

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

- ✓ Complete this form for all parties known at time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on Party 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. Information can only be granted if the information is not reasonably available. This is a confidential rule with respect to the SSN and possible confidential addresses. However, this information is used to identify 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.

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: YV Case Type Description: _____ **SMALL CLAIMS UNDER \$100.00 OR SMALL CLAIMS OVER \$100.00**

Party Type Code: PLT Party Type Description: PLAINTIFF

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: _____

YOUR INFO

Party Type Code: DFT Party Type Description: DEFENDANT

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: _____

SAMPLE DEFENDANT 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 # Address: _____