In the

CIRCUIT COURT

Of St. Louis County, Missouri

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 VC

Division

For File Stamp Only

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? _____

Pro Se Party/Attorney (PLEASE PRINT) | Address | City | State | Zip Code

I hereby certify that the above information is true and accurate:

Signature of Pro Se Party/Attorney | Date | Bar Number | Phone Number | Fax Number