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

For Clerk's Use Only

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

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

ADULT ADOPTION COVER SHEET

Case Number: PB _____

INFORMATION ABOUT THE ADOPTEE (person to be adopted)

NAME: _____ **DATE OF BIRTH:** _____

MAILING ADDRESS : _____

STREET ADDRESS (if different): _____

TELEPHONE (Home): _____ **SSN:** _____

TELEPHONE (Cellular): _____ **EMAIL:** _____

INFORMATION ABOUT THE ADOPTOR(s), the person filing these papers.

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

INFORMATION ABOUT PETITIONER'S ATTORNEY: ☐ **Petitioner is not represented by an attorney, *or***

NAME: _____ **BAR #** _____

TELEPHONE: _____ **EMAIL:** _____

☐ **An INTERPRETER IS NEEDED for this language:** _____ **By**

(List Names of) **Persons who need interpreter:** **Name**: _____

Name: _____ **Name:** _____

STAFF USE ONLY: REASON FEES NOT PAID: ☐ Government Charge ☐ Deferred

NATURE OF ACTION: Place an "X" next to number which describes the nature of the case. Check only **ONE**.

209 ADULT ADOPTION
_X_ 291 Adult Adoption

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

_____
Petitioner or Attorney Signature

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.
If there is already a (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Maricopa County, **DO NOT SUBMIT THIS FORM**

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