



## Required at Time of Filing

**\*\*Information Provided is for Court Use Only\*\***

# Confidential Case Filing Information Sheet

## Probate and Non-Domestic Relations

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.)

**NOTE:** If known, the **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's 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.

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

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

(e.g., In the Estate of; In the Matter of; Petitioner v. Respondent.)

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

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

Name (if a person): (Last) \_\_\_\_\_

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

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

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

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

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

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

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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  Court  Law Enforcement  Jail

Department of Corrections/Probation and Parole  Another State Agency

Driver's License  Unknown

Race & Ethnicity is  self-identified  observed/perceived. (Select one)

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

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

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

Name (if a person): (Last) \_\_\_\_\_

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

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

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

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

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

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

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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  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 (if a person): (Last) \_\_\_\_\_

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

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

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

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

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

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

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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  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 (if a person): (Last) \_\_\_\_\_

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

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

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

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

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

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

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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  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 page(s) as needed.

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.\*