

**THIS FORM IS CONFIDENTIAL AND IS NOT A PUBLIC RECORD.**

ALL COURTS IN ARIZONA

ADDRESS

CITY, AZ ZIP CODE

TELEPHONE NUMBER

Case No. \_\_\_\_\_

**Plaintiff's Information Sheet**

Please PRINT all information on this form and on the petition *after* you have read the Plaintiff's Guide Sheet for Protective Orders.

Your name \_\_\_\_\_ Your birth date \_\_\_\_\_

Address \_\_\_\_\_ Main phone number

City, State, ZIP \_\_\_\_\_ \*Cell phone

Mailing address \_\_\_\_\_ \*Allow texts from court?  Yes  No

(if different) \_\_\_\_\_ \*Alternate cell phone

Email \_\_\_\_\_ \*Allow texts from court?  Yes  No

**CONFIDENTIAL ADDRESS.** Your address and contact information are confidential. Indicate any other addresses that should be kept confidential. Do **not** include confidential addresses on the petition because a copy of it will be served on the defendant.  Keep work address confidential.  Keep school address confidential.

**RELATIONSHIP\***

Choose the options that best describe your relationship to the defendant. \*If you are applying on behalf of another person, choose the relationship between the **other person** and the defendant.

- Married (past or present)
- Live/lived together as intimate partners
- Parent of a child in common
- One party is pregnant by the other
- Romantic or sexual relationship (past or present)
- Related as parent, grandparent, child, grandchild, brother, sister (including step or in-law)
- Live/lived together but not as intimate partners
- Other (describe) \_\_\_\_\_

Defendant's name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Email \_\_\_\_\_

<p><b>DEFENDANT IDENTIFIERS</b> Please provide all information to the best of your knowledge. <i>If you do not know the defendant's birth date, make your best guess.</i> If you have the birth date, please check the "Estimated" box.</p>	Sex	Race	Birth date	Height	Weight
				<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
	Eye color	Hair color	Social Security #		
	Driver license #: _____ State: _____ Expiration date: _____				