

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 _____

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of:

(Full legal names of minor children)

| |
|------------------------------------|
| For Court Use Only |
| |
| Arizona Superior Court Case Number |

JUVENILE DEPARTMENT SENSITIVE
DATA COVERSHEET – For Registration of
Foreign Order for Guardianship of a Minor
(CONFIDENTIAL RECORD)

Fill out. File with Clerk of Superior Court.

A. Personal Information:

Warning: Do not include mailing address on this form if requesting address protection.

1. Information about Person Registering Foreign Order:

Name: _____

Gender: Male or Female

Date of Birth: _____

Mailing Address: _____

Contact Phone: _____

City, State, Zip Code: _____

Receive texts from Court to contact phone

Email Address: _____

number? Yes No texts

Current Employer Name: _____

Employer Address: _____

Employer City, State, Zip Code: _____

Employer Phone Number: _____

Employer Fax Number: _____

2. Information about other people with custody or visitation rights concerning children: (If information unavailable, write "unknown.")

a. Name: _____ Gender: Male or Female

Date of Birth: _____

Mailing Address: _____

Contact Phone: _____

City, State, Zip Code: _____

Receive texts from Court to contact phone

Email Address: _____

number? Yes No texts

Current Employer Name: _____

Employer Address: _____

Employer City, State, Zip Code: _____

Employer Phone Number: _____

Employer Fax Number: _____

b. Name: _____ Gender: Male or Female

Date of Birth: _____

Mailing Address: _____

Contact Phone: _____

City, State, Zip Code: _____

Receive texts from Court to contact phone

Email Address: _____

number? Yes No texts

Current Employer Name: _____

Employer Address: _____

Employer City, State, Zip Code: _____

Employer Phone Number: _____

Employer Fax Number: _____

B. Do you need an interpreter? Yes No

If Yes, what language? _____

DO NOT COPY this document. DO NOT SERVE THIS DOCUMENT to the other party.