

SMALL CLAIMS

- **A Small Claims action may not exceed five thousand dollars (\$5,000.00). Small Claims may only involve claims for money and may not be used for the return of goods or property.**
- **The incident must have occurred in Ray County, or the Defendant must reside in Ray County.**
- **Please submit your completed Petition, Filing Information Sheet, and appropriate fees to the Civil Office.**



IN THE CIRCUIT COURT OF RAY COUNTY, MISSOURI

Judge or Division:	Case Number:	
Plaintiff(s): 1. 2. vs.		(Date File Stamp)
	Plaintiff's Address (No. 1):	Defendant's Address (No. 1):
	City, State, Zip:	City State, Zip:
Defendant(s): 1. 2.	Telephone Number:	Telephone Number:
	Plaintiff's Address (No. 2):	Defendant's Address (No. 2):
	City, State Zip:	City, State, Zip:
	Telephone Number:	Telephone Number:

Petition Small Claims Court

The plaintiff states he/she has a claim against the defendant in the amount of \$ _____. The claim arose on or about _____ (date) as a result of the following events:

(continue on reverse)

The plaintiff states that the information contained in this petition is true and correct to the best of his/her knowledge, that he/she is not an assignee of this claim and that he/she has not filed more than twelve (12) other claims in the Missouri small claims courts during the current calendar year.

The plaintiff understands that, should he/she be successful in this action and obtain judgment, and if the defendant does not appeal within ten days, this judgment becomes final. The plaintiff cannot commence another action involving the same parties and issues. The plaintiff understands that he/she is waiving the right to jury trial on these issues in the small claims court.

_____ Date _____ Signature of Plaintiff

Keep a copy of this petition and bring it to court.

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 4.07 if the party is a person and 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: _____ County/City of St. Louis: RAY COUNTY, MISSOURI

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: <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: _____ 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: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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.*



IN THE CIRCUIT COURT OF RAY COUNTY COUNTY, MISSOURI

Judge or Division:	Case Number:
Plaintiff:	
DOB: vs.	
Defendant:	
DOB:	(Date File Stamp)

Dismissal Small Claims Court

The plaintiff/defendant dismisses the claim/counterclaim against the defendant/plaintiff with/without prejudice at plaintiff's/defendant's cost.

Date

Plaintiff/Defendant Signature



IN THE CIRCUIT COURT OF RAY COUNTY, MISSOURI

Judge or Division:	Case Number:
Plaintiff(s):	
vs.	
Defendant(s):	

(Date File Stamp)

**Satisfaction of Judgment
Small Claims Court**

The plaintiff/defendant acknowledges that judgment in the above claim has been satisfied in full.

_____ Date

_____ Plaintiff/Defendant Signature