· TANEY COUNTY CIRCUIT CLERK'S OFFICE AMY STRAHAN, CIRCUIT CLERK PO BOX 129 FORSYTH, MO 65653 417-546-7230

FILING A DECLARATORY JUDGMENT

- 1. FILING FEE IS \$50.50 CASH, CHECK OR MONEY ORDER ACCEPTED. CREDIT CARDS ARE ALSO ACCEPTED WITH A 4% CONVENIENCE FEE.
- 2. YOU MUST SUBMIT A TYPED PETITION SIGNED IN FRONT OF A NOTARY. WE HAVE PROVIDED A <u>SAMPLE</u> PETITION ONLY.
 - RETYPE THE PETITION WITH YOUR INFORMATION.
- 3. PETITION MUST INCLUDE MAKE, MODEL, YEAR, VIN AND WHAT VALUABLE CONSIDERATION PROPERTY WAS ACQUIRED.
- 4. CLERKS ARE UNABLE TO ASSIST YOU IN COMPLETING THE PETITION.

AFTER SUBMITTING THE PETITION, A COPY WILL BE SENT TO THE DEPARTMENT OF REVENUE FOR REVIEW. THE DOR WILL SEND ANSWERS TO BOTH THE COURT AND TO YOU AT THE ADDRESS LISTED ON YOUR PETITION.

IF AN ORDER IS SIGNED BY THE JUDGE, A CERTIFIED COPY WILL BE SENT TO YOU AT THE ADDRESS PROVIDED ON YOUR PETITION. YOU MAY THEN TAKE THE CERTIFIED COPY OF YOUR ORDER TO THE LICENSE BUREAU TO OBTAIN A NEW TITLE.

IF A HEARING IS SCHEDULED, YOU WILL BE NOTIFIED IN WRITING TO THE ADDRESS PROVIDED.

IF YOU HAVE ANY FURTHER CONCERNS OR QUESTIONS, PLEASE CONTACT LEGAL COUNSEL.

IN THE CIRCUIT COURT OF TANEY COUNTY, MISSOURI ASSOCIATE CIVIL DIVISION II

(Your Name)	Case Number:			
(Your Address) (Your Phone Number) VS				
MISSOURI DEPARTMENT OF REVENUE	A			
PETITION FOR DECLARA	TORY JUDGMENT AND REQUEST FOR ISSUANCE OF TITLE OWNERSHIP			
Comes Now	and for his cause of action states as allows			
(Your legal Name)	and for his cause of action states as follows.			
That this court has jurisdiction over dec of Revenue recognize such actions to d property under its administrative control	claratory judgment actions under RSMo 478, 225 (1) and the Director etermine ownership and publish titles to motor vehicles and other ol.			
That	is a resident of Takey County Missouri.			
(Your legal Name)				
That acq	uired by valuable consideration ,			
(Your legal Name) With Vin Number of:	uired by valuable consideration, (Purchase Amount)			
That there any liens upon said unit.	is the lawful owner of said vehicle that same is not stolen nor are			
That there is by virtue of the facts and court and the declaratory judgment ent	Streumstance a case of controversy that should be determined by the tered.			
That this Court should enter its declara	tory judgment finding that, is a			
lawful owner the	, Vin number of			
And order the Director of Revenue for				
WHEREFORE, Plaintiff prays the Cou	(Your Legal Name)			
	(Your Legal Name)			
The owner of	y), the owner of, (Description of Property)			
as described above and for the Director such other relief including costs.	of Revenue to publish a title and deliver same to Plaintiff and for			
	(Your Signature)			
Comes Now,	being first duly sworn and upon his oath, and states that he is the ntained in the foregoing Petition are true and correct, according to his			
Plaintiff named herein and the facts conbest knowledge and belief. Notarized				

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	of St. Louis:	-	
Style of Case:	the Matter of; Petitioner v. Respond	Jack V		
Case Type Code: (Jase Type Description			
Party Type Code:	Party Type Description:			
Name (if a person): (Last)		_ (First)	(Middle)	
Organization (if non-person):				
Address:				
City:	State: Zip:	Contact Telep	hone Number:	
DOB/DOD:	_ Gender: Male Female	SSN:		
Attorney Name (if represented by couns	sel):	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 Telep	hone Number:	
DOB/DOD:	_ Gender: 🗌 Male 🔲 Female	SSN:		
Attorney Name (if represented by count	sel):	Bar ID:	Party Type Code:	
Party Type Code:	Party Type Description:			
Name (if a person): (Last)		(First)	(Middle)	
Organization (if non-person):				
Address:				
City:			hone Number:	
DOB/DOD:	_ Gender: 🗌 Male 🔲 Female	SSN:		
Attorney Name (if represented by coun	sel):	Bar ID:	Party Type Code:	
Submitted by:	Ba	ır ID (required if attorn	ey):	
Address (if not shown above):				
City:		State:	Zip:	
Phone:				