



**IN THE CIRCUIT COURT OF CHRISTIAN COUNTY
OZARK , MISSOURI**

Judge or Division:	
Case Number:	(File Stamp)
Plaintiff(s): Name: _____ Address: _____ _____ Phone: _____ Name: _____ Address: _____ _____ Phone: _____	Defendant(s): Name: _____ Address: _____ _____ Phone: _____ Name: _____ Address: _____ _____ Phone: _____

PETITION OF LANDLORD FOR RECOVERY OF RENT AND/OR POSSESSION

1. Plaintiff(s) is (are) the owner(s) of the following described real property located in Christian County, Missouri at the address of: _____.

2. Defendant(s) has (have) rented or leased the aforementioned real property and have agreed to pay as follows: _____.

3. That said rental payment is now in arrears and there is now due unpaid rent in the amount of \$ _____.

4. That on the _____ day of _____, plaintiff(s) demanded of the defendant(s) the payment of said rent, but that the Defendant(s) has (have) wholly failed and refused to pay the same, or any part thereof.

5. In addition, Defendant(s) owes to Plaintiff(s) such other sums (i.e. late fees, utilites, etc.), other than property damage, as defined in the lease in the amount of \$ _____.

Check the Box or Boxes that Apply:

Wherefore, the Plaintiff(s) pray(s) for a judgment and an order of this court demanding that the Plaintiff(s) be put in possession of the aforementioned real property.

Wherefore, the Plaintiff(s) pray(s) for a judgment that he (she) (it) have and recover from the Defendant(s) the sum of \$ _____ and for his (her) (its) costs herein expended in the amount of \$ _____.

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI, plaintiff(s) herein (agent of the Plaintiff(s) herein duly authorized to make this affidavit and file this statement), being first duly sworn, states that he (she) has read over the foregoing petition, and the facts herein stated are true.

 Subscribed and sworn to before me Plaintiff
 this _____ day of _____, _____.

 Notary

Signature must be witnessed by a notary.

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: _____

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.*