

### 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](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 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: \_\_\_\_\_

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.\*

**IN THE 17<sup>th</sup> CIRCUIT COURT OF CASS COUNTY  
HARRISONVILLE, MISSOURI**

	)	
Plaintiff	)	
	)	
Plaintiff	)	
vs	)	Case# _____
	)	
Defendant	)	
	)	
Defendant	)	

**LANDLORD COMPLAINT**

Comes now, \_\_\_\_\_ Plaintiff/Agent for Plaintiff,  
being duly sworn on oath says that \_\_\_\_\_, now  
occupies as Tenant of Plaintiff, and \_\_\_\_\_, as  
Sub-Tenant, the following premises at: \_\_\_\_\_,  
in the County of Cass, State of Missouri. That said premises were rented to  
\_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_, from  
month to month at the rate of \$\_\_\_\_\_ per month, payable monthly, in advance. That  
the sum of \$\_\_\_\_\_ is now due Plaintiff for said rent. That the sum has been demanded  
of Defendant(s) and payment has not been made.

WHEREFORE, Plaintiff prays Judgment for possession of said premises and for  
\$\_\_\_\_\_. Rent and costs, for daily rent accrued to Court date.

Plaintiff/Agent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Notary Acknowledgement**

STATE OF MISSOURI    )  
                                  ) ss  
COUNTY OF CASS     )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

*(Seal)*

\_\_\_\_\_  
Notary Public