Case Number (For Court Use Only) _____

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

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 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.

Filing Date: _____   County/City of St. Louis: _____

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

Case Type Code: _____ Case Type Description: _____

Petitioner/Protected Person Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Age: _____ Gender: ☐ Male ☐ Female SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Respondent Information:

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB: _____ Age: _____ Gender: ☐ Male ☐ Female SSN: _____

Height: _____ Weight: _____ Hair Color: _____ Race: _____ Eye Color: _____

Employer Information

Petitioner/Protected Person Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

OSCA (10-10) FI-15

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

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown on previous page): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

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.