CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS RENT

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. Access to the SSN and possible confidential addresses. However, this information is used to identify the 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.**

PRINT CLEARLY

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

Style of Case: YOUR NAME VS DEFENDANT NAME
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: R1 Case Type Description: Landlord Tenant

Party Type Code: PLT Party Type Description: PLAINTIFF

Name (if a person): (Last)_____ THE COMPANY or (First)_____ (Middle)_____

Organization (if non-person):_____

Address: _____ The *OWNER* INFO

City: _____ State: _____ Zip: _____

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

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

Party Type Code: DFT Party Type Description: DEFENDANT

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

Organization (if non-person):_____

Address: _____

City: _____ Zip: _____

DOB/DOD: _____ Gender: ☐ Male ☐ Female

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

SAMPLE

DEFENDANT INFO

YOUR RENTER INFO

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: YOUR NAME Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: YOUR DAYTIME PHONE # Email Address: _____

Please Bring: A STAMPED SELF-ADDRESSED ENVELOPE. Customized Forms are available on Website: circuit7.net