

**CONFIDENTIAL CASE FILING INFORMATION SHEET**  
**DOMESTIC RELATIONS CASES – ADULT ABUSE/STALKING**  
**Required at Case Initiation**



YOU WILL BE SIGNED UP FOR [Track This Case](#) TO FOLLOW MO CASE.NET

**NOTICE TO LAW ENFORCEMENT:** This is a confidential form and shall be used only to validate the electronic transfer of the case into the Missouri Uniform Law Enforcement System (MULES).

**DO NOT SERVE THIS FORM TO THE RESPONDENT**

**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 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: Cole

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

Case Type Code: QA or QB Case Type Description: Adult Abuse or Stalking/ Harassment

<b>Petitioner/Protected Person Information:</b>	
Party Type Code: _____ Party Type Description: _____	
Name: (Last) _____ (First) _____ (Middle) _____	
Address: _____	
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____	
DOB: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____	
Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____	
<b>Respondent Information:</b>	
Party Type Code: _____ Party Type Description: _____	
Name: (Last) _____ (First) _____ (Middle) _____	
Address: _____	
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____	
DOB: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____	
Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____	
Contact Phone Provider: _____ Email Address: _____ <small>(Example: AT&amp;T)</small>	
<b>Employer Information</b>	
Petitioner/Protected Person Employer Name: _____	
Employer Address: _____	
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____	
Respondent 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): \_\_\_\_\_

Check if more than five 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**

**This copy of this form shall be sent to law enforcement to validate the electronic transfer of the case into MULES.**

**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.**