



**\*\*FOR COURT USE ONLY\*\***

**Supplemental to Efiling Confidential Case Filing Information Sheet  
Domestic Relations Cases**

**Required at Time of Filing Petition**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_

(i.e., Petitioner v. Respondent.)

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

**Employer Information:**

Petitioner Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Respondent Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female SSN: \_\_\_\_\_

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Check if more than six children and attach additional sheet.

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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.\*