

FORM 3: CONFIDENTIAL SENSITIVE DATA FORM

Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone Number: _____
Evening Phone Number: _____
Representing: [] Self [] Petitioner [] Respondent
State Bar Number: _____

ARIZONA SUPERIOR COURT, COUNTY OF _____

Petitioner Case No. _____
ATLAS No. _____

Respondent CONFIDENTIAL SENSITIVE DATA FORM

A. Personal Information:

| Name | Date of Birth | Social Security Number |
|-------------------|---------------|------------------------|
| Petitioner: _____ | _____ | _____ |
| Respondent: _____ | _____ | _____ |
| Child: _____ | _____ | _____ |
| Child: _____ | _____ | _____ |
| Child: _____ | _____ | _____ |
| Child: _____ | _____ | _____ |

B. Financial account numbers (including credit cards, financial institution accounts, investments, debts):

| Financial Institution | Type of Account | Name(s) on Account | Account # |
|-----------------------|-----------------|--------------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C. Pension and retirement accounts (including IRAs, 401(k)s):

| Financial Institution | Type of Account | Name(s) on Account | Account # |
|-----------------------|-----------------|--------------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

D. Life insurance policies:

| Insurance Company | Type of Policy | Name(s) on Policy | Policy # |
|-------------------|----------------|-------------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |