

## **Pro Se Dissolution**

Visit → <https://www.courts.mo.gov/page.jsp?id=5240> for information in regards to representing yourself in a family law case.

\*\*\*The information, tools, and resources available, (on this website), are not intended to take the place of legal advice and there is no guarantee that using the information and/or resources will get the results you want, (Missouri Courts). \*\*\*

### **Filing Fee - \$140**

**Service Fee – a \$30 check will need to be written out to Cole County Sheriff Department IF THE SERVICE IS IN COLE COUNTY.**

- **If service is in another county you will need to call that counties sheriff department and obtain the correct service fee.**
  - **You will then write out a check to that county and turn it in with your filing.**

STYLE OF CASE: \_\_\_\_\_ V. \_\_\_\_\_  
Petitioner's Name Respondent's Name

**Pro Se Forms Checklist - Dissolutions**

- All signatures, notaries, etc., are correct before file stamping
- \* Filing Information Sheet - Domestic Relations Cases (last page must be signed by petitioner)
- \* Petition for Dissolution of Marriage (last page must be signed/notarized by petitioner)  
If no children involved, pages 6 - 11 can be omitted  
Include the appropriate pages for the applicable number of children
- \* Certificate of Litigant Awareness Program (must be signed by petitioner)
- \* Certificate of Dissolution of Marriage (MUST BE PRINTED IN LANDSCAPE AND COMPLETED)
- \* Statement of Income and Expenses (last page must be signed/notarized by petitioner)
- \* Statement of Property and Debt and Proposed Separation Agreement  
(Page 10 must be signed/notarized by petitioner)
- \* Parenting Plan (only if children are involved) Parts A & B
- \* Form 14 (only if children are involved) Page 8 of Part B
- Judgment and Decree of Dissolution of Marriage (if not noted that it will be filed prior to hearing)
- \* Respondents Service instructions (included in petition, page 13; Must be completed if not filing a signed answer)
- Respondent's Answer to Petition for Dissolution of Marriage – must include a filing information sheet  
If agreed to by respondent, must be signed/notarized by respondent on last page.  
If not agreed, petitioner to only fill out top of page 1 – Service fee must be provided when filing
- Notice of Hearing (file with petition if a signed answer is filed; or after answer is filed by from respondent; or 30 days after service is made to respondent).  
Case will not be set for hearing for 30 days from filing an uncontested petition or 30 days from when service was obtained.

**\*REQUIRED DOCUMENTS FOR FILING**

Other forms that MAY be filed with Dissolution packet:

- Limited Scope Representation (If filed, only required documents are Filing Information Sheet, Petition, and Respondent's Answer, Waiver or Service Information)
- Motion and Affidavit in Support of Request to Proceed as a Poor Person
- Request for Service by Publication  
 If included, provide them with the "Notice Upon Order for Service by Publication" form to complete.

THE ABOVE CHECKED DOCUMENTS HAVE BEEN FILED WITH THE COURT.  
CLERK HAS REVIEWED THIS WITH THE PRO SE FILER. CLERKS INITIALS \_\_\_\_\_

PETITIONER'S SIGNATURE \_\_\_\_\_

# CONFIDENTIAL CASE FILING INFORMATION SHEET – DOMESTIC RELATIONS CASES



**YOU WILL BE SIGNED UP FOR** [Track This Case](#) **TO FOLLOW MO CASE.NET**  
**Required at Case Initiation and with Responsive Filings**

**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.

Filing Date: \_\_\_\_\_ County: COLE

Style of Case: \_\_\_\_\_  
(i.e. Petitioner v. Respondent)

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

**Petitioner/Plaintiff Information:**

Party Type Code: PETP Party Type Description: Petitioner Acting Pro Se  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

**Respondent/Defendant Information:**

Party Type Code: RESP Party Type Description: Respondent  
 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Contact Phone Provider: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Example: AT&T)

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
 Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Organization (if non-person): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Contact Phone Provider: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Example: AT&T)

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_  
 Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Organization (if non-person): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Contact Phone Provider: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Example: AT&T)

**Employer Information**

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

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

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

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

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

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

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

Petitioner's Signature: \_\_\_\_\_

Contact Phone Provider: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Example: AT&T)

\*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.**