

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

FOR CLERK'S USE  
ONLY

**SUPERIOR COURT OF ARIZONA  
 IN \_\_\_\_\_ COUNTY**

\_\_\_\_\_  
 Petitioner

Case Number: \_\_\_\_\_

**FAMILY COURT / SENSITIVE DATA COVER  
 SHEET WITH CHILDREN (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).**

<b>A. Personal Information:</b>	<input type="checkbox"/> <b>Petitioner</b>	<input type="checkbox"/> <b>Respondent</b>
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 Number	_____	_____
Email Address	_____	_____
Current Employer Name	_____	_____
Employer Address	_____	_____
Employer City, State, Zip Code	_____	_____
Employer Telephone Number	_____	_____
Employer Fax Number	_____	_____