FOR COURT USE ONLY



Confidential Case Filing Information Sheet Domestic Relations Cases – Adult Abuse/Stalking

Required at Time of Filing Petition

NOTICE TO LAW ENFORCEMENT: This is a confidential form and shall be used only to validate the electronic transfer of the case into the Missouri Uniform Law Enforcement System (MULES).

DO NOT SERVE THIS FORM TO THE RESPONDENT.

Filing Date: County/City c	f St. Louis:	
Case Type: Adult Abuse without Stalking		3
Petitioner/Protected Person Information:		
Party Type Code and Description: (Select one)		
PETP Party Type Description: <u>Petitioner Acti</u>	<u>ng Pro Se (with no attor</u>	ney)
PET Party Type Description: <u>Petitioner (wit</u>	n attorney)	
Name: (Last)	(First)	
(Middle)	(Suffix)	
Address:		
City:		_ Zip:
Revealing my home address or w	I live puts you in dange	-
Contact Telephone Number:		
Email Address:		
Temporary and/or Mailing Address (if different from at	ove):	
Address:		
City:	State:	_ Zip:
Date of Birth: Sex: 🗌 Male 🗌	Female SSN:	
, ,,	erican Indian or Alaska or other Pacific Islande African (MENA)	

Race & Ethnicity Source: Petitioner

Race & Ethnicity is self-identified.

Party Type Code and Description: (S	Select one)
RESP Party Type Description	: <u>Respondent Acting Pro Se (with no attorney)</u>
RES Party Type Description	Respondent (with attorney)
Name: (Last)	(First)
(Middle)	(Suffix)
Address:	
City:	State: Zip:
Contact Telephone Number:	
Email Address:	
Date of Birth:	Sex: Male Female SSN:
Black or African American	nore)American Indian or Alaska NativeAsianNative Hawaiian or other Pacific IslanderWhiteEastern or North African (MENA)OtherUnknown
Race & Ethnicity Source: (Select on Department of Corrections/Prob Driver's License Unknown	bation and Parole
Race & Ethnicity is observed/perceiv	ved by the Petitioner.
The following information regarding the action of this case.	children is required. Complete this section for any child subject to
Children:	
Child 1 Name:	

Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Child 2 Name:		
Date of Birth:		SSN:
Child 3 Name:		
Date of Birth:		SSN:

Child 4 Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Child 5 Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Check if more than five children a	nd attach additional sheet.	

Instructions to Filer

✓ 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.

If submitted by an attorn	ey, complete the following:			
Bar ID:				
		_State:	Zip:	
Phone:				

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

Instructions to Clerk

This copy of this form shall be sent to law enforcement to enter the case into MULES. This document must be saved in the case management system with a document security level of 6 making this a sealed document.