

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**

\_\_\_\_\_  
 Name of Petitioner

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

**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).**

| <b>A. Personal Information:</b> | <b>Petitioner</b>   | <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 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  |
| <input type="checkbox"/> Legal Separation      | <input type="checkbox"/> *Legal Decision-Making<br>(Custody) / Parenting Time |
| <input type="checkbox"/> Annulment             | <input type="checkbox"/> *Child Support                                       |
| <input type="checkbox"/> Order of Protection   | <input type="checkbox"/> Register Foreign Order                               |
|  | <input type="checkbox"/> Other _____  |

**Interpreter Needed?**  
 Yes  No  
 If yes, what language?  
 \_\_\_\_\_

*\*Check only if no other category applies.*