



IN THE CIRCUIT COURT OF GREENE COUNTY, SPRINGFIELD, MISSOURI

Judge or Division:	
Petitioner:	
Case Number:	

THIS INFORMATION IS FOR COURT USE ONLY. IT WILL NOT BE REVEALED TO THE RESPONDENT.
INSTRUCTIONS TO CLERK: THIS FORM IS TO BE SCANNED SEPARATELY FROM THE PETITION AND AT A CONFIDENTIAL LEVEL.

PETITIONER'S FULL NAME: _____

SSN: _____--_____--_____

RESPONDENT'S FULL NAME: _____

SSN: _____--_____--_____

CHECK THIS BOX, IF YOU BELIEVE THAT DISCLOSURE OF YOUR CURRENT ADDRESS OR PLACE OF RESIDENCY MAY ENDANGER YOU. IF THE BOX IS CHECKED, IT IS IMPORTANT THAT YOU COMPLETE THE INFORMATION DIRECTLY BELOW. TO MAINTAIN THE CONFIDENTIALITY OF THE ADDRESSES LISTED BELOW, PLEASE INDICATE "PROTECTED ADDRESS" IN THE PETITIONER'S ADDRESS FIELDS ON THE FOLLOWING PAGES. IF THE BOX IS LEFT UNCHECKED, YOU MAY CONTINUE TO THE NEXT PAGE.

ADULT ABUSE - PETITIONER REQUEST FOR ADDRESS TO BE KEPT CONFIDENTIAL

Permanent Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

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

Daytime Phone Number: _____

Evening Phone Number: _____

**PRE-FILING QUESTIONNAIRE
FOR AN ORDER OF PROTECTION**

****PLEASE READ CAREFULLY****

UNDERSTAND:

***FAILURE TO FULLY COMPLETE THIS PETITION MAY RESULT IN THE DENIAL OF THE EX PARTE ORDER.**

***CHANGING OR ALTERING THE PRE-PRINTED TEXT ON THIS PETITION MAY RESULT THE DENIAL OF THE EX PARTE ORDER.**

***THERE IS NO FILING FEE OR COURT COSTS ASSOCIATED WITH FILING ORDERS OF PROTECTION. IF A GUARDIAN AD LITEM IS APPOINTED IN TO REPRESENT THE CHILDREN IN THE MATTER, THE COURT WILL ASSESS A COST TO BOTH YOU AND THE RESPONDENT ON THE HEARING DATE.**

***IF YOU DO NOT WANT TO REVEAL YOUR ADDRESS TO THE RESPONDENT, PLEASE WRITE "PROTECTED ADDRESS" IN THE BOX THAT REQUIRE YOUR ADDRESS. YOU WILL NEED TO COMPLETE THE CONFIDENTIAL ADDRESS FORM WHEN YOU TURN IN YOUR PETITION.**

***AT THE REQUEST OF THE COURT, A COMPUTER CHECK WILL BE MADE TO SEE WHAT ACTIONS HAVE BEEN TAKEN OR PENDING AGAINST THE PARTIES INVOLVED IN THIS ORDER.**

***IF THE ALLEGATIONS REGARDING THE CHILDREN IN THE PETITION QUALIFIES UNDER THE MANDATATED ABUSE/NEGLECT REPORTING LAW, A HOTLINE WILL BE MADE TO THE CHILDREN'S DIVISION.**

***ONCE YOU COMPLETE THIS PETITION AND GIVE IT TO THE CLERK, THE PETITION CANNOT BE DISMISSED UNTIL THE DATE OF THE HEARING.**

***IF THE JUDGE SIGNS AND APPROVES YOUR ORDER, YOU MUST RETURN TO THIS OFFICE AND PICK UP YOUR COPY OF THE ORDER.**

***IF THE JUDGE SIGNS YOUR ORDER, YOU WILL HAVE TO APPEAR FOR A HEARING AT A LATER DATE.**

NOTE: For the purpose of this action you are referred to as the **PETITIONER** and the person you are filing against will be referred to as the **RESPONDENT**.

- 1) Who directed or referred you to file this order? _____
- 2) Do you live in Greene County? YES NO
- 3) Does the RESPONDENT live in Greene County? YES NO If NO, what county? _____
- 4) Did the act of abuse/stalking take place in Greene County? YES NO If NO, what county? _____
- 5) Do you have a good address (home or work) for the RESPONDENT? YES NO
You cannot receive the full order of protection until the RESPONDENT is served at a good address
- 6) Do you and the RESPONDENT have children together? YES NO
If YES,
 - a) Who has physical custody of the children at this time? PETITIONER RESPONDENT other _____
 - b) Is there a prior order of custody entered or current case pending regarding the children you have in common? YES NO
If YES, what type of action? divorce paternity action modification other _____
What county was the action filed? _____

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS:

SIGN YOUR NAME /s/ _____

PRINT YOUR NAME _____



IN THE CIRCUIT COURT OF GREENE COUNTY, SPRINGFIELD, MISSOURI

ADULT ABUSE EX PARTE ORDER OF PROTECTION		Court Case Number
Petitioner's Full Name: _____ vs. Respondent's Full Name: _____ _____ _____		(Date File Stamp)
DOB: _____ Age: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____ DOB: _____ Age: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race: _____		
Petitioner's Home Address:	Respondent's Home Address:	Respondent's Work Address:
_____	_____	_____
_____	Phone: _____	Work Days/Hours: _____
Relationship to Respondent: (check one or more) <input type="checkbox"/> Spouse <input type="checkbox"/> Related by Blood/Marriage <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Children in Common <input type="checkbox"/> Resided Together <input type="checkbox"/> Other _____ <input type="checkbox"/> Stalking/Sexual Assault		Respondent's Information (Identifying Information for use by Law Enforcement) SSN (last 4 digits only): _____ Hair Color: _____ Height: _____ Weight: _____ Eye Color: _____ Vehicle: (color, year, make/model, license no.) _____
THE STATE OF MISSOURI TO RESPONDENT: _____ (Respondent's name) The Petitioner has filed a verified petition requesting an order of protection, and pursuant to Section 455.035 to 455.045 RSMo, the Court finds there is an immediate and present danger of domestic violence, stalking, or sexual assault to Petitioner by you, or there is other good cause to issue an order of protection. THEREFORE, THE COURT ORDERS YOU, _____ (Respondent's name) NOT TO: 1. Commit or threaten to commit domestic violence, stalking, molesting, sexual assault or disturbing the peace of Petitioner wherever Petitioner may be found. 2. Enter or stay upon the premises wherever the Petition may reside; place of employment or school located at (unless disclosure waived): (Petitioner's home /work/school address) _____ 3. Be within _____ (distance) of the Petitioner. 4. Abuse or threaten to abuse Petitioner's pet (s). The possession of the following pet (s) is awarded, until further order of the court, as follows: _____ 5. Communicate with Petitioner in any manner or through any medium. It is further ordered that custody of the children be awarded, until further order of the Court, as follows:		
<u>Child's Name</u>	<u>Age</u>	<u>Person Awarded Custody</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
VIOLATION OF THIS ORDER MAY BE PUNISHED BY CONFINEMENT IN JAIL FOR AS LONG AS FOUR YEARS AND A FINE OF AS MUCH AS \$10,000. IF SO ORDERED BY THE COURT, RESPONDENT IS FORBIDDEN TO ENTER OR STAY AT PETITIONER'S RESIDENCE.		
<input type="checkbox"/> PETITION DISMISSED FOR FAILURE TO ALLEGE FACTS SUFFICIENT FOR COURT TO HAVE JURISDICTION _____ JUDGE INITIALS	<input type="checkbox"/> EX PARTE RELIEF DENIED, HEARING DATE ON FULL ORDER OF PROTECTION AS INDICATED BELOW _____ JUDGE INITIALS	<input type="checkbox"/> EX PARTE ORDER OF PROTECTION IS ISSUED BY THIS COURT, AND WILL REMAIN IN EFFECT UNTIL THE HEARING DATE ON THE FULL ORDER OF PROTECTION AS INDICATED BELOW SO ORDERED: _____ DATE _____ JUDGE
THE HEARING OF THIS CAUSE SHALL BE IN FAMILY COURT OF THE CIRCUIT COURT OF GREENE COUNTY, IN SPRINGFIELD, MISSOURI AT _____ ON _____. TIME DATE		

Sheriff's or Server's Return

Note to Serving Officer: Service must be at least 3 days prior to the date of the hearing.

I certify that I served this Order and a copy of the Petition at _____ (address) in _____ (County/City of St. Louis), MO, on _____ (date), at _____ (time), by:

(Check one)

- delivering a copy of the order and the petition to _____ (name).
- leaving a copy of the order and the petition at the dwelling house or usual place of abode of _____ (name), with _____ (name), a person at least 18 years of age residing therein.
- other (describe) _____.

Respondent is under the age of 18 and not emancipated. A custodial parent, guardian, or court appointed GAL was served and is required to appear and bring Respondent before the court.

Complete any known identifying information regarding Respondent that has not been already provided:

Age: _____ D.O.B.: _____ S.S.N. (last four digits): _____ Race: _____ Sex: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ License Plate No.: _____
Identifying Marks: _____

Printed Name of Sheriff or Server

Sheriff or Server

Agency ORI

Must be sworn before a notary public if not served by an authorized officer

(Seal)

Subscribed and sworn to before me on this _____ (date).

My commission expires: _____
Date Notary Public

Missouri and federal law provide that the costs and fees for service of protection orders are not required. (Section 455.027, RSMo, & 34 U.S.C. § 10450)

Complete for Out of State Service

I certify that:

- 1) I am authorized to serve process in civil actions within the state or territory where the above order and petition were served.
- 2) My official title is _____ of _____ County, _____ (state).

Served in _____ County, _____ (state), on _____ (date) at _____ (time).

Subscribed and Sworn To before me on this _____ (date).

- I am: (check one)
- the clerk of the court of which affiant is an officer.
 - the judge of the court of which affiant is an officer.
 - authorized to administer oaths in the state in which the affiant served the above order and petition. (use for out-of-state officer)
 - authorized to administer oaths. (use for court-appointed server)

(Seal)

Signature and Title

Missouri and federal law provide that the costs and fees for service of protection orders are not required. (Section 455.027, RSMo, & 34 U.S.C. § 10450)

Directions to Officer Making Return on Service

A copy of the order and the petition must be served on each person. If any person refuses to receive the copy of the order and the petition when offered to him/her, the return shall be prepared to show the offer of the officer to deliver the order and the petition and the person's refusal to receive the same.

Service shall be made: (1) On Individual. On an individual, including an incompetent person not having a legally appointed guardian, by delivering a copy of the order and the petition personally to the individual or by leaving a copy of the order and the petition at the individual's dwelling house or usual place of abode with some person at least 18 years of age residing therein, or by delivering a copy of the order and the petition to an agent authorized by appointment or required by law to receive service of process; (2) On Guardian. On an incompetent person who has a legally appointed guardian, by delivering a copy of the order and the petition to the guardian personally.

Service may be made by an officer or deputy authorized by law to serve process in civil actions within the state or territory where such service is made.

Service may be made in any state or territory in the United States. If served in a territory, substitute the word "territory" for the word "state."

If service is made outside of Missouri, the officer making the service must swear an affidavit before the clerk, deputy clerk, or judge of the court of which the person is an officer or other person authorized to administer oaths. This affidavit must state the time, place, and manner of service, the official character of the affiant, and the affiant's authority to serve process in civil actions within the state or territory where service is made.

The return should be made promptly.



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Petition for Order of Protection - Adult

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

Form with fields for Judge or Division, Case Number, Court ORI Number, Petitioner, MSHP Number, Responsible Law Enforcement ORI, Related Cases, Respondent, Respondent's Home Address, Home Phone Number, Respondent's Work Address, Respondent's DOB, Age, SSN, Race, Sex, Hair Color, Height, Eye Color, Weight, Work Phone Number, Work Hours, Other Locations Where Respondent May Be Served, and Petitioner's Relationship to Respondent.

I. PETITIONER INFORMATION

- 1. I am Petitioner and [] at least 17 years of age [] under 17 but emancipated.
2. I reside in _____ (city), _____ (state), in the County of _____.

II. RESPONDENT INFORMATION

- 3. Respondent is [] at least 18 years of age or emancipated [] under 18.
4. Respondent may be found in _____ (city), _____ (state), in the County of _____.

III. LOCATION WHERE DOMESTIC VIOLENCE, STALKING, OR SEXUAL ASSAULT OCCURRED

- 5. An act of domestic violence, stalking, or sexual assault occurred at _____ (address), _____ (city), _____ (state), in the County of _____.

IV. COMPLETE FOR DOMESTIC VIOLENCE PETITION ONLY

Relationship with Respondent

- 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 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, unemancipated child(ren) 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)

- caused or attempted to cause me physical harm
- placed or attempted to place me in apprehension of immediate physical harm
- coerced me
- stalked me
- harassed me
- sexually assaulted me
- unlawfully imprisoned me
- followed me from place to place
- abused my pet(s)
- threatened to do any of the above

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 an emergency temporary order of protection because: (describe)

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

VII. PETITIONER'S REQUESTS

14. Pursuant to sections 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.
- abusing or threatening to abuse Petitioner's pet(s).
- stalking Petitioner.
- entering the dwelling of Petitioner located at (see notice below) _____
- entering the premises of Petitioner's school, located at _____.
- entering onto the premises of Petitioner's place of employment, located at _____.
- coming within _____ (feet) of 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

15. Award custody of the minor, unemancipated child(ren) to Petitioner Respondent.
16. Order visitation with the minor, unemancipated child(ren) to Petitioner Respondent as follows:

Child Support/Maintenance

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

Other Support

19. Order Respondent to 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.
20. Order Respondent to 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.
21. Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.
22. 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

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

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

Counseling/Treatment

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

Costs/Fees

- 26. Order Respondent to pay court costs.
- 27. Order Respondent to pay Petitioner's attorney fees.

Other

- 28. Order the full order of protection issued for one year be automatically renewed unless Respondent requests a hearing at least 30 days prior to the expiration of the order.
- 29. Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: If checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 30. Award possession and care of any pet(s), along with any moneys necessary to cover medical costs that may have resulted from abuse of the pet(s).
- 31. Order Petitioner's residential address on voter's registration record to be closed to the public.
- 32. 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 Respondent.**

_____ /s/
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 petition. **Do not provide this information if doing so will endanger you.**

Notice to Respondent

You are notified that any full order of protection granted under sections 455.010 to 455.085, RSMo, shall be to protect Petitioner from domestic violence, stalking, or sexual assault. If the court finds in favor of Petitioner, whether you appear or not, the court may grant such forms of relief necessary to ensure Petitioner's safety, including but not limited to:

1. Temporarily enjoining you from committing or threatening to commit domestic violence, molesting, stalking, sexual assault, or disturbing the peace of Petitioner, including violence against a pet;
2. Temporarily enjoining you from entering the premises of the dwelling unit of Petitioner;
3. Temporarily enjoining you from communicating with Petitioner in any manner or through any medium.
4. Award custody of any minor children;
5. Establish a visitation schedule that is in the best interests of the child(ren);
6. Award child support and/or maintenance to Petitioner;
7. Order you to pay Petitioner's rent or mortgage;
8. Order Petitioner be given temporary possession of specified personal property, such as automobiles, checkbooks, keys, and other personal effects;
9. Prohibit you from transferring, encumbering, or otherwise disposing of specified property mutually owned or leased by the parties;
10. Order you to participate in a court-approved counseling program designed to help batterers stop violent behavior or to participate in a substance abuse treatment program;
11. Order you to pay for housing and/or other services provided to Petitioner by a shelter for victims of domestic violence;
12. Order you to pay court costs;
13. Order you to pay the cost of medical treatment and/or services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by you;
14. Award possession and care of any pet(s), along with any moneys necessary to cover medical costs that may have resulted from abuse of the pet(s);
15. Order a wireless service provide to transfer the billing responsibility for and rights to the wireless telephone number or numbers of any minor children in Petitioner's care to Petitioner, if Petitioner is not the wireless service accountholder;
16. Order you to make an assignment of earnings or other income;
17. Order you to pay Petitioner's attorney fees.

A Full Order of Protection could last up to the life of Respondent.

*****CONFIDENTIAL INFORMATION FOR LAW ENFORCEMENT EYES ONLY*****

GREENE COUNTY, MISSOURI EX PARTE SERVICE INFORMATION FORM

CASE NUMBER: _____

Petitioner's Telephone Number

Day _____ Night _____

Please answer the following questions to the best of your ability. Your answers may aid in locating the Respondent for service. **Please check the box indicating where the Respondent is most likely to be served.**

- Respondent's place of employment _____
 - Days worked and best hours for service _____
- Residential address where Respondent may be served _____

 - Name and phone number of owner of residence _____
 - Indications Respondent is present (i.e. Make, model and color of vehicle in drive) _____

 - Time and Days Respondent may be found there _____

- Places frequented (days and time) by Respondent (i.e. friend's house, clubs, restaurants, places of business)

RESPONDENT'S DESCRIPTION

(May attach photo)

Height _____ Weight _____ Hair Color _____ Sex _____ Race _____
Complexion _____ Facial Hair _____
Date of Birth _____ Age _____ Other marks _____

ADDITIONAL INFORMATION

Is Respondent in a jail or due in Court on a certain date, does the Respondent have a Probation Officer, or does Respondent have any other type of appointment where he/she can be served?

- This form was utilized by Law Enforcement to serve Respondent
- Officer Notes:

THIS FORM SHOULD BE RETURNED TO THE GREENE COUNTY CIRCUIT CLERK'S OFFICE WITH COMPLETED RETURN