

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing.
- ✓ 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: YW Case Type Description: SMALL CLAIMS

Party Type Code: <u>PLTP</u> Party Type Description: <u>PLAINTIFF PRO SE</u> 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: <u>DFTP</u> Party Type Description: <u>DEFENDANT PRO SE</u> 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 CIRCUIT COURT OF CASS COUNTY, MISSOURI

Judge or Division:	Case Number: _____	
Plaintiff(s): 1. 2.	(Date File Stamp)	
	Plaintiff's Address (No. 1):	Defendant's Address (No. 1):
	City, State, Zip:	City State, Zip:
Defendant(s): 1. 2.	Telephone Number:	Telephone Number:
	Plaintiff's Address (No. 2):	Defendant's Address (No. 2):
	City, State Zip:	City, State, Zip:
	Telephone Number:	Telephone Number:

Petition Small Claims Court

The plaintiff states he/she has a claim against the defendant in the amount of \$_____. The claim arose on or about _____ (date) as a result of the following events:

(continue on reverse)

The plaintiff states that the information contained in this petition is true and correct to the best of his/her knowledge, that he/she is not an assignee of this claim and that he/she has not filed more than twelve (12) other claims in the Missouri small claims courts during the current calendar year.

The plaintiff understands that, should he/she be successful in this action and obtain judgment, and if the defendant does not appeal within ten days, this judgment becomes final. The plaintiff cannot commence another action involving the same parties and issues. The plaintiff understands that he/she is waiving the right to jury trial on these issues in the small claims court.

_____ Date

_____ Signature of Plaintiff

Keep a copy of this petition and bring it to court.

**IN THE 17th CIRCUIT COURT OF CASS COUNTY
HARRISONVILLE, MISSOURI
SMALL CLAIMS**

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

QUESTIONNAIRE

Each party wishing to file a claim in the Small Claims Division of the Circuit Court for Cass County shall answer the following questions for the purpose of determining whether his/her claim comes within the provisions of the Small Claims Act prior to being provided assistance by the Clerk of the Court.

1. What is (are) your full name(s)? _____
Address: _____
Phone # (s): _____

2. What is (are) the full name(s) of the party you wish to sue?

Address: _____
Phone # (s): _____

3. Do you understand that you may only file **12** small claims in one calendar year under the provisions of the Small Claims Act in any Missouri Claims Court and any additional claims you file may be dismissed by the Judge with prejudice? YES NO

4. Do you understand that if some person sold or assigned this claim to you for collection, that Small Claims Court cannot give you a judgment? YES NO

5. Does at least one DEFENDANT reside in Cass County, or may at least one DEFENDANT be found in Cass County? YES NO
Did the facts giving rise to your claim occur in Cass County? YES NO

6. Do you understand that you are required to pay Court costs of \$35.00 plus service fees if your claim is \$5,000 or under before your claim may be processed? YES NO

7. Do you understand that the maximum amount you may recover in this Court is \$5,000 exclusive of interest and costs, even though you might be entitled to a judgment in a greater amount if the case was processed in another Court? YES NO

8. Do you understand that neither you nor the other party has a right to Trial by jury in Small Claims Court? YES NO
9. Do you understand that the formal rules of evidence do not apply to hearings held in the Small Claims Court? YES NO
10. Do you understand that the party you are suing may present a counterclaim against you and that your case could be transferred to another Court having jurisdiction of the matter presented in the counterclaim? YES NO
11. Do you understand that your case may be dismissed if you fail to appear on the date it is set for hearing? YES NO
12. Do you understand that the Judge of the Court will decide at the hearing whether or not under law, you are entitled to win your claim? YES NO
13. Do you understand that the Clerk who helps you file your claim is not an Attorney and cannot advise you whether or not you can win your claim? YES NO
14. Do you understand that the Court cannot proceed with your claim until at least ten (10) days have passed after the date the Defendant received legal notice that you have filed this claim? YES NO
15. Do you understand that if you obtain judgment against another party, you may not be able to collect the money you are claiming? YES NO
16. Do you understand that each Defendant must sign for certified notice of your claim at least ten (10) days prior to the date set for your hearing? YES NO
17. Do you understand that you may, at your own expense, have the sheriff serve a copy of the petition on the Defendant(s) if he/she, or they cannot be served by certified mail? YES NO

The undersigned does hereby certify that he/she or they have truthfully and knowingly answered each of the questions asked, that he/she or they are authorized to file this claim if it for a corporation, partnership, or association, that the claim is not being filed for the purpose of oppressing or harassing the other party or parties, but is being filed because of the facts set out in the petition.

Plaintiff

Plaintiff

Information regarding the Defendant(s) age is necessary to
Determine whether or not the Defendant(s) is (are) a minor.

Age of PLAINTIFF(S) _____ Age of DEFENDANT(S) _____