

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: _____

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

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.

TORT - CIRCUIT

TA ASBESTOS
 TB PERSONAL INJURY - FEDERAL EMPLOYEE LIABILITY ACT
 TC PERSONAL INJURY - MALPRACTICE
 TD PERSONAL INJURY - PRODUCT LIABILITY
 TE PERSONAL INJURY VEHICULAR
 TF PERSONAL INJURY OTHER
 TG PROPERTY DAMAGE
 TH WRONGFUL DEATH
 TI OTHER TORT
 TJ EMPLOYMENT DISCRIMINATION 213.11
 TK PUBLIC ACCOMODATIONS 213.111

CONTRACT-CIRCUIT

CA BREACH OF CONTRACT
 CB PROMISSORY NOTE
 CC SPECIFIC PERFORMANCE
 CD SUIT ON ACCOUNT
 CE CONTRACT OTHER

ADMINISTRATIVE REVIEW-CIRCUIT

IA CHAPTER 536 STATE AGENCY REVIEW
 IB DRIVER LICENSE REVOCATION REVIEW 302.311 RSMo
 IC REVIEW/302.535 TRIAL DE NOVO
 ID HEARING REFUSE TAKE BREATHALYZER 302.750 RSMo
 IE LIMITED DRIVING PRIVILEGES 302.309 RSMo
 IF OTHER ADMINISTRATIVE REVIEW

REAL ESTATE-CIRCUIT

RA APPLICATION TO ENFORCE MECHANICS LIEN
 RB EMINENT DOMAIN/CONDEMNATION STATE
 RC EMINENT DOMAIN/CONDEMNATION OTHER
 RD EXCEPTION
 RE FORECLOSURE
 RF LANDLORD COMPLAINT
 RG PARTITION
 RH QUIET TITLE
 RI RENT AND POSSESSION
 RJ UNLAWFUL DETAINER
 RK OTHER REAL ESTATE ACTIONS

EXTRAORDINARY REMEDY-CIRCUIT

EA DECLARATORY JUDGMENT
 EB HABEAS CORPUS
 EC INJUNCTION
 ED OTHER EXTRAORDINARY REMEDY
 EF SHOW CAUSE TO ENFORCE JURY SERVICE
 EG TEMPORARY RESTRAINING ORDER

DOMESTIC RELATIONS - Circuit

DA ADULT ABUSE NOT STALKING
 DB ADULT ABUSE STALKING
 DC ADULT ABUSE EXTENSION/MODIFICATION
 DD CHANGE OF NAME
 DE CHILD PROTECTION ACT
 DF CHILD PROTECTION EXTENSION/MODIFICATION
 DG CONTEMPT
 DH DISSOLUTION OF MARRIAGE WITHOUT CHILDREN
 DI DISSOLUTION OF MARRIAGE WITH CHILDREN

DJ HABEAS CORPUS
 DK LEGAL SEPARATION/ANNULMENT/SEPARATE MAIN.
 DL MODIFY REGISTRATION OF FOREIGN JUDGMENT
 DM MOTION TO MODIFY
 DN PATERNITY
 DO REGISTRATION OF FOREIGN JUDGMENT - CUSTODY
 DP REGISTRATION OF FOREIGN JUDGMENT - DISSOLUTION
 DQ REGISTRATION OF FOREIGN ORDER OF PROTECTION
 DR MISCELLANEOUS DOMESTIC RELATIONS
 DS FAMILY ACCESS MOTION
 D1 IV-D ADMINISTRATIVE ORDER WITH HEARING
 D2 IV-D CONTEMPT
 D3 IV-D MISC DOMESTIC RELATIONS
 D4 IV-D MOTION TO MODIFY
 D5 IV-D PATERNITY
 D6 IV-D UIFSA - INITIATING
 D7 IV-D UIFSA - RESPONDING
 D8 IVD URESA - INITIATING
 D9 IVD URESA - RESPONDING

JUVENILE - Circuit

JM STATUS OFFENSE
 JN DELINQUENCY
 JO ABUSE AND NEGLECT
 JP ADOPTION-REGULAR
 JQ TERMINATION OF PARENTAL RIGHTS
 JR ADOPTION STEP-CHILD
 JS ADOPTION-ADULT
 JT PERMANENCY PLANNING MOTION

MISCELLANEOUS-CIRCUIT

XA ACTION AGAINST GARNISHEE
 XB CAFA FORFEITURE
 XC COMMON LAW LIEN PETITION
 XD CONTEMPT
 XE ESTABLISHMENT OF CHARTERS
 XF EXAMINATION JUDGMENT DEBTOR
 XG EXPUNGEMENT OF ARREST RECORD
 XH OUT OF STATE WITNESS
 XI REGISTRATION OF FOREIGN JUDGMENT, EXCL DR
 XJ REPLEVIN
 XK REVIVAL OF JUDGMENT
 XL DELINQUENT CITY LICENSE FEE
 XM DELINQUENT CITY TAXES
 XN DELINQUENT COUNTY LICENSE FEE
 XO DELINQUENT COUNTY TAXES
 XP DELINQUENT SALES TAX
 XQ DELINQUENT STATE TAXES
 XR PERSONAL PROPERTY TAX
 XS TRIAL DE NOVO
 XT TRIAL DE NOVO FROM SMALL CLAIMS
 XU WILL CONTEST
 XV SMALL CLAIMS CERTIFIED TO CIRCUIT
 XW MOTION, RULES 29.15 OR 24.035
 XY PRO FORMA
 XZ TAX ACTION - OTHER
 X1 MISC CIVIL OTHER