

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing:  Self  Petitioner  Respondent  
 (If Attorney) State Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 Petitioner

\_\_\_\_\_  
 Respondent

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

**SENSITIVE DATA SHEET**  
 (Not public record. Access for Court staff ONLY)

**Fill out. File with Clerk of Court. Omit Social Security & Account Numbers when requested on other forms.**

### A. Personal Information:

	Name	Date of Birth <small>(Month/Day/Year)</small>	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

### B. Financial Account Numbers (including credit cards, financial and investment accounts, debts):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### D. Life Insurance Policies:

Insurance Company	Type of Policy	Name(s) of Policy Owner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____