

**THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR YAVAPAI COUNTY**

**Adoption OR Dependency Cover Sheet**

CASE NUMBER 1300AD Div. \_\_\_\_\_

Please provide the following information. (*Type or print*)

<b>PETITIONER INFORMATION</b> Name: _____ Address: _____ City/State/Zip: _____ <b>Social Security Number:</b> _____ Date of Birth _____ Phone _____	<b>PETITIONER INFORMATION</b> Name: _____ Address: _____ City/State/Zip: _____ <b>Social Security Number:</b> _____ Date of Birth _____ Phone _____
<b>CHILD INFORMATION</b> (List additional names on reverse side) Name: _____ Address: _____ City/State/Zip: _____ Social Security Number: _____ Date of Birth: _____	<b>ADULT ADOPTEE</b> (List additional names on reverse side) Name: _____ Address: _____ City/State/Zip: _____ Social Security Number: _____ Date of Birth: _____
<b>PETITIONER'S ATTORNEY INFORMATION</b> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ State Bar Number: _____	<b>FEES:</b> <input type="checkbox"/> PAID <input type="checkbox"/> NOT PAID  Reason: <input type="checkbox"/> Deferred <input type="checkbox"/> Waived <input type="checkbox"/> Gov't. Agency  <b>HOME STUDY</b> <input type="checkbox"/> PAID <input type="checkbox"/> NOT PAID  Reason: <input type="checkbox"/> Deferred <input type="checkbox"/> Waived <input type="checkbox"/> Gov't. Agency

**NATURE OF ACTION**

Place an "X" next to **one** description below which best describes the nature of the case.

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|---|--|
| <p><b>ADOPTION</b></p> <p><input type="checkbox"/> Petition for Adoption - <b>DES</b></p> <p><input type="checkbox"/> Termination of Parental Rights</p> <p><input type="checkbox"/> Adoption Certification</p> <p><input type="checkbox"/> Petition for Adoption – <b>Private Agency</b></p> <p><input type="checkbox"/> Petition for Adoption – <b>Private Attorney</b></p> <p><input type="checkbox"/> Petition for Adoption – <b>Pro Per</b></p> <p><input type="checkbox"/> Petition for Adoption – <b>County Attorney</b></p> <p><input type="checkbox"/> Petition to Adopt Adult</p> <p><input type="checkbox"/> Other<br/>(includes payment of birth mother's expenses)</p> | <p><b>DEPENDENCY</b></p> <p><input type="checkbox"/> Juvenile Dependent</p> <p><input type="checkbox"/> Title 8 Guardianship</p> |
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<b>FOR OFFICE USE ONLY:</b> Receipt # _____ Amount \$ _____ By # _____ Cs Entered by # _____ <div style="text-align: right; font-size: small;">Rev. 06/12/12</div>
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