

General Information for Filing a
Petition for Authorization to Obtain Medical Records
Rev. 11-2018

Information that you enter on these forms can be saved on your computer **ONLY** if you are using Adobe Acrobat Version 8.0 or higher. They can be completed using the **FREE** Adobe Reader but you will not be able to save the information you enter.

The forms listed below are interactive. You can enter the information on these forms before you print them. If you fill the forms in on your computer, much of the information you enter on one form is automatically transferred to the other forms. For example, when you type a name as petitioner on the “Petition for Authorization to Obtain Medical Records”, that name will appear on any of the other forms where petitioner appears.

The packet contains bookmarks. These bookmarks help you navigate throughout these forms. There are “links” embedded in the forms. These links are usually green, and can take you to a related location in the forms.

The Filing Requirement Checklist is now included in the packet. Filing of a Petition for Authorization to Obtain Medical Records may be done pro se (without an attorney).

E-filing information – the Petition and Death Certificate **MUST** be filed as separate documents. Supporting documentation can be submitted as one (1) pdf document but must be a separate document from the petition.

Table of Contents

You may click on the green underlined text below to take you to each of the forms.

1. [Checklist of Requirements to File a Petition for Authorization to Obtain Medical Records \(CCPR127\)](#)
Used as a guideline for all requirements to file a Petition for Authorization to Obtain Medical Records.
2. [Petition for Authorization to Obtain Medical Records \(CCPR074-W\)](#)
The petitioner(s) and/or attorney should complete this form with the requested information as best they can. If there are areas that are not applicable, put N/A. Do no leave any question blank. This can be done pro se (without an attorney).
3. [Confidential Filing Information Sheet \(CCPR040\)](#)
The petitioner(s) and/or attorney should complete this form with the requested information as best they can. If there are areas that are not applicable, put N/A. Do no leave any question blank.

**CIRCUIT COURT OF ST. LOUIS COUNTY,
PROBATE DIVISION**

**Checklist of Requirements to File a
Petition for Authorization to Obtain Medical Records**

Case Category – Probate Miscellaneous

Case Type – Probate Other - Miscellaneous

NOTE: Local Court Rule 3.2 mandates all electronically filed pleadings must be typewritten. Local Court Rule 72.2 governs specific requirements for electronic filing in the Probate Division. Documents shown in bold italics should be filed as separate documents.

COURT FORMS:

- 1. ***Petition for Authorization to Obtain Medical Records*** - (Document Category – Petition to/for - Document Code Description – Petition (Probate))
- 2. ***Confidential Filing Information Sheet, if applicable. See instructions.*** (Document Category – Filing – Other/Miscellaneous - Document Code Description – Confidential Filing Information Sheet))

ADDITIONAL DOCUMENTS:

- 1. Copy of ***Death Certificate*** to verify date of death. (Document Category – Certificate of)

INSTRUCTIONS:

- 1. Complete ***Confidential Filing Information Sheet*** if filed Self Represented.
- 2. Party information for all parties must be entered into e-filing system. This includes the decedent, spouse, heirs, and legatees with full social security numbers and birth dates.

FILING FEES:

- Click hyperlink for most recent fees.
<http://wp.stlcountycourts.com/wp-content/uploads/PDF/Probate/ProbateFees.pdf>

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

In the matter of

_____ No. _____
(Decedent) (Court use only)

PETITION FOR AUTHORIZATION TO OBTAIN MEDICAL RECORDS

Comes now _____, and states the following for
(Name)
his/her Petition for Authorization to obtain medical records:

1. Petitioner is _____.
(Name)
2. Petitioner is a resident of _____ County, _____, with an
(County of Residence) (State)
address of _____.
(Address)
3. Petitioner is a _____ of _____,
(Relationship) (Decedent's Name)
deceased.
4. Decedent died _____ . A copy of the death certificate
(Date of Death)
is filed herewith.
5. Petitioner is a member of the class of persons authorized to file a suit for wrongful death by RSMo. §537.080, which provides:

Whenever the death of a person results from any act, conduct, occurrence, transaction, or circumstance which, if death had not ensued, would have entitled such person to recover damages in respect thereof, the person or party who, or the corporation which, would have been liable if death had not ensued shall be liable in action for damages, notwithstanding the death of the person injured, which damages may be sued for: (1) By the spouse or children or the surviving lineal descendants of any deceased children, natural or adopted, legitimate or illegitimate, or by the father or mother of the deceased, natural or adoptive.

6. Petitioner wishes to investigate a claim for the wrongful death of the decedent named herein under RSMo. §537.080.
7. To properly evaluate such a lawsuit, Petitioner needs access to the medical records of _____, deceased. See Rule 55.03(c).
(Decedent's Name)
8. RSMo. §191.227 provides:

All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient's health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by provider.
9. Wherefore, Petitioner asks this Court to appoint him/her as the Legally Authorized Representative of the decedent for the limited purpose of obtaining medical records under RSMo. §191.227, and solely for the duration of the investigation and prosecution of claims under Chapter 537 of the Revised Statutes of Missouri.

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

Attorney's Signature

Petitioner's Signature

Attorney's Name (Typed)

Petitioner's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone Number

Telephone Number

CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE
21ST JUDICIAL CIRCUIT, ST. LOUIS 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; PF – 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: PQ – Dispense with Conservator; - P1 - Standby Guardianship – Adult;

- P2 – Standby Guardianship – 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: P0 – Removal of Firearm Disqualification; P6 – Sexual Predator;

P8 – Probate Miscellaneous – Non Case; PZ – Miscellaneous Probate – Other

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: _____

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: _____

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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) _____

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Address: _____

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

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

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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;
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Address: _____

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

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Address: _____

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

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Party Type Code: Decedent; Minor; Respondent; Petitioner; Plaintiff; Defendant; Natural Mother;
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 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: _____

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.*