

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing Self, without a Lawyer OR Attorney for _____



**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY
ADULT ADOPTION COVER SHEET**

Case Number: _____

INFORMATION ABOUT THE ADOPTEE (person to be adopted)

Name: _____	Date of Birth: _____
Mailing Address: _____	
Street Address (if different): _____	
Telephone (Home): _____	SSN: _____
Telephone (Cellular): _____	Email: _____
Information about adoptee's attorney: <input type="checkbox"/> Adoptee is not represented by an attorney, or	
Name: _____	BAR # _____
Telephone: _____	Email: _____

INFORMATION ABOUT THE ADOPTER(s) (person adopting the adult)

Name: _____	Date Of Birth: _____
Mailing Address: _____	
Street Address (if different): _____	
Telephone (Home): _____	SSN: _____
Telephone (Cellular): _____	EMAIL: _____
Information about adopter's attorney: <input type="checkbox"/> Adopter is not represented by an attorney, or	
Name: _____	BAR # _____

Case Number: _____

Telephone: _____ Email: _____

An interpreter is needed for this language: _____

Person(s) who need interpreter:

Name: _____

Name: _____

Name: _____

STAFF USE ONLY: REASON FEES NOT PAID: Government Charge Deferred

Nature of action: place an "X" next to number which describes the nature of the case. Check only one.

209 ADULT ADOPTION

X 291 Adult Adoption

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner or Attorney Signature

Notice: Submit this form with new cases only. If there is already a (Maricopa County) probate case number and you are filing in an existing Superior Court case in Maricopa County, do not submit this form.