

STYLE OF CASE: _____

Pro Se Forms Checklist - Landlord/Tenant

- ___ All signatures are correct before file stamping (REQUIRED UPON FILING)
- ___ Filing Information Sheet (Non-Domestic Relations Cases (REQUIRED UPON FILING))
- ___ Petition (REQUIRED WITH FILING)

___ I am filing this petition and request service be completed as follows:
(Attach additional sheets for more than Four (4) Defendants)

<p>Defendant 1 Name: _____</p> <p>How to Serve: _____</p> <p>Service Address: _____</p> <p>_____ Serve in Cole County _____ \$30.00 Service Fee Attached: <input type="checkbox"/> Check <input type="checkbox"/> Money Order</p> <p>_____ Serve in _____ County Cost for service is \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Money Order Attached Address for Serving Agency: _____</p>	<p>Defendant 2 Name: _____</p> <p>How to Serve: _____</p> <p>Service Address: _____</p> <p>_____ Serve in Cole County _____ \$30.00 Service Fee Attached: <input type="checkbox"/> Check <input type="checkbox"/> Money Order</p> <p>_____ Serve in _____ County Cost for service is \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Money Order Attached Address for Serving Agency: _____</p>
<p>Defendant 3 Name: _____</p> <p>How to Serve: _____</p> <p>Service Address: _____</p> <p>_____ Serve in Cole County _____ \$30.00 Service Fee Attached: <input type="checkbox"/> Check <input type="checkbox"/> Money Order</p> <p>_____ Serve in _____ County Cost for service is \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Money Order Attached Address for Serving Agency: _____</p>	<p>Defendant 4 Name: _____</p> <p>How to Serve: _____</p> <p>Service Address: _____</p> <p>_____ Serve in Cole County _____ \$30.00 Service Fee Attached: <input type="checkbox"/> Check <input type="checkbox"/> Money Order</p> <p>_____ Serve in _____ County Cost for service is \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Money Order Attached Address for Serving Agency: _____</p>

___ (PETITIONER'S INITIALS) I understand it is my responsibility as the Petitioning Party to follow my case on Case.Net or to contact the Court to determine:

- * when my case is scheduled and any continuances entered,
- * if service is completed successfully or not, and
- * to provide additional service information to the Court if service to any Defendant is returned unsuccessful by the serving agency.

___ (CLERK'S INITIALS) has reviewed this checklist and the filing with the pro se filer.

FILING PARTY'S SIGNATURE _____

Filing Party MUST sign and be provided a copy of this checklist.

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

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 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: _____
(i.e. 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) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

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.*