Case Number (For Court Use Only) _____

Confidential Case Filing Information Sheet – Domestic Relations Cases

Required at Time of Filing Petition and with an Answer

Filing Date: 07/28/2023	County/City of St. Louis: COUNTY OF ST. LOUIS
Style of Case: DZANANOVIC V. DZANANOVIC N/K/A TOPALOVIC (i.e. Petitioner v. Respondent.)	☑ The unredacted document is attached to this filing sheet in place of listing the redacted information identifiers below.
Case Type Code: QM	Case Type Description: MOTION TO MODIFY

Petitioner/Plaintiff Information:

Party Type Code: RES Party Type Description: RESPONDENT

Name: (Last) DZANANOVIC N/K/A TOPALOVIC (First) SELMA (Middle) _____

Address: 6226 GRAVOIS RD.

City: ST. LOUIS State: MO Zip: 63116 Contact Telephone Number: _____

Email Address: _____

DOB: 04/26/1989 Gender: ☐ Male ☑ Female SSN: 486131008

Attorney Name (if represented by counsel): LEIGH JOY CARSON Bar ID: 36509 Party Type Code: ARES

Respondent/Defendant Information:

Party Type Code: PET Party Type Description: PETITIONER

Name: (Last) DZANANOVIC (First) SEJAD (Middle) _____

Address: 4120 O'BANNON RD, APT. 5

City: ST. LOUIS State: MO Zip: 63129 Contact Telephone Number: _____

Email Address: _____

DOB: 03/21/1986 Gender: ☑ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: CHLD Party Type Description: CHILD

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

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Email Address: _____

DOB: 08/18/2013 Gender: ☐ Male ☐ Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____

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

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Email Address: _____

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

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

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Employer Information

Petitioner/Plaintiff Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

Email Address: _____

Respondent/Defendant 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.

*MACSS – Missouri Automated Child Support System

Children:

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): _____

☐ Check if more than ten children and attach additional sheet

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 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.

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REDACTED INFORMATION:

Redacted Information Identifier	Redacted Information

Submitted by: LEIGH JOY CARSON Bar ID (required if attorney): 36509

Address: (if not shown above): 7710 CARONDELET AVE., STE. 105

City: ST. LOUIS State: MO Zip: 63105

Phone: (314) 721-2422 Email Address: leighjoy@thecarsonlawfirm.com

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

Instructions to Clerk

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.

Not an Official Court Document

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