

FILING INFORMATION SHEET

INSTRUCTIONS:

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

NOTE: SSN is **required** if the party is a person; exception can only be granted if the information is not reasonably available.

Filing Date: _____ County: _____

Style of Case: _____
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____
Provide the most appropriate two-letter Case Type code & description.
(Found on the Case Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)

NOTE TO FILING COURT: Filing information sheets are **confidential records**. File in case number sequence and **store separately from the case file**, or **destroy** upon entry of the information or when no longer needed.

Party Type Code: _____ Party Type Description: _____
Provide the appropriate Party Type Code and description.
(Found on the Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)

Last Name: _____ First Name: _____

Middle Name: _____ Address: _____

City: _____ State: _____ Zip: _____

DOB/DOD: _____ SSN/Bar ID: _____
Bar ID required if attorney

Party Type Code: _____ Party Type Description: _____
Provide the appropriate Party Type Code and description.
(Found on the Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)

Last Name: _____ First Name: _____

Middle Name: _____ Address: _____

City: _____ State: _____ Zip: _____

DOB/DOD: _____ SSN/Bar ID: _____
Bar ID required if attorney

Party Type Code: _____ Party Type Description: _____
Provide the appropriate Party Type Code and description.
(Found on the Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)

Last Name: _____ First Name: _____

Middle Name: _____ Address: _____

City: _____ State: _____ Zip: _____

DOB/DOD: _____ SSN/Bar ID: _____
Bar ID required if attorney

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

Phone: _____

Party Representing: _____