Case Number (For Court Use Only) _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

- ✓ 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: The **full** Social Security Number (SSN) is ***required*** pursuant to Missouri Supreme Court Operating Rule 4 if the party is a person; exception can only be granted if the information is not reasonably available. **This is a confidential record due to the SSN and possible confidential addresses. However, this information is used to open a case in the Missouri State Courts Automated Case Management System. Cases deemed public under Missouri Revised 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 access.**

Filing Date: _____ County/City of St. Louis: _____

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

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____

Name (if a person): (Last)_____(First)_____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____

DOB/DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____

DOB/DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

Party Type Code: _____ Party Type Description: _____

Name (if person): (Last)_____(First) _____(Middle)_____

Organization (if non-person):_____

Address: _____

City: _____ State: _____ Zip: _____

DOB/DOD: _____ Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____Bar ID:_____Party Type Code:_____

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.