

In the
CIRCUIT COURT
 Of St. Louis County, Missouri



For File Stamp Only

This Small Claims Cover Sheet and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form is required by the Clerk of this Court for the purpose of initiating case processing. (See instructions below.)

Case Number _____

Division _____

Small Claims Cover Sheet

PLAINTIFF(S)	DEFENDANT(S)
First Plaintiff's: Address _____ _____ Telephone _____	First Defendant's: Address _____ _____ Telephone _____

Pending Actions

Have you, as a Plaintiff, previously filed a Small Claims action against the above defendant(s)? _____ Yes _____ No

Did the prior cases involve the same issues as this case? _____ Yes _____ No

Prior Litigation

Have you, as a Plaintiff, filed any Small Claims actions during the current calendar year in this county or any other county within the State of Missouri? _____ Yes _____ No

If so, how many? _____

 Plaintiff/Attorney (PLEASE PRINT) Address City State Zip Code
 I hereby certify that the above information is true and accurate:

 Signature of Plaintiff/Attorney Date Bar Number Phone Number Fax Number