

**\*\*FOR COURT USE ONLY\*\***
**Confidential Case Filing Information Sheet – Domestic Relations Cases**  
**Required at Time of Filing Petition and with an Answer**

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_

(i.e., Petitioner v. Respondent.)

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

**Petitioner Information:**

Party Type Code and Description: (Select one)

A list of party types can be found at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.☐ **PETP** Party Type Description: Petitioner Acting Pro Se (with no attorney)☐ **PET** Party Type Description: Petitioner (with attorney)☐ \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ UnknownRace & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole☐ Another State Agency ☐ Driver's License ☐ UnknownRace & Ethnicity is ☐ self-identified ☐ observed/perceived. (Select one)

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Respondent Information:**

Party Type Code and Description: (Select one)

A list of party types can be found at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.☐ **RESP** Party Type Description: Respondent Acting Pro Se (with no attorney)☐ **RES** Party Type Description: Respondent (with attorney)☐ \_\_\_\_\_ Party Type Description: \_\_\_\_\_Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ UnknownRace & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court  
☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole  
☐ Another State Agency ☐ Driver's License ☐ UnknownRace & Ethnicity is ☐ self-identified ☐ observed/perceived. (Select one)

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Additional Parties:**

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court  
☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole  
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Race and Ethnicity: (Select one or more) ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Hispanic or Latino ☐ Middle Eastern or North African (MENA) ☐ Other ☐ Unknown

Race & Ethnicity Source: (Select one) ☐ Petitioner ☐ Respondent ☐ Court  
☐ Law Enforcement ☐ Jail ☐ Department of Corrections/Probation and Parole  
☐ Another State Agency ☐ Driver's License ☐ Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): \_\_\_\_\_

Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

☐ Check if more than four parties and attach additional sheet.

**Employer Information:**

Petitioner Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Respondent Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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The following information regarding children is required. Complete this section for any child subject to the action of this case.

**Children:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female SSN: \_\_\_\_\_☐ 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](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ 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.

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

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.\*

### Instructions to Clerk

**This document must be saved in the case management system with a document security level of 6 making this a sealed document.**