

FILING INFORMATION SHEET

INSTRUCTIONS:

- √ Complete this form for all parties known at the time of filing.
- √ If additional space is needed, complete additional Filing Information Sheets.

NOTE: SSN is *required* if the party is a person; exception can only be granted if the information is not reasonably available.

Filing Date: January 25, 2008 County: Clark

Style of Case: In the Matter of: John Doe v. Jane Doe
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: DR Case Type Description: Dissolution of Marriage with Children
Provide the most appropriate two-letter Case Type code & description.
(Found on the Case Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)

NOTE TO FILING COURT: Filing information sheets are <i>confidential records</i> . File in case number sequence and <i>store separately from the case file</i> , or <i>destroy</i> upon entry of the information or when no longer needed.	
Party Type Code: <u>PETP</u>	Party Type Description: <u>Petitioner Acting Pro Se</u>
Provide the appropriate Party Type Code and description. (Found on the Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)	
Last Name: <u>Doe</u>	First Name: <u>John</u>
Middle Name: <u>Ray</u>	Address: <u>123 Main</u>
City: <u>Kahoka</u>	State: <u>MO</u> Zip: <u>11111</u>
DOB/DOD: <u>February 2, 1970</u>	SSN/Bar ID: <u>111-11-1111</u>
Bar ID required if attorney	

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Party Type Code: <u>RESP</u>	Party Type Description: <u>Respondent Acting Pro Se</u>
Provide the appropriate Party Type Code and description. (Found on the Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)	
Last Name: <u>Doe</u>	First Name: <u>Jane</u>
Middle Name: <u>Sue</u>	Address: <u>321 Main St.</u>
City: <u>Kahoka</u>	State: <u>MO</u> Zip: <u>11111</u>
DOB/DOD: <u>April 4, 1970</u>	SSN/Bar ID: <u>222-22-2222</u>
Bar ID required if attorney	

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Party Type Code: _____	Party Type Description: _____
Provide the appropriate Party Type Code and description. (Found on the Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)	
Last Name: _____	First Name: _____
Middle Name: _____	Address: _____
City: _____	State: _____ Zip: _____
DOB/DOD: _____	SSN/Bar ID: _____
Bar ID required if attorney	

Submitted by: John Doe Bar ID: _____
Phone: 660-555-5555 required (if attorney)
Party Representing Petitioner