

**CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE
13TH JUDICIAL CIRCUIT, BOONE COUNTY, MISSOURI**

INSTRUCTIONS:

✓ Complete this form for all parties known at the time of filing. Place a check in the box next to the appropriate Case Type and Party Type. If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including heirs and interested parties if reasonably available. The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that 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: _____ Estate of In the Matter of Plaintiff v. Defendant Petitioner v. Respondent

Name(s): _____

Case Type: WILLS - P7 - Will Filed During Lifetime; P9 - Will Filed Only – Deceased; PK - Will Admitted or Rejected.

REFUSALS: - PE - Refusal of Letters – Creditor; PF – Refusal of Letters – Spouse; PG – Refusal of Letters – Minor;

SMALL ESTATES: PH – Small Estate Affidavit with Will; PI – Small Estate Affidavit without Will;

FULL ADMINISTRATION: PC - Independent Administration with Will; PD – Independent Administration without Will;

PA - Supervised Administration with Will; PB – Supervised Administration without Will;

OTHER DECEDENT: PJ - Determination of Heirs; PX - Required Administration;

GUARDIAN/CONSERVATOR – ADULT: PR – Guardianship – Adult; PT – Limited Guardianship – Adult;

PN – Conservatorship – Adult; PP- Limited Conservatorship – Adult; PU – Guardian/Conservator – Adult;

PW – Limited Guardian/Conservator – Adult;

GUARDIAN/CONSERVATOR – MINOR: PS – Guardianship – Minor; PL – Limited Guardianship – Minor;

PO – Conservatorship – Minor; PV – Guardian/Conservator – Minor; PY – Limited Guardian/Conservator – Minor;

MISCELLANEOUS ADULT/MINOR: G1 – Registration Foreign Order Guardian/Conservator – Adult;

G2 – Registration Foreign Order Guardian/Conservator – Minor;

TRUSTS: P3 – Successor Trustee; P4 – Trust Registration; P5 – Trust Litigation;

OTHER MISCELLANEOUS: P6 – Sexual Predator; PZ – Probate Miscellaneous – Other

<p>Party Type Code: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor</p> <p>Name (if a person): (Last) _____ (First) _____ (Middle) _____</p> <p>Organization (if non-person): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
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Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother; Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent; Trustee; Successor Trustee; Settlor; Grantor; Trustor

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: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother; Natural Father; Spouse; Creditor; Heir; Devisee; Interested Party; Depositor; Designated Resident Agent; Trustee; Successor Trustee; Settlor; Grantor; Trustor

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: _____

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Name (if a person): (Last) _____ (First) _____ (Middle) _____

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Address: _____

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

DOB _____ DOD: _____ Gender: Male Female SSN: _____

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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.