

Name: \_\_\_\_\_

Representing:  Self  Petitioner  Respondent

(If Attorney) State Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY**

Petitioner Case No. \_\_\_\_\_  
Respondent ATLAS No. \_\_\_\_\_  
**FAMILY COURT / SENSITIVE DATA  
COVERSHEET WITH 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 ARFLP 43(G)(1).**

A. Personal Information:	Petitioner	Respondent
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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<input type="checkbox"/> Dissolution (Divorce)	<input type="checkbox"/> Paternity	<b>Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____ _____ _____
<input type="checkbox"/> Legal Separation	<input type="checkbox"/> *Legal Decision Maker (Custody)/Visitation	
<input type="checkbox"/> Annulment	<input type="checkbox"/> *Child Support	
<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Other	

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