

Name of Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Phone Number: _____
 Email Address: _____
 ATLAS 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
 WITHOUT CHILDREN**

 Respondent

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

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

**Check only if no other category applies*

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

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.