

****FOR COURT USE ONLY****

Confidential Case Filing Information Sheet

Probate and Non-Domestic Relations

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.

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.)

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.

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.*