Person Filing:		
City, State, Zip Code:		
Telephone:	For Clerk's Use Only	
Email Address: Lawyer's Bar Number:		
Representing Self, without a Lawyer or Attorney f	for Petitioner OR Respondent	
	RT OF ARIZONA PA COUNTY	
In the Matter of:		
	Case Number (Clerk will stamp case # when submitted)	
	DEPENDENCY COVERSHEET	
(person(s) under 18 years of age)	(Not Public Record)	
This Coversheet is for internal Court use only and is not part of the legal file.		
Information about the Children Involved:		
Name:	Name:	
DOB: Ethnicity: (choose one)	DOB: Ethnicity: (choose one)	
Black or African Native American American Hispanic/Latin Anglo Other Origin Asian Unknown Native Hawaiian/Pacific Islander	Black or African Native American American Hispanic/Latin Anglo Other Origin Asian Unknown Native Hawaiian/Pacific Islander	
Name:	Name:	
DOB: Ethnicity: (choose one)	DOB: Ethnicity: (choose one)	
Black or African Native American American Hispanic/Latin Anglo Other Origin Asian Unknown Native Hawaiian/Pacific Islander	Black or African Native American American Hispanic/Latin Anglo Other Origin Asian Unknown Native Hawaiian/Pacific Islander	

Name:	DO	B:
		ы
Name:	DO	B:
Name:	DO	B:
Other Court Cases:		
Have there been any other cases (family?	EXCLUDING minor to No	traffic offenses) in any court involving members of this
If yes, please describe, and provide	case numbers if kno	own:
Interpreter/Language Needs	s:	
NOTE: THIS INFORMATI		SO AN INTERPRETER CAN BE REQUESTED. L PURPOSES ONLY.
	f the parties?	☐ Yes ☐ No
is an interpreter needed for any o		
Is an interpreter needed for any o	propriate box below.	An interpreter is needed for:
If yes, please check the ap	•	An interpreter is needed for: (if more than one father, indicate which father needs an interpreter):
If yes, please check the ap ☐ Petitioner or ☐ Mor	•	(if more than one father, indicate which father needs an

Case No.