Reset

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____
AZCARES Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing: ☐ **Self** ☐ **Petitioner** ☐ **Respondent**

SUPERIOR COURT OF ARIZONA IN MOHAVE COUNTY

_____
Petitioner

Case No._____

CONFIDENTIAL SENSITIVE DATA FORM WITH CHILDREN

_____
Respondent

Fill out. File with Clerk of Superior Court. Social Security Numbers should appear on this form only and should be omitted form other court forms. Access confidential pursuant to ARFLP 43.1(f).

A. Personal Information:	**Petitioner**	**Respondent**
Name	_____	_____
Gender	☐ Male or ☐ Female	☐ Male or ☐ Female
Date of Birth (Month/Day/Year)	_____	_____
Social Security Number	_____	_____
WARNING: DO NOT INLCUDE 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's Name	**Gender**	**Child's Social Security Number**	**Child's Date of Birth**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Type of Case being filed – Check only one category.

Check only if no other category applies

☐ **Dissolution (Divorce)**
☐ **Legal Separation**
☐ **Annulment**
☐ **Order of Protection**
☐ **Paternity**
☐ *** Legal Decision-Making (Custody)/Visitation**
☐ *** Child Support**
☐ **Other**

Interpreter Needed:

☐ **Yes** ☐ **No**
☐ **If yes, what language?**
☐ **Register Foreign Order**

DO NOT COPY this document. DO NOT SERVE THIS DOCUMENT to the other party.