

Confidential Case Filing Information Sheet – Domestic Relations Cases

Required at Time of Filing Petition and with an Answer

Roquirou ut	111110 01 1 1111	ng i cution and with	un Anovoi
Filing Date:	C	ounty/City of St. Louis:	
Style of Case:		The unredacted docu	ument is attached to this filing sheet in
(i.e. Petitioner v. Respondent.)			dacted information identifiers below.
Case Type Code:	C	ase Type Description:	
Petitioner/Plaintiff Information:			
Party Type Code: Party Type Description	ion:		
Name: (Last)	(First)		_(Middle)
Address:			
City: State: Zi	ip:	Contact Telephon	ne Number:
Email Address:			
DOB: Gender: Male	e 🗌 Female	SSN:	
Attorney Name (if represented by counsel):		Bar ID:	Party Type Code:
Respondent/Defendant Information:			
Party Type Code: Party Type Description	ion:		
Name: (Last)	(First)		_(Middle)
Address:			
City: State: Zi	ip:	Contact Telephon	e Number:
Email Address:			
DOB: Gender: \square Male	e 🗌 Female	SSN:	
Attorney Name (if represented by counsel):		Bar ID:	Party Type Code:
Party Type Code: Party Type Descri	iption:		
Name (if a person): (Last)		(First)	(Middle)
Organization (if non-person):			
Address:			
City: State:	Zip:	Contact Tele	ephone Number:
Email Address:			
DOB: Gender: Ma			
Attorney Name (if represented by counsel):		Bar ID:	Party Type Code:
Party Type Code: Party Type Descri	iption:		
Name (if a person): (Last)		(First)	(Middle)
Organization (if non-person):			
Address:			
City: State:	Zip:	Contact Tele	ephone Number:
Email Address:			
DOB: Gender:	ale 🗌 Femal	e SSN:	
Attorney Name (if represented by counsel):		Bar ID:	Party Type Code:

Employer Information					
Petitioner/Plaintiff Employer N	lame:				
Employer Address:					
			Contact Telephone Number:		
Email Address:					
Respondent/Defendant Emplo	oyer Name:				
Employer Address:					
City:	State:	Zip:	Contact Telephone Number:		
Email Address:					
The following information regardase. *MACSS – Missouri Automa	_		plete this section for any child subject to the action of this		
Children:					
Name:		SSN:	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN:	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN: _	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN: _	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN: _	DOB:		
Gender: ☐ Male ☐ Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN: _	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN: _	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN:	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN:	DOB:		
Gender: Male Female	Optional: MACS	S Member Numbe	er (to be completed by the court):		
Name:		SSN:	DOB:		
Gender: ☐ Male ☐ Female	Optional: MACS	S Member Numbe	er (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 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.

Case Number (For Court Use Only)				
	Case Number	(For Court Use On	nly)	

REDACTED INFORMATION:			
Redacted Information Identifier	Redacted Information		
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.