

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

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

SUPERIOR COURT OF ARIZONA IN MOHAVE COUNTY

Petitioner	Case No. _____
Respondent	ATLAS No. _____

**FAMILY COURT /SENSITIVE DATA
 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 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		

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