

Arizona Superior Court, Pinal County Family Court Cover Sheet

Pursuant to Rule 4.1 Superior Court Local Rules - Pinal County, please provide the following information. *(Type or print)*

CASE NUMBER DO 2 _____ ATLAS NUMBER(S) _____	Judge _____
--	-------------

PETITIONER'S NAME and ADDRESS Name: Address: City/State/Zip: Phone Number: Email Address: DOB:	RESPONDENT'S NAME and ADDRESS Name: Address: City/State/Zip: Phone Number: Email Address: DOB:
---	---

PETITIONER'S ATTORNEY: Name/State Bar #: Address: City/State/Zip: Telephone:	EMERGENCY ORDER SOUGHT: <input type="checkbox"/> Order of Protection <input type="checkbox"/> Temporary Order <input type="checkbox"/> Other _____ <div style="text-align: center;">(Specify)</div>
---	--

Do you or the other party need an interpreter? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If yes, what language: _____	FEES: <input type="checkbox"/> PAID <input type="checkbox"/> NOT PAID - REASON: <input type="checkbox"/> Political Subdivision/Government Agency <input type="checkbox"/> Deferred <input type="checkbox"/> Waived
--	--

ACTION REQUESTED Check only one box

- DISSOLUTION (Divorce)
- D01 With Children
 - D02 Without Children

- D11 Legal Separation
- D12 Paternity/Maternity
- D13 Annulment
- D14 Custody
- D15 Order of Protection
- D16 Foreign Judgment
- D17 Domesticated Decree
- D18 Foreign Judgment for Custody
- D19 Establish Support
- D20 Habeas Corpus
- D21 Visitation
- D40 Emergency Order of Protection
- D22 Other _____
(Specify)

I receive or have received public assistance which may include AFDC, TANF, or AHCCS for my child(ren) or me.

Yes No

I have a case with the Division of Child Support Enforcement.

Yes No

If yes, list the case number(s) _____

Do you currently have ANY other Pinal County Superior Court cases?

Yes No

If yes, list the case number(s) _____

Have you ever had ANY other Pinal County Superior Court cases?

Yes No

If yes, list the case number(s) _____

PETITIONER'S DECLARATION OF INFORMATION FOR CONCILIATION COURT

The wife is pregnant:

Yes No

The respondent is being served by publication:

Yes No

Please enter the number of children under the age of 18 of either or both parties who are in custody of either or both parties: _____

NAMES OF MINOR CHILDREN & DATE OF BIRTH:

NAMES OF MINOR CHILDREN & DATE OF BIRTH:

There is an agreement as to the parenting arrangements of the minor children: Yes No

To the best of my knowledge, all information is true and correct.

Attorney / Pro Per Signature

NOTICE

Effective September 8, 1992 and pursuant to Superior Court (Pinal County), Administrative Order No. 92-15, the Superior Court requires that a "Cover Sheet", which categorizes the cause of action, accompany any new action filed with the Superior Court in Pinal County. **PLEASE DO NOT INCLUDE THIS FORM WITH CASES THAT HAVE ALREADY BEEN FILED.** This form can only be processed **at the time of filing** New Complaints and Petitions. Revised 6/22/09