

CONFIDENTIAL CASE FILING INFORMATION SHEET – DOMESTIC RELATIONS CASES

Required at Case Initiation and with Responsive Filings

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 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 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.

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
(i.e. Petitioner v. Respondent)

Case Type Code: _____ Case Type Description: _____

Petitioner/Plaintiff Information:

Party Type Code: _____ Party Type Description: _____
 Name: (Last) _____ (First) _____ (Middle) _____
 Address: _____
 City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
 DOB: _____ Gender: Male Female SSN: _____
 Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Respondent/Defendant Information:

Party Type Code: _____ Party Type Description: _____
 Name: (Last) _____ (First) _____ (Middle) _____
 Address: _____
 City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
 DOB: _____ Gender: Male Female SSN: _____
 Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
 Name (if person): (Last) _____ (First) _____ (Middle) _____
 Organization (if non-person): _____
 Address: _____
 City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
 DOB: _____ Gender: Male Female SSN: _____
 Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____
 Name (if person): (Last) _____ (First) _____ (Middle) _____
 Organization (if non-person): _____
 Address: _____
 City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
 DOB: _____ Gender: Male Female SSN: _____
 Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Employer Information

Petitioner/Plaintiff Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Respondent/Defendant 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): _____

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 ten 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

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.

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

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- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The full Social Security Number (SSN) is **required** pursuant to Missouri Supreme 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. In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.

**CONFIDENTIAL CASE FILING INFORMATION SHEET – CRIMINAL**

County/City of St. Louis:					Filing Date:	
STATE V.						
DEFENDANT INFORMATION:						
Last Name:		First Name:			Middle Name/Init:	
Mailing Address:						
City:			State:		Zip Code:	
Date of Birth:			SSN: (Required)			
Race:		Gender:	Height:	Weight:	Hair:	Eyes:
CHARGE INFORMATION:						
Count I	Charge:				Charge Code:	
Count II	Charge:				Charge Code:	
Count III	Charge:				Charge Code:	
Count IV	Charge:				Charge Code:	
Count V	Charge:				Charge Code:	
Count VI	Charge:				Charge Code:	
USE BACK OF SHEET IF ADDITIONAL SPACE IS NEEDED.						
OCN:			Arrest Date:			
Arresting Officer:			Badge No.:			
ORI:			Agency:			
Submitted By:			Bar ID:			
Prosecuting Attorney:			Phone:			

CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE

INSTRUCTIONS:

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- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The full Social Security Number (SSN) is *required* pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case, such as plaintiff, defendant, decedent, or ward/protectee, and is reasonably available. Name and addresses should be listed for all other parties (i.e. heirs, interested parties) on the case and if reasonably available include DOB and social security number. 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., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____	
Name (if a person): (Last) _____ (First) _____ (Middle) _____	
Organization (if non-person): _____	
Address: _____	
City: _____	State: _____ Zip: _____ Contact Telephone Number: _____
DOB/DOD: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____	

Party Type Code: _____ Party Type Description: _____	
Name (if a person): (Last) _____ (First) _____ (Middle) _____	
Organization (if non-person): _____	
Address: _____	
City: _____	State: _____ Zip: _____ Contact Telephone Number: _____
DOB/DOD: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____	

Party Type Code: _____ Party Type Description: _____	
Name (if a person): (Last) _____ (First) _____ (Middle) _____	
Organization (if non-person): _____	
Address: _____	
City: _____	State: _____ Zip: _____ Contact Telephone Number: _____
DOB/DOD: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____	

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.

JUROR QUALIFICATION FORM
COMPLETE, SIGN, AND RETURN WITHIN 10 DAYS

A random list of prospective jurors for jury service is now being selected for the term of service indicated on the reverse side of this form. Pursuant to law, you shall appear upon being summoned unless you received notice that you have been excused. Any request to be excused must be made below. Please correctly complete the following statements, sign, and return it to the Board of Jury Commissioners within 10 days of receiving it. Any prospective juror who fails to return a completed Juror Qualification Form as instructed may be directed by the Board of Jury Commissioners to appear forthwith to fill out a Juror Qualification Form. Access to jury service is available to all individuals with a disability as required by the Americans with Disabilities Act of 1990.

THIS IS NOT A SUMMONS FOR JURY SERVICE.

NOTE: Please Print

Last Name	First Name	Middle Initial	D.O.B.
Home Address		City	Home Phone
			Work Phone

Mileage from your home to the Linn County Courthouse in Linneus, MO (round trip) _____

- | | |
|--|---|
| <p>1. Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you live in Linn County? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you read, speak and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If no, is your inability to read, speak and understand English due to a vision or hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been convicted of a felony and not had your civil rights restored? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Are you on active duty in the armed forces or a member of the Missouri Militia on active duty under order of the Governor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you a judge of a court of record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you have a physical or mental disability that would interfere with or prevent you from serving as a juror? If yes, doctor's letter must be provided. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

8. Are you presently employed? Yes No
 If yes, state employer and occupation _____

 If no, state your last employer and occupation _____

Are you a member of the Missouri General Assembly? Yes No

9. Marital Status: Single Married Widowed
 Separated Divorced

10. Race: _____

11. Gender: Male Female

12. Spouse's employer and occupation _____

13. Do you have children under the age of 18? Yes No

14. Indicate your highest grade level completed
 Grade School _____ College _____
 High School _____ Post Graduate _____
 Technical/Trade _____

15. Are you related to a law enforcement officer? Yes No

16. Have you been convicted of a crime other than a traffic ticket? Yes No
17. Have you served as a juror before? Yes No
 Type of case? Criminal Civil
 When? _____
 What county? _____
18. Have you ever been a party in a lawsuit (as a plaintiff or defendant, not merely as a witness)? Yes No
19. Have you ever made a claim or had a claim made against you to obtain or recover money, either for physical injuries or for damage to property? Yes No
20. I am unable to serve (please explain). This does not guarantee that you will be excused. _____

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

X _____
 Juror's Signature

_____ Date

PLEASE RETURN COMPLETED FORM WITHIN 10 DAYS AS DIRECTED ABOVE.

STATEMENT OF FINANCIAL CONDITION

Name: _____ Case Number: _____

Address: _____

Your Age and Date of Birth: _____

Phone Number: _____ (Is it OK to text you at this number? Yes/No)

1) If you plead guilty or are found guilty, can you pay your fines and costs today? Yes/No

If you answered "No," why not? _____

If you answered "No" to Question #1, or if you want the court to consider your financial situation, please answer the following questions and provide the following information:

2) Are you currently in the custody of the Children's Division or DYS? Yes/No

3) Have you spent a night in jail during the past year because you were unable to post a bond?

Yes/No If "Yes," how much was your bond? \$ _____

4) Are you receiving public assistance? Yes/No If "Yes," please tell us what type of public assistance you are receiving (for example, food stamps, TANF, Medicaid, housing assistance, other types of public assistance): _____

5) Please list the following income from the previous month for your entire household:

Take home pay for the month including overtime and bonuses: _____

Social security income (including social security disability): _____

Workers' compensation income: _____

Unemployment income: _____

Retirement income: _____

All other income: _____

Total: _____

6) How many people live in your household? _____

7) Do you have cash, bank accounts, or any other assets, including vehicles or real estate free of debt, that totals more than \$5,000? Yes/No If "Yes," what type?

If you are facing the possibility of jail time and cannot afford to hire a lawyer, you are entitled to have a lawyer appointed by the court to represent you.

Do you want a lawyer to represent you in this case? Yes/No

Can you afford to hire a lawyer to represent you in this case? Yes/No

Are you asking the court to give you some more time to hire a lawyer? Yes/No

Are you asking the court to appoint a lawyer for you today? Yes/No

The above information is true and correct to the best of my knowledge under penalty of law.

Applicant

No Local Rule

100.4.10 REPONSIBILITY FOR FURNISHING MATERIALS AND
SPACE FOR STORAGE OF COURT REPORTER NOTES

No Local Rule

100.4.11 PROCEDURE FOR EXAMINATION OF CRIMINAL
RECORDS

No Local Rule

100.4.12 PROCEDURE FOR EXPUNGING AND CLOSING CRIMINAL
RECORDS

No Local Rule

100.5 CLERK'S DUTIES

100.5.1 MONIES PAID INTO COURT

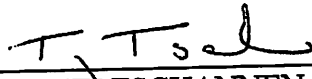
No Local Rule

100.6 SELECTION OF VENIREMEN

No Local Rule

All rules set out herein shall be in full force and effect from and after April 1, 2017.

Approved by the Court en banc.



TERRY TSCHANNEN
Presiding Judge
Ninth Judicial Circuit of Missouri