

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_



FOR CLERK'S USE ONLY

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

## SUPERIOR COURT OF ARIZONA IN MOHAVE COUNTY

_____ Petitioner	Case No. _____  ATLAS No. _____  <b>FAMILY COURT /SENSITIVE DATA COVERSHEET WITHOUT CHILDREN (CONFIDENTIAL RECORD)</b>
_____ Respondent	

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 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	_____	_____

**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>B. Type of Case being filed - Check only one category.</b> <i>*Check only if no other category applies</i>  <input type="checkbox"/> Dissolution (Divorce) <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Order of Protection <input type="checkbox"/> Other*	<b>Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, what language(s)?</b> _____ _____
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**DO NOT COPY THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.**