**IN THE CIRCUIT COURT OF _____, MISSOURI**
*(County where court is located. City of Saint Louis is considered a county.)*

**In re:**

_____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
**Petitioner,** *(Enter your full legal name above)*

**-and-**

_____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
**Respondent.** *(Enter the other party's full legal name above)*

**Case Number** _____
*(Use number from pending case)*

**Division Number** _____
*(Use number from pending case)*

# Notice of Hearing

## Information about the Hearing

1. **The hearing will be held promptly at the courthouse in the above county and division.**

2. Type of matter to be heard: _____
*(Write the name of the petition or motion you want the court to hear.)*

3. The date of the hearing is: ____/____/____
*(mm/dd/yyyy)*

4. The time of the hearing is: _____ ☐ a.m. ☐ p.m.

## Person Giving Notice

_____
*(Sign Above)*

_____ _____ _____ _____
*(Print First Name Above)* *(Print Middle Name Above)* *(Print Last Name Above)* *(Jr./Sr./III)*

_____
*(Street)*

_____ _____ _____
*(City)* *(State)* *(Zip)*

(____) _____ (____) _____
*(Telephone Number with Area Code)* *(Fax Number with Area Code)*

_____
*(E-mail Address - Optional)*

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

## Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, that on _____ (date) I have sent/given a copy of this *Notice of Hearing* to each of the following parties at the address shown:

| Name | Address: U.S. mail/e-mail/fax number |
|---|---|
| | |
| | |
| | |
| | |

▶ _____ _____

*(Sign above)* (*Print your name above)*

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