

## **NOTICE:**

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

**M-F – 8:00 a.m. – 4:00 p.m.**

**Sat. 9:00 a.m. – 12:00 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**

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

1. Please take a moment and review the St. Louis County Adult Abuse/Domestic Violence Court website. This website includes answers to the questions most frequently asked: <https://wp.stlcourtscourts.com/family-court/adult-abuse-domestic-violence-court/>
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. 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 (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. Question number 11 contains the types of “domestic violence” or “stalking” that can occur. Please check all boxes that apply to your situation. In completing the second half of the question, include the most recent dates of abuse/stalking and 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 questions 11 and 12 on page 3a 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. Pages 3 and 4 contain 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 (page 4):  
***/s/ First Name Last Name (e.g., /s/ Jane Doe)***
11. **Upon completion during normal business hours of Monday – Friday, 8:00 a.m. to 4:00 p.m. or Saturday 9:00 a.m. to 12:00 p.m.:** (1) Print all forms and submit them in person to the St. Louis County Adult Abuse Office; **OR** (2) Submit your petition online using the online submission form on the website, <https://wp.stlcourtscourts.com/order-of-protection/>. *(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. **Because of the COVID-19 crisis,** you have the option to appear for your hearing remotely. Be sure to complete the ***Remote Hearing Questionnaire*** so that the court has your information for a hearing using the Zoom app (or through the website at Zoom.us). If you cannot attend a Zoom hearing, in some cases, you may be able to appear by phone.
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, e-mail at SLCADA@courts.mo.gov, or through Relay Missouri by dialing 711 or 800-735-2966, 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 THAT LAW ENFORCEMENT CAN ENTER THE INFORMATION IN THE MISSOURI UNIFORM HIGHWAY PATROL SYSTEM.**

CCFC220-S 04/2020



# IN THE 21<sup>ST</sup> JUDICIAL CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

## Petition for Order of Child Protection - Child

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

Use this form when two to five children are involved with this case. Use CP40 for one child and CP41 for six to ten children.

Judge or Division:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>Case Number:</b></td> <td rowspan="5" style="width:20%; text-align: right; vertical-align: middle;">(Date File Stamp)</td> </tr> <tr> <td>Court ORI Number: MO095015J</td> </tr> <tr> <td>MSHP Number:</td> </tr> <tr> <td>Responsible Law Enforcement ORI:</td> </tr> <tr> <td>Related Cases:</td> </tr> </table>	<b>Case Number:</b>	(Date File Stamp)	Court ORI Number: MO095015J	MSHP Number:	Responsible Law Enforcement ORI:	Related Cases:						
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Related Cases:													
<b>Petitioner:</b>  Protected Child 1: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 2: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 3: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 4: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:  Protected Child 5: Age of Protected Child: Sex: <input type="checkbox"/> F <input type="checkbox"/> M Race:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</b></td> </tr> <tr> <td style="width:80%;">           Protected Child's Relationship to Respondent (Child 1):  <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child  <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent  <input type="checkbox"/> Other (specify) _____         </td> <td style="width:20%; text-align: right; vertical-align: middle;">(Date File Stamp)</td> </tr> <tr> <td colspan="2">           Protected Child's Relationship to Respondent (Child 2):  <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child  <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent  <input type="checkbox"/> Other (specify) _____         </td> </tr> <tr> <td colspan="2">           Protected Child's Relationship to Respondent (Child 3):  <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child  <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent  <input type="checkbox"/> Other (specify) _____         </td> </tr> <tr> <td colspan="2">           Protected Child's Relationship to Respondent (Child 4):  <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child  <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent  <input type="checkbox"/> Other (specify) _____         </td> </tr> <tr> <td colspan="2">           Protected Child's Relationship to Respondent (Child 5):  <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child  <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent  <input type="checkbox"/> Other (specify) _____         </td> </tr> </table>	<b>Protected Child's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</b>		Protected Child's Relationship to Respondent (Child 1): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____	(Date File Stamp)	Protected Child's Relationship to Respondent (Child 2): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____		Protected Child's Relationship to Respondent (Child 3): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____		Protected Child's Relationship to Respondent (Child 4): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____		Protected Child's Relationship to Respondent (Child 5): <input type="checkbox"/> Child <input type="checkbox"/> Step-Child or Former Step-Child <input type="checkbox"/> Parent is Unmarried, Intimate Residing/Resided with Respondent <input type="checkbox"/> Other (specify) _____	
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<b>vs.</b>													
<b>Respondent:</b>  Alias/Nicknames: Respondent's DOB: Age:  SSN (if known, last four digits): <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Race:</td> <td style="width:50%;">Sex: <input type="checkbox"/> F <input type="checkbox"/> M</td> </tr> <tr> <td>Hair Color:</td> <td>Height:</td> </tr> <tr> <td>Eye Color:</td> <td>Weight:</td> </tr> </table> (Identifying Information for use by Law Enforcement) Visible Identifying Marks (e.g., tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Race:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Hair Color:	Height:	Eye Color:	Weight:	Respondent's Home Address:  Home Phone Number:  Respondent's Work Address:  Work Phone Number: Work Hours:  Other Locations Where Respondent May Be Served:						
Race:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M												
Hair Color:	Height:												
Eye Color:	Weight:												

### I. PROTECTED CHILD INFORMATION

**Complete questions 1 – 7 for each protected child.**

☰	<b>Protected Child 1:</b>	<p>1. I am Petitioner and the: (check appropriate boxes)</p> <p><input type="checkbox"/> parent or guardian of the child.</p> <p><input type="checkbox"/> guardian ad litem for the child.</p> <p><input type="checkbox"/> court appointed special advocate for the child.</p> <p><input type="checkbox"/> juvenile officer.</p> <p>2. Respondent is:</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> a household member who is residing with the child.  <input type="checkbox"/> a household member who resided with the child in the past.  <input type="checkbox"/> an emancipated child who is residing with the child.  <input type="checkbox"/> an emancipated child who resided with the child in the past.  <input type="checkbox"/> stalking the child.         </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> a household member under 17 who is residing with the child.  <input type="checkbox"/> a household member under 17 who resided with the child.  <input type="checkbox"/> a person under 17 stalking the child.  <input type="checkbox"/> sexually assaulting the child.         </td> </tr> </table>	<input type="checkbox"/> a household member who is residing with the child. <input type="checkbox"/> a household member who resided with the child in the past. <input type="checkbox"/> an emancipated child who is residing with the child. <input type="checkbox"/> an emancipated child who resided with the child in the past. <input type="checkbox"/> stalking the child.	<input type="checkbox"/> a household member under 17 who is residing with the child. <input type="checkbox"/> a household member under 17 who resided with the child. <input type="checkbox"/> a person under 17 stalking the child. <input type="checkbox"/> sexually assaulting the child.
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3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4.  There are no prior or pending custody orders for this child.  
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

**Protected Child 2:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.  
 guardian ad litem for the child.  
 court appointed special advocate for the child.  
 juvenile officer.

2. Respondent is:

- |   |  |
|---|--|
| <input type="checkbox"/> a household member who is residing with the child.           | <input type="checkbox"/> a household member under 17 who is residing with the child. |
| <input type="checkbox"/> a household member who resided with the child in the past.   | <input type="checkbox"/> a household member under 17 who resided with the child.     |
| <input type="checkbox"/> an emancipated child who is residing with the child.         | <input type="checkbox"/> a person under 17 stalking the child.                       |
| <input type="checkbox"/> an emancipated child who resided with the child in the past. | <input type="checkbox"/> sexually assaulting the child.                              |
| <input type="checkbox"/> stalking the child.  |  |

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4.  There are no prior or pending custody orders.  
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

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

- caused or attempted to cause physical harm to the child
- placed or attempted to place the child in apprehension of immediate physical harm
- coerced the child
- stalked the child
- harassed the child
- sexually assaulted the child
- unlawfully imprisoned the child
- followed the child from place to place
- threatened to do any of the above

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

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7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

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**Protected Child 3:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.
- sexually assaulting the child.

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

- 4.  There are no prior or pending custody orders for this child.
- There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

- owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

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

- caused or attempted to cause physical harm to the child
- placed or attempted to place the child in apprehension of immediate physical harm
- coerced the child
- stalked the child
- harassed the child
- sexually assaulted the child
- unlawfully imprisoned the child
- followed the child from place to place
- threatened to do any of the above

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

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7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

\_\_\_\_\_  
\_\_\_\_\_

**Protected Child 4:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer

2. Respondent is:

- a household member who is residing with the child.
- a household member who resided with the child in the past.
- an emancipated child who is residing with the child.
- an emancipated child who resided with the child in the past.
- stalking the child.
- a household member under 17 who is residing with the child.
- a household member under 17 who resided with the child.
- a person under 17 stalking the child.
- sexually assaulting the child.

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

- There are no prior or pending custody orders for this child.
- There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)

- owned  leased  rented

By:  Respondent  Petitioner  Other (name) \_\_\_\_\_

Occupied by: (include name only if different from above) \_\_\_\_\_

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

- caused or attempted to cause physical harm to the child
- placed or attempted to place the child in apprehension of immediate physical harm
- coerced the child
- stalked the child
- harassed the child
- sexually assaulted the child
- unlawfully imprisoned the child
- followed the child from place to place
- threatened to do any of the above

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

\_\_\_\_\_  
\_\_\_\_\_

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

\_\_\_\_\_  
\_\_\_\_\_

**Protected Child 5:**

1. I am Petitioner and the: (check appropriate boxes)

- parent or guardian of the child.
- guardian ad litem for the child.
- court appointed special advocate for the child.
- juvenile officer.

2. Respondent is:
- a household member who is residing with the child.
  - a household member who resided with the child in the past.
  - an emancipated child who is residing with the child.
  - an emancipated child who resided with the child in the past.
  - stalking the child.
  - a household member under 17 who is residing with the child.
  - a household member under 17 who resided with the child.
  - a person under 17 stalking the child.
  - sexually assaulting the child.

3. The act(s) of domestic violence, stalking, or sexual assault occurred at \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (County/City of St. Louis), Missouri.

3.a. The county in which this petition is being filed is where the  protected child lives  respondent may be served  act(s) of domestic violence, stalking, or sexual assault occurred. (check appropriate boxes)

4.  There are no prior or pending custody orders for this child.  
 There is a prior or pending custody order for this child.

5. The family home of the child is: (check appropriate boxes)  
 owned  leased  rented  
 By:  Respondent  Petitioner  Other (name) \_\_\_\_\_  
 Occupied by: (include name only if different from above) \_\_\_\_\_

6. Respondent has knowingly and intentionally: (check at least one)
- caused or attempted to cause physical harm to the child
  - placed or attempted to place the child in apprehension of immediate physical harm
  - coerced the child
  - stalked the child
  - harassed the child
  - sexually assaulted the child
  - unlawfully imprisoned the child
  - followed the child from place to place
  - threatened to do any of the above

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

\_\_\_\_\_  
 \_\_\_\_\_

7. An immediate and present danger of domestic violence, stalking, or sexual assault to the child exists because: (describe)

\_\_\_\_\_

**II. RESPONDENT INFORMATION**

8. Respondent is  at least 17 years of age or emancipated  under 17

9. Respondent may be found in \_\_\_\_\_ (city), \_\_\_\_\_ (state), in the County of \_\_\_\_\_.

**III. CUSTODY**

The court cannot change custody if a prior order regarding custody is pending or has been made.

10. It is in the best interest of the child(ren) that custody be awarded as follows:

<u>Child's Name</u>	<u>Relationship to Parties</u>	<u>Person to Receive Custody</u>	<u>Temporary</u>	<u>Full</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>



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

**(If none, so state):**

- a. Petitioner: \_\_\_\_\_
- b. Respondent: \_\_\_\_\_
- c. Child(ren) (identified in item 10): \_\_\_\_\_

12.  Award visitation with the child(ren) as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. PETITIONER'S REQUESTS



13. Pursuant to chapter 455, RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check boxes that apply)

- Committing or threatening to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child(ren).
- Having any contact with the protected child(ren), except as specifically authorized by this Order.
- Entering the family home of the protected child(ren), located at \_\_\_\_\_.
- Entering the place of employment or school of the protected child(ren), located at \_\_\_\_\_.
- Communicating with the protected child(ren) in any manner or through any medium.
- Come within \_\_\_\_\_ (feet) of the protected child(ren).
- Other: \_\_\_\_\_

14.  It is further requested that the Ex Parte Order of Protection exclude Respondent from the family home of the protected child(ren) because:

- It is in the best interest of the child(ren) remaining in the home;
- A substantial risk to the child(ren) exists unless Respondent is excluded;
- A remaining adult family or household member is able to care adequately for the child(ren) in the absence of Respondent; and
- A commitment has been obtained from the Children's Division to provide appropriate social services to the family or household members during the period of time during which an Order of Protection is in effect.

15.  Exclusion of the Respondent from the family home of the protected child(ren) is not being requested.

#### **Additional Requests:**

16. It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Child Protection - Child enjoining Respondent from the above acts for such time as is necessary to protect the protected child(ren) and that the court:

- Order Respondent not to commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child(ren).
- Order Respondent not to have any contact with the protected child(ren), except as specifically authorized by this order.
- Order Respondent not to enter the family home, place of employment or school of the protected child(ren), except as specifically authorized by this order.
- Award custody of the child(ren) to \_\_\_\_\_

#### **Child Support/Maintenance**

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

**Other Support**

- 19.  Order that Respondent make or continue to make the rent or mortgage payments to the residence occupied by the protected child(ren) in the amount of \$ \_\_\_\_\_  per week  per month.
- 20.  Order Respondent to pay a reasonable fee for housing and other services provided to the protected child(ren) by a shelter for victims of domestic violence.
- 21.  Order Respondent to pay the cost of medical treatment or services provided to protected child(ren) as a result of injuries sustained by an act of domestic violence committed by Respondent.

**Counseling/Treatment**

- 22.  Order Respondent to participate in a court-approved counseling program designed to help batterers stop violent behavior or a substance abuse program.

**Costs/Fees**

- 23.  Order Respondent to pay court costs.
- 24.  Order Respondent to pay Petitioner's attorney fees.

**Other**

- 25.  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.
- 26.  Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. (Note: if checked, complete the Wireless Telephone Number Transfer Addendum form.)
- 27.  Other (specify):
  
- 28. I believe that revealing my address will endanger myself or the protected child(ren). (Note: If checked, complete the Child Protection Petitioner and Protected Child Information (Confidential Record) form.)
- 29. Order Petitioner's residential address on voter's registration record be closed to the public.

**V. 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

/s/ \_\_\_\_\_  
Petitioner's Signature



**NOTICE:** Section 455.510.3, RSMo, provides that a Petitioner seeking protection under the Child Protection Orders Act is not required to reveal any current address or place of residence of the child(ren) on this petition. **Do not provide this information if doing so will endanger the child(ren).**

\_\_\_\_\_ Address (Optional)

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ Telephone

\_\_\_\_\_ Attorney's Name, Missouri Bar No., if Applicable

\_\_\_\_\_ Address

\_\_\_\_\_ City, State and Zip

\_\_\_\_\_ Telephone

**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](http://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.**



Judge or Division:	Case Number:	(Date File Stamp)
	Court ORI Number: MO09515J	
Petitioner:	MSHP Number:	
SSN:	Responsible Law Enforcement ORI:	
Protected Child:	Related Cases:	
SSN:		
DOB/Age:		

**Child Protection  
Petitioner and Protected Child Information  
(Confidential Record)**

**Petitioner has indicated that disclosure of his/her or the protected child's current address or place of residence may endanger the child.**

**This information must be maintained as Confidential and is for Court Use Only.**

Protected Child's Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_

Petitioner's Permanent Address (if different from above): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_

Petitioner's Temporary and/or Mailing Address (if different from above): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_

**Instructions to Clerk**

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

Petitioner: \_\_\_\_\_ v. Respondent: \_\_\_\_\_

### REMOTE HEARING QUESTIONNAIRE

At this time, the Court intends to hold the hearing for this case remotely so that you do not need to come to the courthouse. If you choose, you may still come to the courthouse. However, if you want attend remotely, the Court will use the **Webex** application found a **Webex.com** or in the various app stores for smartphones and tablets. You will need to download that app or go on the website to create an account. Please provide as much information as possible below.

THE COURT WILL KEEP THIS INFORMATION CONFIDENTIAL

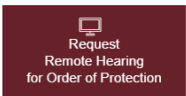

**Petitioner**, what is your email address?

\_\_\_\_\_

If you know it, what is the **Respondent's** email address?

\_\_\_\_\_

**Next, to obtain the Webex meeting link, you must do the following:**

1. Go the Court's website at <https://wp.stlcountycourts.com/>
2. Click on "Request Remote Hearing."  

3. Complete the few questions and then click on "Send Message."  

4. You will then receive an email with the Webex link for your hearing. Do not reply to this email, it will automatically be deleted.
5. Follow the instructions found in your other paperwork called "Instructions for Remote Hearings for Orders of Protection."
6. When it is time for your hearing you can either click on the Webex link from the email or simply join using the correct Webex Meeting ID that is shown on the "**Instructions for Remote Hearings for Orders of Protection**" document in the packet from the court.

# 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 # \_\_\_\_\_

## **INSTRUCTIONS FOR REMOTE HEARINGS** **FOR ORDERS OF PROTECTION**

**Until further notice, to protect the health and safety of individuals with cases in the St. Louis County Circuit Court, hearings will ONLY be held by video conference using the Webex app or the website (webex.com). Below are the instructions for how to access the video hearing:**

1. The Webex app is free and is available through all phone app stores and can be accessed from the website at <http://www.webex.com>.
2. **On the date and time of your hearing** listed on the paperwork from the court,
  - a. Open the Webex app or go to webex.com;
  - b. Join Meeting: Enter the Meeting Number listed in the table below for the judge and division identified in your paperwork from the court where it says "Meeting Number or URL".
  - c. Also, a few days before the hearing date, you can request a link from the court by clicking on the "Request Remote Hearing for Order of Protection" on the court's website at <https://wp.stlcourtscourts.com>. You will need to know the name of the judge or division for the upcoming hearing;
  - d. Enter your **first and last name** and email address;
  - e. Connect using **internet for audio** and hit "OK" when it asks about video; and
  - f. **Wait.** Once you connect, you will be placed in the Webex lobby. There may be other cases in court at the same time. The judge will admit you to the hearing when it is time for your case. Do not disconnect from Webex until you have spoken to the judge.
3. **If you do not have email** you can still connect to the Webex hearing using your telephone. Whether you can proceed only appearing by phone will be up to the judge or commissioner hearing your case. If you have questions about this, you must call the division number listed on the table below **at least 3 business days before** your scheduled hearing to try to reach the division clerk assigned to your case.



4. If you cannot connect via Webex or wish to have an in-person hearing you must contact the clerk for the judge at the phone number listed in the table below.
  
5. It is possible that a hearing will not occur on the date on the paperwork because the respondent has not been "served." If you have questions about this, please call the division clerk at the phone number in paragraph 3 **at least 3 business days before your hearing.**

<b>Division</b>	<b>Judge/Commissioner</b>	<b>Phone #</b>	<b>Meeting Number</b>
5	Hardin-Tammons	(314) 615-1505	146 570 4891
13	Hilton	(314) 615-1513	146 015 3265
20	Donnelly	(314) 615-1520	146 566 3289
32	Julia Lasater	(314) 615-1532	146 560 3204
35	Baker	(314) 615-1535	146 725 5693
36	Green	(314) 615-1536	146 042 5390
38	John Lasater	(314) 615-1538	146 048 4966
42	Heggie	(314) 615-1542	146 954 9505
65	Greaves	(314) 615-1565	146 038 8104

**ADMINISTRATIVE ORDER RE VIDEO-CONFERENCING PROTOCOLS DURING THE CORONA PANDEMIC**

**WHEREAS**, in March, 2020, the Centers for Disease Control and Prevention declared that the outbreak of COVID-19 is a worldwide pandemic, and both the Governor of Missouri and the St. Louis County Executive consequently declared a state of emergency; and

**WHEREAS**, the Supreme Court of Missouri announced the implementation of precautionary measures to combat the spread of the disease to the public and employees of the Missouri judiciary, while ensuring that essential services remained available and Missouri courts continued to fulfill their constitutional responsibilities; and

**WHEREAS**, the Missouri Supreme Court had initially suspended all in-person proceedings with certain identified exceptions, and the Missouri Supreme Court has authorized the Presiding Judge of each Circuit to determine the manner in which hearings are to be conducted; and

**WHEREAS**, the Supreme Court of Missouri, on May 4, 2020, provided Operational Directives to the courts of this state that they must follow before resuming court activities that have previously been suspended by this Court's prior orders; and

**WHEREAS**, these Operational Directives are designed to assist courts in ensuring public safety when making decisions at the local level. The Directives established phases which reflect differing approaches to in-person proceedings, personnel and staffing, and courthouse operations; and

**WHEREAS**, the Supreme Court has indicated "the citizens of the state and employees who enter Missouri courthouses and court facilities must feel confident for their own safety and understand that the health and welfare of every litigant, juror, witness, victim, judicial employee, attorney, and other individual involved in judicial proceedings across the state is paramount in the decisions that are made under these Operational Directives"; and

**WHEREAS**, Missouri courts operate at what the Missouri Supreme Court has referred to as “Operating Phase Zero,” in-person proceedings may only be heard if they are deemed to be one of a few specifically designated exceptions; Phase One allows for in-person proceedings if they are deemed to be one of the mentioned exceptions or are deemed to be “most critical.” Jury trials can only occur in Phase One and Phase Two if they involve “extraordinary, pressing and urgent cases”; and

**WHEREAS**, the Supreme Court indicated on July 24, 2020, that despite the limited or lack of in-person proceedings, “the courts of the State of Missouri shall remain open, available, and be able to carry out the core, constitutional functions of the Missouri judiciary as prescribed by law and continue to uphold the constitutional rights of litigants seeking redress in any Missouri court”; and

**WHEREAS**, the Supreme Court on July 24, 2020, encouraged Missouri courts to “utilize all available technologies – including teleconferencing and videoconferencing – whenever possible to limit in-person courtroom appearances to the extent not prohibited by constitutional or statutory provisions”; and

**WHEREAS**, the 21<sup>st</sup> Judicial Circuit Court adopted a list of protocols for videoconferencing for contested hearings.

**IT IS HEREBY ORDERED**, that this Circuit Court use the following protocols during contested hearings that are held through videoconferencing:

1. All videoconferencing hearings are court proceedings. Therefore, proper decorum (i.e., attire, behavior and speech) are expected at all times.
2. Attorneys and parties must always be visible to the judge and other attorneys. When testifying, witnesses must always be visible to the judge and attorneys.
3. When not speaking, all individuals who are “present” at the hearing, must ensure that they are muted.
4. Witnesses must be instructed that they be in a room with the door closed, with no one else inside during their testimony. Attorneys must instruct their witnesses about this requirement.

One exception: attorneys may be present. If this is the case, such information must be provided to the judge and opposing counsel. If attorneys and witnesses (including parties) are in the same room during the video hearing, the witnesses and the attorneys must both be visible on the screen at all times.

Whenever minor children testify during domestic family proceedings, they must be in the presence of their GAL.

5. Witnesses cannot receive any form of communication (such as texts, emails, verbal communication) during their testimony. They cannot look at documents or notes not otherwise visible to all parties during their testimony unless directed to do so by the Court. Attorneys must instruct their witnesses about these prohibitions.
6. Attorneys cannot directly or indirectly communicate (through any means, including third parties) with their clients while they are testifying. With the court's permission, they may communicate with their clients during breaks if their testimony is not completed.
7. Exhibits and exhibit lists must be provided (i.e. received) to the opposing party/counsel at least five business days before the trial. Exhibits and exhibit lists must be marked, scanned and emailed, or otherwise delivered in electronic form to the division clerk at least three business days before the trial.
8. Screen sharing of exhibits is prohibited unless authorized by the Court, and done for purposes of introducing the exhibits. Otherwise, screen sharing is prohibited until the exhibits have been admitted as evidence, subject to the discretion of the Court.
9. Recording or sharing any portion of the court proceedings in any way on social media (live or at any time) or any other public or private forum or platform is strictly prohibited.
10. The judge always has the discretion to make exceptions to the above rules. Parties must get approval from the judge for any exception at the pretrial conference or at the earliest possible time before the contested proceeding.

Courts should liberally grant continuances upon learning that unrepresented parties do not have adequate access to the videoconferencing proceeding.

No criminal case can proceed to a contested hearing by video-conferencing without the defendant's waiver of proceeding in-person before a judge. Courts shall be guided by Sect. 561.031, R.S.Mo.

**THIS ORDER MAY BE AMENDED AS CIRCUMSTANCES REQUIRE.**

**IT IS SO ORDERED.**



**Michael D. Burton**

**Presiding Judge, 21<sup>st</sup> Judicial Circuit**

**St. Louis County**

**August 5, 2020**

Now save this packet on your computer and then go back to the Court's website at <https://wp.stlcourtscourts.com/order-of-protection>, complete the submission form and attach the file(s) you just saved.



## **NOTICE:**

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

**M-F – 8:00 a.m. – 4:00 p.m.**

**Sat. 9:00 a.m. – 12:00 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**



# 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)

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