

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



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

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

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

**FAMILY DEPARTMENT /SENSITIVE DATA
COVERSHEET WITHOUT CHILDREN
(CONFIDENTIAL RECORD)**

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 ARFLAP 43(G)(1).

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. Type of Case being filed - Check only one category. <i>*Check only if no other category applies</i> <input type="checkbox"/> Dissolution (Divorce) <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Order of Protection <input type="checkbox"/> Other*	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s)? _____ _____
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DO NOT COPY THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.