Case Number (For Court Use Only) _____

Required at Time of Filing Petition and with an Answer

Information Provided is for Court Use Only*

Confidential Case Filing Information Sheet – Domestic Relations Cases

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: If known, 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 Information:

Party Type Code and Description: (Select one)
A list of party types can be found at www.courts.mo.gov on the Court Forms/Filing Information page.

☐ **PETP** Party Type Description: Petitioner Acting Pro Se (with no attorney)

☐ **PET** Party Type Description: Petitioner (with attorney)

☐ _____ Party Type Description: _____

Name: (Last) _____ (First) _____

(Middle) _____ (Suffix) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Case Number (For Court Use Only) _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

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Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court
☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is ☐ self-identified ☐ observed/perceived. (Select one)

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

Respondent Information:

Party Type Code and Description: (Select one)
A list of party types can be found at www.courts.mo.gov on the Court Forms/Filing Information page.

☐ **RESP** Party Type Description: Respondent Acting Pro Se (with no attorney)

☐ **RES** Party Type Description: Respondent (with attorney)

☐ _____ Party Type Description: _____

Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

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Case Number (For Court Use Only) _____

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court

☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole

☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is ☐ self-identified ☐ observed/perceived. (Select one)

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

Additional Parties:

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____

(Middle) _____ (Suffix) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court

☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole

☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

Case Number (For Court Use Only) _____

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____

(Middle) _____ (Suffix) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

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Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court

☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole

☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

☐ Check if more than four parties and attach additional sheet.

Employer Information:

Petitioner Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Case Number (For Court Use Only) _____

Contact Telephone Number: _____

Email Address: _____

The following information regarding children is required. Complete this section for any child subject to the action of this case.

Children:

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

Case Number (For Court Use Only) _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female SSN: _____

☐ Check if more than ten children and attach additional sheet

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.*

Instructions to Clerk

This document must be saved in the case management system with a document security level of 6 making this a sealed document.