

Person Filing: _____
 Address (if not protected): _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____
 Representing Self or Lawyer for _____
 Lawyer's Bar Number: _____

SUPERIOR COURT OF ARIZONA IN _____ COUNTY

Case Number: _____

 Name of Petitioner

FAMILY COURT / SENSITIVE DATA COVER SHEET (CONFIDENTIAL RECORD)

 Respondent

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

A. Personal Information:	Petitioner	Respondent
Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____

WARNING: DO NOT include Mailing Address on this form, if requesting address protection.

Mailing Address	_____	_____
City, State, Zip Code	_____	_____
Contact Telephone Numbers	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____

B. Type of Case being filed - (Check only one category.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Dissolution (Divorce) | <input type="checkbox"/> Paternity | Interpreter Needed? |
| <input type="checkbox"/> Legal Separation | <input type="checkbox"/> *Legal Decision-Making | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Annulment | (Custody) / Parenting Time | If yes, what language? |
| <input type="checkbox"/> Order of Protection | <input type="checkbox"/> *Child Support | _____ |
| | <input type="checkbox"/> Register Foreign Order | |
| | <input type="checkbox"/> Other _____ | |

**Check only if no other category applies.*

***For Court use only. This is NOT a public record. Do NOT provide a copy of this document to the other party.**