

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:

Case Number
(Clerk will stamp case # when submitted)

DEPENDENCY COVERSHEET (Not Public Record)

(person(s) under 18 years of age)

This Coversheet is for internal Court use only and is not part of the legal file.

Information about the Children Involved:

Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown	Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown
Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown	Name: _____ DOB: _____ Ethnicity: (choose one) <input type="checkbox"/> Black or African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other Origin <input type="checkbox"/> Unknown

Please list ANY siblings of the children listed above who are NOT involved in this case:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Other Court Cases:

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? Yes No

If yes, please describe, and provide case numbers if known: _____

Interpreter/Language Needs:

NOTE: THIS INFORMATION IS NECESSARY SO AN INTERPRETER CAN BE REQUESTED.
IT IS FOR INTERNAL PURPOSES ONLY.

Is an interpreter needed for any of the parties? Yes No

If yes, please check the appropriate box below. An interpreter is needed for:

Petitioner or Guardian Mother Father (if more than one father, indicate which father needs an interpreter): _____

If yes, Language:

Spanish Other: (please specify) _____

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