



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Judge or Division:	Case Number:	
	Court ORI Number:	
Petitioner:	MSHP Number:	
	Responsible Law Enforcement ORI:	
	Related Cases:	(Date File Stamp)
vs.		
Respondent:	Respondent's Home Address:	
Alias/Nicknames:	Home Phone Number:	
Respondent's DOB:	Respondent's Work Address:	
SSN (if known, last four digits):	Work Phone Number:	
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Work Hours:	
Race:	Other Locations Where Respondent May Be Served:	
	Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: <input type="checkbox"/> Spouse <input type="checkbox"/> Adults with child(ren) in common <input type="checkbox"/> Former spouse <input type="checkbox"/> Adults, intimate residing/resided together <input type="checkbox"/> Adults are/were in a continuing social relationship of a romantic/intimate nature <input type="checkbox"/> Adults related by blood. Define relationship: _____ <input type="checkbox"/> Adults related by marriage. Define relationship: _____ <input type="checkbox"/> Adults residing/resided together; no intimacy <input type="checkbox"/> Stalking. Define relationship: _____	

Adult Abuse/Stalking Motion for Renewal of Full Order of Protection

The Petitioner requests that the court renew the Full Order of Protection that was issued against Respondent on _____ (date) and terminates on _____ (date) for the reason that:

The allegations in the petition for the order of protection still exist on this date. I still believe that I am in immediate and present danger of abuse.

The following incidents of abuse have occurred since the date the petition was filed:

Other reasons:

Pursuant to 455.040 RSMo, Petitioner requests that the court renew the full order of protection for not less than 180 days and not more than one year.

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

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

_____	_____
Date	
_____	_____
Petitioner's Signature	Attorney's Name, Missouri Bar No., if Applicable
_____	_____
Address (Optional)	Address
_____	_____
City, State and Zip	City, State and Zip
_____	_____
Telephone	Telephone