

## **NOTICE:**

**THE ADULT ABUSE OFFICE WILL ONLY PROCESS CASES DURING THE FOLLOWING TIMES:**

**M-F – 8:30 a.m. – 4:00 p.m.**

**IF IT IS AFTER HOURS, PLEASE GO TO YOUR LOCAL POLICE STATION AND ASK ABOUT FILING FOR AN ORDER OF PROTECTION**

**IF YOU ARE IN IMMEDIATE DANGER, CALL 911**

Starting July 1, 2023



# Remote Public Access

Case.net soon will let people view public court documents from their personal computers, tablets or cell phones.

This works only for documents filed on or after July 1, 2023.

So, what does this mean for people filing documents in court?

## STOP

To protect privacy, any confidential information in an otherwise public document must be redacted.

## REVIEW

If you are filing any document in a court case – even if you are representing yourself! – it is your job to redact confidential information. *The court clerk cannot help.*

## REDACT

- On a computer, use a redaction tool or substitute generic labels.
- By hand, use a marker or whiteout product to completely cover the confidential information.
- File an explanatory confidential redaction information sheet.
- Certify you have done any necessary redaction.

“ These improvements will fundamentally change the way individuals access public court documents, while balancing the need to protect confidential information and ensure the overall security and reliability of our underlying case management system.

~ Missouri's chief justice  
28 June 2022

To learn more, visit

[www.courts.mo.gov](http://www.courts.mo.gov)

or scan this code:



# CONFIDENTIAL INFORMATION

## Confidential information can include, but is not limited to:

- Social security numbers, driver's license numbers, state identification numbers, taxpayer identification numbers and passport numbers
- Financial institution account numbers, credit or debit card numbers, personal identification numbers, or passwords used to secure any such accounts or cards
- Names, addresses and contact information of informants, victims, witnesses and persons protected under orders of protection or restraining orders
- Dates of birth
- Names of individuals known to be minors
- Case numbers of confidential, expunged, or sealed records

NOTE: Filers should also exercise caution when filing documents that include medical records, employment history, financial records, proprietary information, or trade secrets.

## Examples of Sources Regarding Confidentiality

- Missouri Statutes: <https://revisor.mo.gov/main/Home.aspx>
  - 509.520, RSMo – Certain court pleadings
  - 595.226, RSMo – Information that could be used to identify or locate any chapter 566, domestic assault, or stalking victim
- Missouri Court Rules: <https://www.courts.mo.gov/page.jsp?id=46>
  - Rule 25.03(d) (e) and (f) – Information state may redact in discovery response
  - Rule 25.11(b) – Protective orders for redaction in criminal cases
- Missouri Court Operating Rule 2: <https://www.courts.mo.gov/page.jsp?id=1028>
- MoBar Resource Center [https://mobar.org/site/Lawyer\\_Resources/Remote\\_Public\\_Access\\_Redaction\\_Center/site/content/Lawyer-Resources/Remote\\_Public\\_Access\\_Redaction\\_Center.aspx?hkey=a8b7149b-5b65-4fe3-bf7f-a725204a8364](https://mobar.org/site/Lawyer_Resources/Remote_Public_Access_Redaction_Center/site/content/Lawyer-Resources/Remote_Public_Access_Redaction_Center.aspx?hkey=a8b7149b-5b65-4fe3-bf7f-a725204a8364)
- Missouri State Regulations: <https://www.sos.mo.gov/adrules/csr/csr>
- Federal Statutes: <https://www.govinfo.gov/app/collection/uscode>
- Federal Regulations: <https://www.ecfr.gov/>
- Federal Court Rules: <https://www.uscourts.gov/rules-policies/current-rules-practice-procedure>

**DISCLAIMER:** These examples are for illustration only and are not a comprehensive list. There is no exhaustive list of all information that may be confidential under state or federal law. For help, you may want to consult with an attorney.

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

1. Please take a moment and review the city of St. Louis Abuse/Protection Order web page.  
[https://www.stlcitycircuitcourt.com/Protection\\_Orders.php](https://www.stlcitycircuitcourt.com/Protection_Orders.php) .
2. There are no filing fees or costs assessed for filing a petition or if the court issues an Order of Protection.
3. You are the “petitioner”. Whenever information referring to the “petitioner” is requested, it refers to you. Whenever information referring to the “respondent” is requested, it refers to the person the Order of Protection is being filed against.
4. These forms you are completing are called the “petition” and all questions must be answered as fully as possible by tabbing through each field. If the question does not apply to you, please answer with one of the following: None; No; or Not Applicable (N/A), whichever is appropriate.
5. On the Confidential Case Filing Information Sheet please provide your complete name and address, which includes the city, state, and zip code. Also provide your sex, date of birth and your social security number. Please provide the same complete information for the respondent (or as much as you know) by tabbing through the document.
6. By tabbing through the form, all blanks should be completed and all boxes that apply should be checked.
7. Section B contains the types of “domestic violence” or “stalking” that can occur. Please check all boxes that apply to your situation and include dates of abuse/stalking for each box selected. In your description, be specific as to what occurred. THIS ANSWER IS VERY IMPORTANT, IT MAY BE USED TO DETERMINE WHETHER OR NOT A TEMPORARY ORDER WILL BE ISSUED. ***There is additional space to respond to section B on the next page of the petition.***
8. Review 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. Section C contains the “request” section of your petition. Indicate everything that you are requesting the judge to order. If you do not mark a request, that request cannot be considered by the judge, now or at the hearing.
10. To sign your petition electronically, you must use the following format on the signature line :  
**/s/ First Name Last Name (e.g., /s/ Jane Doe)**
11. **Upon completion during normal business hours of Monday – Friday, 8:30 a.m. to 4:00 p.m.:** (1) Print all forms and submit them in person to the City of St. Louis Adult Abuse Office; **OR** (2) Submit your petition online using the online submission form on the website, [https://www.stlcitycircuitcourt.com/Protection\\_Orders.php](https://www.stlcitycircuitcourt.com/Protection_Orders.php).(The Adult Abuse Office does not accept any filings for orders of protection after 4:00 p.m. during weekdays).(The Adult Abuse Office does not accept any filings for orders of protection after 4:00 p.m. during weekdays).  
**Upon completion outside of normal business hours listed above:** (1) Print all forms and take them in person to the nearest police department for submission; **OR** (2) Save the forms to your computer and submit them online using the online submission form during next available business day when the Adult Abuse Office reopens
12. If you have special needs addressed by the American With Disabilities Act, please notify the Court Administrator’s Office at (314) 622-4426, FAX (314) 622-4524, TTY (314)622-2477 or through Relay Missouri by dialing 711 or 800-735-2966, at least three business days in advance of the court proceeding.



# 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)

<h2 style="text-align: center;">B. Explain what happened</h2>
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**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.

<b>Child One</b>
------------------

**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



# Petition for a Court Order of Protection – Adult Exhibit A

## Additional Children:

I am asking the court to award custody of Child Six.

### Child Six

I have provided the name and age of Child Six 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 am asking the court to award custody of Child Seven.

### Child Seven

I have provided the name and age of Child Seven 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 am asking the court to award custody of Child Eight.

### Child Eight

I have provided the name and age of Child Eight 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 am asking the court to award custody of Child Nine.

**Child Nine**

I have provided the name and age of Child Nine 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 am asking the court to award custody of Child Ten.

**Child Ten**

I have provided the name and age of Child Ten 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: \_\_\_\_\_

**Confidential Redacted Information Filing Sheet  
Order of Protection - Adult**

**TO BE SERVED WITH THE PETITION.**

**Petitioner Information**

Your full name: \_\_\_\_\_

**Child Information**

**Child One**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Two**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Three**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Four**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Five**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Attach additional page if there are more than five children.

**Confidential Redacted Information Filing Sheet  
Order of Protection - Adult**

**TO BE SERVED WITH THE PETITION.**

**Petitioner Information**

Your full name: \_\_\_\_\_

**Child Information**

**Child Six**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Seven**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Eight**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Nine**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Child Ten**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**\*\*FOR COURT USE ONLY\*\***



**Confidential Case Filing Information Sheet  
Domestic Relations Cases – Adult Abuse/Stalking**

Required at Time of Filing Petition

**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.**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Case Type:  Adult Abuse without Stalking  Adult Abuse/Stalking  
 Registration of Foreign Protection Order

**Petitioner/Protected Person Information:**

Party Type Code and Description: (Select one)

**PETP** Party Type Description: Petitioner Acting Pro Se (with no attorney)  
 **PET** Party Type Description: Petitioner (with attorney)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Revealing my home address or where I live will put me in danger.**



**If revealing your home address or where you live puts you in danger, check the box above to have your address marked as confidential.**

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Temporary and/or Mailing Address (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

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

Race & Ethnicity Source: Petitioner

Race & Ethnicity is self-identified.

**Respondent Information:**

Party Type Code and Description: (Select one)

**RESP** Party Type Description: Respondent Acting Pro Se (with no attorney)

**RES** Party Type Description: Respondent (with attorney)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

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

Race & Ethnicity Source: (Select one)  Petitioner  Court  Law Enforcement  Jail  
 Department of Corrections/Probation and Parole  Another State Agency  
 Driver's License  Unknown

Race & Ethnicity is observed/perceived by the Petitioner.

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

**Children:**

**Child 1 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

**Child 2 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

**Child 3 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

**Child 4 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

**Child 5 Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

Check if more than five children and attach additional sheet.

### Instructions to Filer

✓ 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: \_\_\_\_\_

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 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.**

# IN THE FAMILY COURT, CITY OF ST. LOUIS, MISSOURI

ORI MO116025J

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. PARENT(S)/GUARDIAN(S) NAME AND DESCRIPTION (Attach Photo If Available)

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 # \_\_\_\_\_

**Now save this packet on your computer and then go back to the Court's website at [https://www.stlcitycircuitcourt.com/Protection\\_Orders.php](https://www.stlcitycircuitcourt.com/Protection_Orders.php), complete the submission form and attach the file(s) you just saved.**



# TRACK THIS CASE

## *Email & Text Notification Service*

Sign up for **automatic** notifications, **reminders** and **alerts** about scheduled **events** and future **payments** due by following the provided steps.



DISCLAIMER: TRACK THIS CASE NOTIFICATIONS ARE NOT CONSIDERED OFFICIAL COURT NOTICES

## Get Started Using Track This Case by Following the Steps Below!

1. Go to Missouri Case.net  
<https://www.courts.mo.gov/casenet>
2. Enter case number  
or litigant name
3. Click “Track This Case”  
for desired cases
4. Provide your email  
address and mobile  
phone number (optional)
5. Enter special characters  
in verification box
6. Click “Track This Case”

## QUESTIONS?

Contact the OSCA Help Desk at  
(888) 541-4894, or email  
[OSCA.Help.Desk@courts.mo.gov](mailto:OSCA.Help.Desk@courts.mo.gov)

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