

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

Representing:  Self  Petitioner  Respondent

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



FOR CLERK'S USE ONLY

### SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

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

Petitioner \_\_\_\_\_

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

Respondent \_\_\_\_\_

### SENSITIVE DATA SHEET/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 forms. Access Confidential pursuant to ARFLAP 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	_____	_____
Mailing Address	_____	_____
<b>WARNING!! DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF REQUESTING ADDRESS PROTECTION</b>		
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.

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

- Dissolution (Divorce)
- Legal Separation
- Annulment
- Order of Protection
- Other\*

Interpreter needed :

Yes  No

If yes, what language.