









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

For Clerk's Use Only

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

Petitioner / Party A	Case No. _____
Respondent / Party B	ATLAS No. _____

**FAMILY DEPARTMENT/ SENSITIVE DATA  
COVERSHEET WITH CHILDREN  
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Superior Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43.1(f).

A. Personal Information:	Petitioner / Party A	Respondent / Party B
Name		
Gender	<input type="checkbox"/> Male or <input type="checkbox"/> Female	<input type="checkbox"/> Male or <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 Phone		
Email Address		
Current Employer Name		
Employer Address		
Employer City, State, Zip Code		
Employer Telephone Number		
Employer Fax Number		

**B. Child(ren) Information:**

Child Name	Gender	Child Social Security Number	Child Date of Birth

**C. Type of Case being filed: Check only one category.**  
*\*Check only if no other category applies*

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

**DO NOT COPY THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**

Person Filing: (1) \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



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## SUPERIOR COURT OF ARIZONA IN YUMA COUNTY

(2) \_\_\_\_\_  
Name of Petitioner / Party A (in original case)

Case No: (3) \_\_\_\_\_

ATLAS No: (3) \_\_\_\_\_  
(if applicable)

(2) \_\_\_\_\_  
Name of Respondent / Party B (in original case)

## PETITION FOR HEARING

The information provided on the ***"Petition to Stop or Modify the Income Withholding Order"*** is not accurate. I request that a hearing be set so that I can explain to the Judge or Commissioner my position. I have read this document and the information is true and correct to the best of my knowledge.

\_\_\_\_\_  
(4) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**NOTICE:** Upon filing the Petition for Hearing, the filing party must immediately mail or otherwise deliver a copy of this Petition to the other party or his/her attorney. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed or provided with a copy of the Request, which can be mailed to:

**Office of the Attorney General  
Child Support Services Section  
1185 S. Redondo Center Drive  
Yuma, Arizona 85365**

If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.