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	of St. Louis:				
Case Type: Adult Abuse without S	0		Stalking			
Petitioner/Protected Person Information:						
Party Type Code and Description: (Sel	ect one)					
PETP Party Type Description: _	Petitioner Acti	<u>ng Pro Se (with r</u>	<u>io attorney)</u>			
PET Party Type Description: _	Petitioner (with	h attorney)				
Name: (Last)			_(Middle)			
Address: City:			Zip:			
Revealing my home address or whe	ere I live will put	t me in danger.				
If revealing your home address or where you live puts you in danger, check the box above to have your address marked as confidential.						
Contact Telephone Number:						
Email Address:						
Temporary and/or Mailing Address (if c	lifferent from ab	oove):				
Address:						
City:		State:	Zip:			
Date of Birth: Geno	der: 🗌 Male 🗌	Female SSN	:			
Race: (Select one or more) Americ Black or African American						

Ethnicity: 🗌 Hispanic or Latinx

Race & Ethnicity Source: Petitioner

Race & Ethnicity is self-identified.

Respondent Information:

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Party Type Code and Description: (Se	elect one)	
RESP Party Type Description:	Respondent Acting Pro Se (wi	<u>th no attorney)</u>
RES Party Type Description:	Respondent (with attorney)	
Name: (Last)	(First)	_(Middle)
Address:		
City:		Zip:
Contact Telephone Number:		
Email Address:		
Date of Birth: Ger		l:
Race: (Select one or more)	ican Indian or Alaska Native 🗌 Native Hawaiian or other Pacific	
Other Unknown		
Ethnicity: 🗌 Hispanic or Latinx		
Race & Ethnicity Source: (Select one)		Law Enforcement 🛛 Jail 🗋 Jail
Race & Ethnicity is observed/perceive	ed by the Petitioner.	
The following information regarding c the action of this case.	hildren is required. Complete this	section for any child subject to
Children:		
Child 1 Name:		
Date of Birth:		SSN:
Child 2 Name:		
Date of Birth:		SSN:
Child 3 Name:		
Date of Birth:		SSN:

Child 4	Name:				
Date of	Birth:	Gender: 🗌 Male 🗌 Female	SSN:		
Child 5	Name:				
Date of	Birth:	Gender: 🗌 Male 🗌 Female	SSN:		
Check if more than five children and 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.					
Submitte	ed by:				
If submitted by an attorney, complete the following:					
	,,				
Address	::				
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 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.