



# 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.)	<input type="checkbox"/> The unredacted document is attached to this filing sheet in place of listing the redacted information identifiers below.
Case Type Code: _____	Case Type Description: _____

## Petitioner/Plaintiff Information:

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_  
 Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

## Respondent/Defendant Information:

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_  
 Attorney Name (if represented by counsel): \_\_\_\_\_ 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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_  
 Attorney Name (if represented by counsel): \_\_\_\_\_ 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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_  
 Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Employer Information**

Petitioner/Plaintiff Employer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

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

Respondent/Defendant Employer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

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

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

\*MACSS – Missouri Automated Child Support System

**Children:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

☐ 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:** 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.

**REDACTED INFORMATION:**

[illegible]

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

**Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.**