

Name of Person Filing: _____
 Mailing Address (if not protected): _____
 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
 (Not a public record)

 Respondent

**Social Security & Account Numbers can be omitted on other forms when included on this form.
 File form with Clerk of Superior Court. (Do NOT serve this document on the other party)**

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 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.

Interpreter Needed:

**Check only if no other category applies*

Yes No

Dissolution (Divorce)

Paternity

If yes, what language?

Legal Separation

Legal Decision-Making
(Custody)/Visitation

Annulment

Child Support

Register Foreign Order

Order of Protection

Other