## 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 <a href="www.courts.mo.gov">www.courts.mo.gov</a> 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:                      | f; In the Matter of; Petitioner v. Respon | dent )                    |                 |                  |  |
| Case Type Code:                     |   |                           |                 |                  |  |
| Party Type Code:                    |   |                           |                 |                  |  |
| Name (if a person): (Last)          |   | _ (First) _               |                 | (Middle)         |  |
| Organization (if non-person):       |   |                           |                 |                  |  |
| Address:                            |   |                           |                 |                  |  |
| City:                               | State: Zip:                               | Contact Telephone Number: |                 |                  |  |
| DOB/DOD:                            | Gender:   Male Female                     | e SSN:_                   |                 |                  |  |
| Attorney Name (if represented by co | unsel):                                   | E                         | 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:     |                           |                 |                  |  |
| DOB/DOD:                            | Gender: Male Female                       | e SSN:_                   |                 |                  |  |
| Attorney Name (if represented by co | unsel):                                   | E                         | 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 Telep  | phone Number:    |  |
| DOB/DOD:                            | Gender: Male Female                       | e SSN:_                   |                 |                  |  |
| Attorney Name (if represented by co | unsel):                                   | E                         | Bar ID:         | Party Type Code: |  |
| Submitted by:                       | Ba  | ar ID (req                | uired if attorn | ney):            |  |
| 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.\*