

## **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**

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.

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

1. There are no filing fees or costs assessed for filing a petition or when the court issues an order of protection.
2. You are filling out these forms in the interest of your child(ren), however, YOU are the “petitioner”. Whenever information referring to the “petitioner” is requested, it refers to you, the person filing the petition. Whenever information referring to the “respondent” is requested, it refers to the person the petition is being filed against. Whenever information referring to the “child(ren)” is requested, it refers to your child(ren).
3. These forms you are completing are called the “petition” and all questions must be answered as fully as possible. If the question does not apply to you or your child(ren), please answer one of the following: none, no, or not applicable (n/a), whichever is appropriate for that question.
4. 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 gender, 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. For your child/ren please include their name, date of birth, gender, race, and SSN (if known).
5. All blanks should be completed and all boxes that apply should be checked.
6. Section A contains the types of “abuse” or “stalking” that can occur. Please check the ones that apply to your situation. In completing the second half of the question, include the dates of abuse or stalking and be specific as to what occurred. Describe in your own words what happened to your child(ren). THIS ANSWER IS VERY IMPORTANT, IT IS USED TO DETERMINE WHETHER OR NOT THE ORDER WILL BE ISSUED.
7. Look at the remainder of the questions. If they apply to your situation, please answer the questions as fully as possible. If they do not apply, please answer no, none or not applicable (n/a), whichever is appropriate.
8. Section B contains the “request” section of your petition. If you do not make a request, the request cannot be considered by the judge.
9. 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)
10. **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.stlcountycourts.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
11. If you have special needs addressed by the Americans with Disabilities Act, please notify the Circuit Clerk’s Office at 314/615-8029, FAX 314/615-8739, emails 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.



# Petition for a Court Order of Protection - Child

\_\_\_\_\_ 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 on behalf of a child (person under 17 years of age unless otherwise emancipated) who has been a victim of child abuse, sexual assault, or stalking. The Petitioner must be a parent, guardian, guardian ad litem, a court appointed special advocate, or a juvenile officer. Learn more: <https://www.courts.mo.gov/page.jsp?id=383>. This form is for use for one child. **Do not include the name of the child on this form. Include the name on the Confidential Redacted Filing Information Sheet.**

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.

I am the

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

## Child needing protection:

Protected Child Initials Only: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  F  M Race: \_\_\_\_\_

And

\_\_\_\_\_  
Respondent.

The **Respondent** is the person the child needs protection from.

## A. Information about the people involved in this case

### Information about the protected child.



The person the child needs protection from will get a copy of this form.

#### Child

Relationship to Respondent:

- child  
 step-child or former step-child  
 parent is unmarried, intimate residing/resided with Respondent  
 other (specify): \_\_\_\_\_

#### 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.  
 sexually assaulting the child.

This happened at \_\_\_\_\_ (address),  
\_\_\_\_\_ (city), Missouri, in the County of \_\_\_\_\_.

The family home of the child is: (check the boxes that apply)

- owned     leased     rented

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

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

Respondent has knowingly and intentionally: (check all the boxes that apply)

- 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  
 abused the child's pet(s)  
 threatened to do any of the above

Please describe in detail what happened:

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

\_\_\_\_\_

### Information about the person the child needs protection from.

The court and law enforcement will use this section to try to find the Respondent. Fill in as much information as you can.

**If you don't know something, leave it blank.**

Alias or nickname (list all): \_\_\_\_\_

Last four digits of social security number: \_\_\_\_\_ Age: \_\_\_\_\_

Is  at least 18 years of age or emancipated  under 18.

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying marks (Examples: tattoos, birthmark, braces, 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:

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

## B. I am asking the court to

Use this section to ask the court for what you want in the case. Check all boxes that apply.

1.  **Order an Ex Parte (emergency) Order of Protection.**

**Ex parte** means this request can be granted without a hearing. It is a temporary order.

2.  **Order a Full Order of Protection.**

The court will schedule a hearing about your request and may grant the order after listening to both sides.

3. I want the court to order Respondent not to:

- commit or threaten to commit domestic violence, stalking, sexual assault, molesting, or disturbing the peace of the protected child.
- abuse or threaten to abuse the protected child's pet(s).
- enter the family home of the protected child, located at \_\_\_\_\_

enter the school(s) of the protected child, located at \_\_\_\_\_

enter the place of work of the child, located at \_\_\_\_\_

come within \_\_\_\_\_ (feet) of the protected child.

communicate with the protected child by phone, email, text, social media, or in any other way.

have any contact with the protected child except as specifically authorized by the court order.

other: \_\_\_\_\_

I am requesting the Ex Parte Order of Protection exclude Respondent from the family home of the protected child because:

- It is in the best interest of the child to remain in the home;
- A substantial risk to the child exists unless Respondent is excluded.
- A remaining adult family or household member is able to care adequately for the child 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 which an Order of Protection is in effect

I am not requesting exclusion of Respondent from the family home of the protected child.

4.  **Award custody or visitation of the protected child as listed in D. below.**

5. **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 ex-spouse to the other ex-spouse for financial support of the spouse. Maintenance may be ordered by a court during or after a divorce.

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 to the residence occupied by the protected child**  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 the protected child by a shelter for victims of domestic violence**  
 per week  per month.
- I ask Respondent to pay \$ \_\_\_\_\_ to me for **medical treatment or services provided to the protected child as a result of injuries sustained by an act of domestic violence committed by Respondent.**
- I ask Respondent to pay **court costs.**
- I ask Respondent to pay **attorney fees.**

6. **Order temporary possession of personal property to me.**

**Personal property** is property other than land that you own. Examples of personal property are a bed, furniture, Xbox, jewelry, etc.

- Order Petitioner be given temporary possession of (list items)

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- Prohibit Respondent from disposing of property owned together with me

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7.  **Order the Respondent to go to counseling or treatment for**

- batterers.
- substance abuse.

8. **Other**

- Order the full order of protection to automatically renew unless Respondent asks for a hearing at least 30 days before the order expires.
- Petitioner to receive wireless telephone number(s) and billing responsibilities from Respondent. You must also complete the Wireless Telephone Number Transfer Addendum form. <https://www.courts.mo.gov/file.jsp?id=105013>
- Award possession and care of the child's pet(s) to me and order Respondent to pay for medical costs that resulted from abuse of the pet(s).
- Order my address on my voter's registration record to be closed to the public.
- Other (specify): \_\_\_\_\_.

## C. Custody of the Child



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

Who should receive custody of the child?

Person to Receive Custody

Relationship to Parties

Temporary

Full

\_\_\_\_\_

\_\_\_\_\_

Indicate any prior or pending court cases before, or orders entered by this court or any other court involving the following parties. (If there are no cases, indicate there are none.)

Petitioner: \_\_\_\_\_

Respondent: \_\_\_\_\_

Child (identified above): \_\_\_\_\_

Award visitation with the child as follows:

\_\_\_\_\_

\_\_\_\_\_

## D. Signatures

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

I certify that I have removed all confidential information from this document in compliance with the redaction requirements in Rule 55.025.



**NOTICE:** You are not required to reveal any current address or place of residence of the child on this petition. **Do not provide this information if doing so will endanger the child.**

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your address, telephone number

\_\_\_\_\_  
Attorney Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's name, bar number

\_\_\_\_\_  
Attorney's address, telephone number

**Confidential Redacted Information Filing Sheet**  
**Order of Protection - Child**  
TO BE SERVED WITH THE PETITION.

**Petitioner Information**

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

**Respondent Information**

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

**Child Information**

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

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



## Confidential Case Filing Information Sheet Domestic Relations Cases – Child Protection

Required at Time of Filing Petition

**NOTICE TO LAW ENFORCEMENT:** This is a confidential form and shall be used only to enter 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: <input type="checkbox"/> Child Protection Order <input type="checkbox"/> Registration of Foreign Protection Order	
<b>Petitioner Information:</b> Party Type Code: <u>  PETP  </u> Party Type Description: <u>  Petitioner Acting Pro Se (with no attorney)  </u> Name: (Last) _____ (First) _____ (Middle) _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ Email Address: _____ DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female      SSN: _____	
<b>Respondent Information:</b> Party Type Code: <u>  RESP  </u> Party Type Description: <u>  Respondent Acting Pro Se (with no attorney)  </u> Name: (Last) _____ (First) _____ (Middle) _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ Email Address: _____ DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female      SSN: _____	
The following information regarding the protected child(ren) is required. Complete this section for any child subject to the action of this case.	
<b>Protected Child(ren) Information:</b>	
<b>Protected Child 1</b> Party Type Code: <u>  CHLD  </u> Party Type Description: <u>  Child  </u> Name: (Last) _____ (First) _____ (Middle) _____ Address (if different than Petitioner address): _____ DOB: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female      SSN: _____ Race: _____	

**Protected Child 2**

Party Type Code: CH2 Party Type Description: Child 2  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address (if different than Petitioner address): \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_  
 Race: \_\_\_\_\_

**Protected Child 3**

Party Type Code: CH3 Party Type Description: Child 3  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address (if different than Petitioner address): \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_  
 Race: \_\_\_\_\_

**Protected Child 4**

Party Type Code: CH4 Party Type Description: Child 4  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address (if different than Petitioner address): \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_  
 Race: \_\_\_\_\_

**Protected Child 5**

Party Type Code: CH5 Party Type Description: Child 5  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address (if different than Petitioner address): \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_  
 Race: \_\_\_\_\_

Check if more than five children and attach additional sheet.

**Instructions to Filer**

- ✓ Complete this form for all parties known at the time of filing.
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** 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.**

**Order of Protection – Child  
Petitioner and Protected Child Information  
Confidential Record**

DO NOT SERVE WITH PETITION - COURT USE ONLY



**Disclosure of the protected child's or my 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: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

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

**IN THE FAMILY COURT OF ST. LOUIS COUNTY, MISSOURI**  
**ORI MO095015J**

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://wp.stlcourtscourts.com/order-of-protection>, 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)

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