4 contain the “request” section of your petition. If you do not make a request, the request cannot be considered by the judge.
10. Upon completion, you will need to print all forms and submit them in person to the St. Louis County Adult Abuse Office during the normal business hours of Monday through Friday, 8:00 a.m. to 5:00 p.m., and Saturday, 9:00 a.m. to 12:00 p.m. The Adult Abuse Office does not accept any filings for orders of protection after 4:00 p.m. during the week.
11. Please do not sign any forms until you have been interviewed and assisted by an Adult Abuse Clerk or a representative from your local police department.
12. Please remember, after you have read the pamphlet and filled out the petition as completely as possible, an Adult Abuse Clerk or a representative from your local police department will try to answer any questions you may have regarding the adult abuse laws.
13. If you have special needs addressed by the American With Disabilities Act, please notify the Circuit Clerk’s Office at (314) 615-8029, FAX (314) 615-8739, or TTY (314) 615-4567, at least three business days in advance of the court proceeding.

NOTE: If the respondent is under the age of 17, complete the Service Information for Adult Abuse/Child Protection Case for Respondents Under the Age of 17 form. (Form number CCFC222). Both service information forms are not required.

YOU MUST PROVIDE YOUR DATE OF BIRTH AND/OR YOUR FULL SOCIAL SECURITY NUMBER WHEN FILING FOR AN ORDER OF PROTECTION SO LAW ENFORCEMENT CAN ENTER THE INFORMATION IN THE MISSOURI HIGHWAY PATROL SYSTEM.

IV. COMPLETE FOR DOMESTIC VIOLENCE PETITION ONLY

Relationship with Respondent

6. Respondent and I: (check one or more)

- reside together.
- previously resided together at _____ (address),
_____ (city), _____ (state), in the
County of _____.
- never resided together.

Residency

7. The residence in which I live is: (check one or more)

- jointly owned, leased or rented or jointly occupied by Respondent and me.
- owned, leased, rented or occupied by me.
- jointly owned, leased, rented or occupied by me and someone other than Respondent.
- owned, leased, rented or occupied by someone else, and Respondent is my spouse.
- jointly occupied by me and another person, and Respondent has no property interest therein.

Custody

List only the children that the Petitioner and Respondent have in common. The court cannot change custody if a prior order regarding custody is pending or has been made.

8. It is in the best interest of the minor children that custody be awarded as follows:

	<u>Child's Name</u>	<u>SSN (last 4 digits only)</u>	<u>Age</u>	<u>Address</u> (If other than Petitioner)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

	<u>Who did each Child reside with during last six months</u>	<u>Persons to Receive Custody</u>	<u>Custody</u> (check one or both)	
			<u>Temporary</u>	<u>Full</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(If necessary, attach additional sheets.)

V. COMPLETE FOR STALKING OR SEXUAL ASSAULT PETITION ONLY

9. Respondent is stalking or sexually assaulting me. Explain relationship (example: co-workers, neighbors, etc.)

VI. COMPLETE FOR ALL CASES

10. Indicate any prior or pending custody court cases before, or orders entered by, this court or any other court involving the following parties. Indicate the case numbers.

(If none, so state):

- a. Petitioner _____
- b. Respondent _____
- c. Children (identified in item 8) _____

Acts Committed by Respondent:

11. Respondent has knowingly and intentionally: (check at least one)

- | | |
|---|--|
| <input type="checkbox"/> caused or attempted to cause me physical harm | <input type="checkbox"/> sexually assaulted me |
| <input type="checkbox"/> placed or attempted to place me in apprehension of immediate physical harm | <input type="checkbox"/> unlawfully imprisoned me |
| <input type="checkbox"/> coerced me | <input type="checkbox"/> followed me from place to place |
| <input type="checkbox"/> stalked me | <input type="checkbox"/> threatened to do any of the above |
| <input type="checkbox"/> harassed me | |

by the following act(s): (Include the most recent date(s) of each act described.)

12. I am afraid of Respondent and there is an immediate and present danger of domestic violence to me or other good cause for emergency temporary order of protection because: (describe)

for an emergency temporary order of protection because: (describe)

13. Photographs/Exhibits are filed as evidence of my injuries.

VII. PETITIONER'S REQUESTS

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

15. Pursuant to section 455.010 - 455.085 RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check all that apply)

- committing or threatening to commit domestic violence, sexual assault, molesting, or disturbing the peace of Petitioner wherever Petitioner may be found.
- stalking Petitioner.
- entering the dwelling of Petitioner located at (see notice below) _____
- entering the premises of the Petitioner's school, located at _____
- entering onto the premises of the Petitioner's place of employment, located at _____
- come within _____ (feet) of the Petitioner.
- communicating with Petitioner in any manner or through any medium.
- other: _____

-

Additional Requests:

It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection enjoining Respondent from the above acts for such time as is necessary to protect Petitioner and that the court: (one or more may be selected)

Custody

16. Award custody of the minor child(ren) to Petitioner Respondent.

17. Order visitation with the minor child(ren) to Petitioner Respondent as follows:

Child Support/Maintenance

18. Order Petitioner Respondent to pay child support to Petitioner Respondent in the amount of \$ _____ (check one) per week per month.

19. Order Petitioner Respondent to pay maintenance to Petitioner Respondent in the amount of \$ _____ (check one) per week per month.

Other Support

- 20. Order that Respondent make or continue to make the rent or mortgage payments in the amount of \$ _____ (check one) per week 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 services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by Respondent.

Personal Property

- 24. Order that Petitioner be given temporary possession of the following personal property:

- 25. Prohibit Respondent from transferring, encumbering, or otherwise disposing of the following property mutually owned or leased with Petitioner:

Counseling/Treatment

- 26. Order Respondent to participate in a court-approved counseling program designed for batterers and/or substance abuse.

Costs/Fees

- 27. Order Respondent to pay court costs.
- 28. Order Respondent to pay Petitioner's attorneys fees.

Other Orders

- 29. Order the full order of protection issued for one year be automatically renewed unless Respondent requests a hearing by 30 days prior to the expiration of the order.
- 30. Petitioner to receive wireless telephone numbers(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 31. Other (specify):

VIII. PETITIONER'S SIGNATURE

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief. **I understand that a copy of this petition will be served on the respondent.**

_____ Date

_____ Petitioner's Signature

_____ Address (Optional)

_____ City, State and Zip

_____ Telephone

_____ Attorney's Name, Missouri Bar No., if Applicable

_____ Address

_____ City, State and Zip

_____ Telephone

NOTICE: Section 455.030.3, RSMo provides that a Petitioner seeking protection under the Domestic Violence Act is not required to reveal any current address or place of residence on this motion. **Do not provide this information if doing so will endanger you.**

In the
FAMILY COURT
Of St. Louis County, Missouri



┌
For File Stamp Only
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Petitioner

Date

vs.

Case Number

Respondent

Division

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**FINANCIAL STATEMENT OF PETITIONER
(ORDER OF PROTECTION)**

I. Name, Address, and Telephone Number of Employer(s):

Petitioner's Employer

Respondent's Employer

Address

Address

City, State, & Zip Code

City, State, & Zip Code

Salary \$_____per_____

Salary \$_____per_____

II. Your Other Income

Public Assistance \$_____per_____

Retirement \$_____per_____

Child Support \$_____per_____

Social Security \$_____per_____

Maintenance \$_____per_____

Other \$_____per_____

III. Your Monthly Expenses (Please print approximate monthly amounts):

Rent \$_____

Automobile (Gas, Payment, Repair) \$_____

Mortgage \$_____

Food \$_____

Utilities (Gas, Electricity Water, Telephone) \$_____

Clothing \$_____

Medical Care \$_____

Day Care \$_____

All Other \$_____

Subscribed and sworn before me on _____.

Deputy

Petitioner

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: _____

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

Case Type Code: _____ Case Type Description: _____

Petitioner/Protected Person Information:

Party Type Code: _____ Party Type Description: _____

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: _____ Party Type Description: _____

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.

IN THE FAMILY COURT OF ST. LOUIS COUNTY, MISSOURI

ORI MO095015 J

PETITIONER _____

DATE _____

DAY _____ NIGHT _____
PETITIONER'S TELEPHONE NUMBERS _____

CASE NUMBER _____

RESPONDENT _____

DIVISION _____

Indicate to the right, petitioner's mailing address and telephone number(s). Only to be completed if disclosure would not endanger child or household member. (This information is needed when a notice of proceeding is to be sent to petitioner).

PETITIONER'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

SERVICE INFORMATION FOR ADULT ABUSE/CHILD PROTECTION CASE FOR A RESPONDENT UNDER THE AGE OF 17

I. PLEASE CHECK THE ADDRESS WHERE THE RESPONDENT MAY MOST LIKELY BE SERVED

PARENT(S)/GUARDIAN(S) NAME _____ (Serve on behalf of respondent)

PARENT(S)/GUARDIAN(S) WORK ADDRESS

PARENT(S)/GUARDIAN(S) RESIDING ADDRESS

COMPANY NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ PHONE NUMBER _____

NATURE OF WORK: _____ WORK HOURS: _____ WORK PHONE: _____

II. CUSTODIAL PARENT(S)/GUARDIAN(S) NAME AND DESCRIPTION (If available, bring a photo of the Respondent with you to attach to this form)

NAME _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ DATE OF BIRTH _____

RACE _____ SKIN COMPLEXION _____ HAIR LENGTH/STYLE _____

VISIBLE IDENTIFYING MARKS (tattoos, birthmarks, braces, beard, pierced ear, etc.) _____

NICKNAMES _____

MAKE OF CAR _____ MODEL _____ YEAR _____ COLOR _____ LICENSE # _____