

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 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 if the party is a person; exception can only be granted if the information is not reasonably available. **This is a confidential record due to the SSN and possible confidential addresses. However, this information is used to open a case in the Missouri State Courts Automated Case Management System. Cases deemed public under Missouri Revised 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 access.**

Filing Date: _____ County of Jefferson: _____

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

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: Male 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: Male 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: Male 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.



Confidential Case Filing Information Sheet – Probate

Filing Date:	County/Jefferson:
Style of Case: (i.e. In the Estate of; In the Matter of; Petitioner v. Respondent.)	<input type="checkbox"/> The unredacted document is attached to this filing sheet in place of listing the redacted information identifiers below.
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: _____	
Email Address: _____	
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: _____	
Email Address: _____	
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: _____	
Email Address: _____	
DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____	
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____	
Instructions	
<ul style="list-style-type: none"> ✓ 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. 	
<p>NOTE: The full Social Security Number (SSN) is required pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case, such as plaintiff, defendant, decedent, or ward/protectee, and is reasonably available. Name and addresses should be listed for all other parties (i.e. heirs, interested parties) on the case and if reasonably available include DOB and social security number. 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.</p>	

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of

No. _____

PETITION FOR APPOINTMENT OF GUARDIAN/CONSERVATOR OF MINOR

Come(s) now _____, who is/are the
(use full name(s) of person(s) requesting guardianship)

____ of the male/female minor child, age _____, named below and state that
(relationship to minor child) _____ (minor's age)

he/she/they wish to be appointed as guardian(s)/conservator(s). The child is domiciled in JEFFERSON COUNTY
 Other

(list county where domiciled)

Full Name of Child _____ Date of Birth _____

Present residence address: _____

How long has the minor lived at this address? _____ Years and _____ months.

The appointment of a guardian/conservator is sought because: The Mother of the child is _____

The Father of the child is _____
_____.

If the appointment of co-guardians is requested, please state the reasons why such appointment is necessary and, if appointed, they may act independently act only together act only together with regard to specified matters:

Service is required and will be: **Personal –Exhibit H needed** **Publication – Exhibit I needed**

Birth Certificate - Copy of minor's birth certificate must be submitted.

Exhibit A – Financial Statement

List the nature, extent and estimated value of the minor's assets located in or the major part thereof is located in Jefferson county, State of Missouri, and any assets located outside the State of Missouri as far as is known to petitioner(s).

Exhibit B – Minor – Interested Parties

List information regarding minor's parents; spouse; living children; the person having custody or who claims to have custody of the minor; any guardian or conservator appointed in Missouri or any other state; any other persons petitioner is already guardian and/or conservator; and trust information.

Exhibit C – Minor - Consent to Appointment

Consent of the proposed guardian(s) to act if appointed. If co-guardians asking to be appointed, this form required for all proposed guardians.

Exhibit D – Consent of Parent to Appointment of Guardian

Consent of the Mother Father to the appointment of petitioner(s) as guardian(s). Must be notarized.

Exhibit E - Waiver of Service of Summons

Waiver of the Mother Father to service of summons of the petition. Must be notarized.

Exhibit F - Waiver of Service of Summons and Nomination of Proposed Guardian by Minor Child Fourteen (14) Years of Age or Older

Minor is over the age of 14 and waives service of summons of the petition and nominates petitioner(s) as guardian(s). Must be notarized.

Exhibit G - Consent of the Missouri Children's Division to Guardianship and Waiver of Service of Summons

Missouri Children's Division consents to the appointment of petitioner(s) as guardian(s) and waives service of summons of the petition.

Exhibit H - Request for Personal Service of Summons

List the name and addresses of person(s) requiring personal service.

Exhibit I - Application for Order of Publication in Guardianship Proceeding**

Complete form with the name(s) of person(s) requiring service by publication. Check box of choice for legal newspaper. **An Affidavit of Due and Diligent Search must be submitted listing the efforts and results to find the person whereby requiring service by publication. See attached list of instructions.**

****Exhibit J - Order for Publication of Notice**

Not included in packet. Only used for publication in cases being transferred to Family Court. Would need to be completed once deemed publication is necessary.

Exhibit K - Confirmation of Petitioner's Request for Guardianship Suitability Study

Arrangements for the Guardianship Suitability Study have been made with a Licensed Child Placing Agency from the list attached. A representative of said agency has completed this form.

Exhibit L - Financial Statement of Proposed Guardian(s)

List financial information for the proposed guardian(s). If employed, attach a copy of most recent paycheck stub.

Request for Search of Putative Father Registry – Required when minor child is born out of wedlock, the father is not named on the birth certificate and a court has not established paternity thereby requiring a search of the Putative Father Registry. Form is available online at <http://health.mo.gov/IVrecords/PutativeFatherRegistry.pdf> - or contact them at (573) 751-6387. Completed form has been submitted to Missouri Department of Health and Senior Services at the address listed on the form.

Caregiver Background Screening – This form must be completed for petitioner and any other adults, ages 18 or older, living in the home. You can contact them at (573) 526-6153 or it's available online at <https://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Forms/documents/MO300-1590s.pdf>. Choose Items 1 and 4 in Section A – Type of Screenings; complete remaining sections and submit form to Missouri State Highway Patrol and Department of Mental Health at the addresses listed on the Instructions page of the form.

To your knowledge is there any other matter concerning the custody of the child in this or any other court?

Yes No If so, please list the style of the case, case number, court location and type of proceeding below:

_____ Pending Prior
_____ Pending Prior
_____ Pending Prior
_____ Pending Prior

WHEREFORE, petitioner(s) pray(s) that _____ be appointed guardian(s)/conservator to have custody of the person of the above named child and requests that Letters of Guardianship/Conservatorship issue to him/her/them who is/are the most suitable person(s) and who has/have consented to serve as guardian freely and voluntarily.

Petitioner(s) state(s) that the foregoing is made on this _____ day of _____, _____, under oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to penalties of making a false affidavit or declaration.

Petitioner's Signature			
<hr/>			
Petitioner's Name (Typed)			
<hr/>			
Street Address			
<hr/>		<hr/>	
City	<hr/>	State	<hr/>
<hr/>			
Telephone Number including Area Code			

Petitioner's Signature		
Petitioner's Name (Typed)		
Street Address		
City	State	Zip Code
Telephone Number including Area Code		

Attorney's Signature		
Attorney's Name (Typed)		
Street Address		
City	State	Zip Code
Telephone Number including Area Code		
Missouri Bar Number		

Attorney's Signature		
Attorney's Name (Typed)		
Street Address		
City	State	Zip Code
Telephone Number including Area Code		
Missouri Bar Number		

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____

Respondent/Minor

EXHIBIT A - FINANCIAL STATEMENT

PERSONAL PROPERTY:

Checking Accounts – Name of Bank and Account Numbers

\$ _____
\$ _____
\$ _____

Savings Accounts – Name of Bank and Account Numbers

\$ _____
\$ _____
\$ _____

Certificates of Deposit – Name of Bank and Account Numbers

\$ _____
\$ _____
\$ _____

Stocks and Bonds

\$ _____

Vehicles – Year, Make and Model

\$ _____
\$ _____
\$ _____

Other

\$ _____
\$ _____
\$ _____

TOTAL PERSONAL PROPERTY

\$ _____

For Court's Use Only:

FINST - Financial Statement

MONTHLY INCOME:

Social Security Payee _____	\$ _____
Supplemental Security Income Payee _____	\$ _____
Veterans Administration Benefits	\$ _____
Pension Source _____	\$ _____
Interest	\$ _____
Dividends _____	\$ _____
Other Source _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

REAL PROPERTY – MISSOURI AND OUT OF STATE:

(List location by address and value)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Date

Petitioner

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____
Minor

**EXHIBIT B – MINOR
Interested Persons**

TRUSTS:

Is there a trust where the minor is the grantor, qualified beneficiary or trustee or co-trustee? Yes No

If so, the purpose of the trust is: _____
and the name(s) and address(es) of the presently acting trustee(s) is/are: _____

Name _____

Address: _____

Name _____

Address: _____

PARENTS:

If parent is deceased, please submit copy of his/her death certificate.

Mother _____ Deceased Date of Death _____

Address _____

Father _____ Deceased Date of Death _____

Address _____

SPOUSE:

Is the minor married? Yes No If so, please list below:

Name _____

Address: _____

CHILDREN:

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

Name _____ Age _____

Address: _____

GUARDIAN and/or CONSERVATOR:

Has a guardian and/or conservator for the minor been appointed by a court? Yes No If so, please list below:

Name _____

Address: _____

CUSTODY OF:

Who has custody or claims to have custody of the minor? Please list below.

Name _____

Address: _____

Name _____

Address: _____

GUARDIAN and/or CONSERVATOR OF:

Has petitioner(s) been appointed by a court as guardian and/or conservator of any other persons? Yes No If so, please list below:

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

Name _____

Address: _____

(Attach additional sheets if necessary)

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the matter of

No. _____

Respondent

**EXHIBIT C – MINOR
CONSENT TO APPOINTMENT**

The undersigned hereby consents to serve as guardian co-guardian and/or conservator of the above named minor if appointed by the court and in support thereof states:

1. The undersigned has never pled guilty to nor been convicted of a misdemeanor or felony.
2. The undersigned's spouse is: _____
3. The undersigned's address and telephone number are listed below.
4. The name and address of undersigned's employer is: _____
Address: _____ Telephone No. _____

5. The following three (3) listed persons (who are not members of your household) will know the whereabouts of the undersigned:

Name: _____ Telephone No. _____

Address: _____

Name: _____ Telephone No. _____

Address: _____

Name: _____ Telephone No. _____

Address: _____

The undersigned swears that the matters set forth are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

Date

Signature of Guardian/Co-Guardian/Conservator

Street Address

City

State

Zip Code

Phone Number with Area Code

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of

Date	Division
------	----------

No. _____

EXHIBIT E
WAIVER OF SERVICE OF SUMMONS

I, _____, mother father of _____, hereby waive service of summons as required by law in this case, acknowledge receipt of a copy of the petition in the above styled action to be filed herein, enter my appearance as party to this cause and consent that a hearing be held by this court.

Print Full Name

Relationship

Sign Full Name

Date

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Seal)

Notary Public

Notary Commission expires: _____

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of

No. _____

Petitioner(s) Name(s)

EXHIBIT F

**WAIVER OF SERVICE OF SUMMONS AND NOMINATION OF PROPOSED GUARDIAN
BY MINOR CHILD FOURTEEN (14) YEARS OF AGE OR OLDER**

I, _____, a minor child 14 years of age or older, hereby waive service of summons and pleadings upon me as allowed under the provisions of Section 475.070 RSMo.

Further, I, _____, nominate _____
_____ as my guardian(s) as allowed under
the provisions of Section 475.045 RSMo.

Date

Signature of Minor

Address

City _____ State _____ Zip Code _____

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Seal)

Notary Public

Notary Commission expires: _____

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of

Date **Division**

No. _____

Petitioner(s) Name(s)

EXHIBIT G

Comes now the Missouri Children's Division and states that it is the legal custodian of the minor child, _____, who is _____ years old, pursuant to prior order of the Family Court of Jefferson County, dated _____, case number _____.

The Missouri Children's Division consents to the appointment of _____
_____ as guardian(s) of the person of this minor and further that the
Missouri Children's Division relinquishes any authority and custody to control, direct or monitor the actions,

Agency Representative Signature

Date

WAIVER OF SERVICE OF SUMMONS

Missouri Children's Division, by and through its representative, waives service of summons as required by law in this case, acknowledges receipt of a copy of the petition in the above styled action to be filed herein, and enters its appearance as party to this cause.

Said representative of Missouri Children's Division states that the foregoing is made on this _____ day of _____, _____, under oath or affirmation, and its representations are true and correct to the best of his/her knowledge and belief, subject to penalties of making a false affidavit or declaration.

Print Full Name

Title

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of

No. _____

Last

EXHIBIT H
REQUEST FOR PERSONAL SERVICE OF SUMMONS

Petition for Guardianship of Minor is being set for hearing. Service of summons is to be made by the sheriff in the manner provided in Sections 472.100.2(1) and 506.140 RSMo on:

Name

Name

Address

Address

Note: Complete information must be provided on the Confidential Filing Information Sheet – Non-Domestic Relations for any person requiring personal service.

However, if personal service of summons cannot be made and service is not waived, please see instructions for service by publication.

Date:

Petitioner(s)/Attorney for Petitioner(s)

Bar No.

Address

City

Phone Number

Fax Number

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
Probate Division/Family Court**

In the matter of

No. _____

Petitioner(s) Name(s)

EXHIBIT I
APPLICATION FOR ORDER OF PUBLICATION
IN GUARDIANSHIP PROCEEDINGS

Come(s) now _____, petitioner(s) in said
(petitioner(s) names)

cause, and state(s) that to the best of petitioner(s) knowledge and belief, service on _____

_____ cannot be obtained under Supreme Court Rules 54.13, 54.14, or 64.16, by reason of the following facts:

Petitioner(s) further state that this is a suit brought by him/her/them to obtain Letters of Guardianship for

(name of minor child)

Petitioner(s) further state that the name, address and telephone number of the attorney for the petitioner(s) is

WHEREFORE, petitioner(s) pray(s) that an Order of Publication issue notifying said _____
_____ of the commencement of this action to obtain a judgment for relief as
prayed for in the petition as follows: _____

The last known address of the party to be served is:

Publish in a Jefferson County newspaper – check the box for newspaper of your choice:

Countian: Jefferson The Reporter:

Petitioner(s) state(s) that the foregoing is made on this _____ day of _____, _____, under oath or affirmation, and its representations are true and correct to the best of petitioner's knowledge and belief, subject to penalties of making a false affidavit or declaration.

Petitioner(s)

Certificate of Mailing

I hereby certify that on _____, _____, I mailed a copy of the foregoing notice and a copy of the petition to each of the parties to be served whose address was stated in the verified statement filed by the party desiring service by publication.

MICHAEL E REUTER, Circuit Clerk

By: _____
Deputy Clerk

AFFIDAVIT OF DUE AND DILIGENT SEARCH

Required for Service by Publication

If the whereabouts or identity of a parent is unknown, you must prepare an Affidavit of Due and Diligent Search setting forth your attempts to locate the parent or why the identity of the father is unknown. It must be titled as such and must be notarized.

At least four (4) of the inquiries listed below must be completed and contained in your Affidavit of Due and Diligent Search in order to obtain an order of the court for service by publication.

Suggestions of required inquiries that you may make and must be contained in an Affidavit of Due and Diligent Search:

1. Send a registered letter to the last known residence of the missing person with a request, if applicable, for any forwarding addresses.
2. An inquiry directed to family members and/or friends of the missing person, with an indication of who was questioned, where the questioning took place and when the said questioning occurred.
3. When was the petitioner(s) last contact(s) with the missing person, including where the contact(s) occurred?
4. An inquiry of personnel at the missing person's last known place of employment; or, an inquiry directed to the neighbors of the missing person at the last known residence.
5. An inquiry directed to the Bureau of Vital Statistics in the city and state of the last known residence of the missing person.
6. An inquiry utilizing REJIS or any other court system to ascertain whether there is any court case concerning the missing person.
7. An inquiry directed to the Board of Election Commissioner, Social Security Administration, local church affiliations, or marriage and divorce records bureaus maintained in the city and state of the last known residence for the missing person.
8. An inquiry directed to the Bureau of Motor Vehicle Department in the state of the last known residence of the missing person.
9. An inquiry directed to the Armed Forces of the United States concerning the missing person.
10. An inquiry utilizing a database search system concerning the missing person.

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
PROBATE DIVISION/FAMILY COURT**

**EXHIBIT K –
CONFIRMATION OF PETITIONER'S REQUEST FOR
GUARDIANSHIP SUITABILITY STUDY**

This is to confirm that on the _____ day of _____, _____, _____, appointee for guardianship of _____, requested that a Guardianship Suitability Study be conducted by our agency. We understand that the Guardianship Suitability Study shall be completed and returned to the petitioner no later than 45 days after the date of the request.

Signature of Agency Representative

Date

Agency Name

Street Address

City, State and Zip Code

Phone Number with Area Code

**LICENSED CHILD PLACING AGENCIES FOR
GUARDIANSHIP SUITABILITY STUDIES**

Bringing Families Together
7151 North Lindbergh
Hazelwood, Missouri 63042
314-731-3969

Contact: Randi Howard

Children's Home Society of Missouri
1167 Corporate Lake Drive
St. Louis, Missouri 63132
314-968-2350

Christian Family Services
7955 Big Bend Boulevard
St. Louis, Missouri 63119
314-968-2216

Contact: Amy Weiler

**Lutheran Family and Children's
Services of Missouri**
9666 Olive Boulevard, Suite 400
St. Louis, Missouri 63132
314-787-5100

Contact: Jean Mockobey

William Cunningham, Ph.D, LCSW
352 Tulip Drive
St. Louis, Missouri 63119
314-968-9337

Sharon Mink, LCSW
Family Connections
P.O. Box 191354
St. Louis, Missouri 63119
314-477-4253

Sara Allison
Jefferson County MO
314-210-3096

**Above is a list of agencies that respond to letters of inquiry from the Court. Arrangements for Studies may be made with any child-placing agency licensed by the State of Missouri. Please contact the agency regarding the Guardianship Suitability Study fee.

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI
Probate Division/Family Court

In the matter of

No. _____
Minor

EXHIBIT L
FINANCIAL STATEMENT OF PROPOSED GUARDIAN

This required information is necessary so that the court may determine your ability to support the subject child. Please complete all sections, sign and return to the court.

Are you employed? Yes No **Please attach a copy of your most recent paycheck stub.**

Do you have any of the following? If so, give us a total amount for them.

Checking/Savings Accounts \$ _____
 Other – (Any other property that you own worth more than \$100.00) \$ _____

TOTAL \$ _____

MONTHLY INCOME:

(Include income of spouse, if married)

Gross Salary/Wages \$ _____
 Social Security \$ _____
 Other Income (Interest/Dividends, etc.) \$ _____
TOTAL MONTHLY INCOME \$ _____

If you have any children, give their names, ages and who they are living with:

NAME	AGE	PLACE OF RESIDENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date _____

Signature of Proposed Guardian(s) _____