

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Representing [ ] Self or [ ] Lawyer for: \_\_\_\_\_  
 Lawyer Bar Number: \_\_\_\_\_

For Clerk's Use Only

**IN THE SUPERIOR COURT OF ARIZONA  
 IN YAVAPAI COUNTY**

In the Matter of:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Names of Child(ren) under 18 years of age)

Case Number: \_\_\_\_\_

**CONFIDENTIAL VERIFIED  
 PARENT INFORMATION FORM  
 [Form 7]**

(Assigned to Hon. \_\_\_\_\_)  
 (Division: \_\_\_\_\_)

- **This form must be filed under seal with the juvenile court clerk not later than 10 days before the adoption hearing. Please use additional sheets if necessary.**
- If the child **is** a ward of the court, **DCS** must complete this form.
- If the child **is not** a ward of the court, **the prospective adoptive parent** must complete this form.
- A **separate form** is required for each child with **different biological parents**.
- Do not add to this form other confidential information from the adoption case, including but not limited to the name(s) the child/ren will bear after adoption. Include the name of the prospective adoptive parent **only** if that person signs this form.

**CHILDREN'S INFORMATION**

**Child/ren's Full Name**

**Child/ren's Date of Birth**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARENTS' INFORMATION**

**MOTHER**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Other Known Names for Mother: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FATHER**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Other Known Names for Father: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CHILD SUPPORT ORDER INFORMATION**

The above-named child/ren **are subject to a Child Support Order.**      Yes  No  Unknown

If yes, please provide the following information. The Child Support Order was issued:

On this date: \_\_\_\_\_

In this County and State: \_\_\_\_\_

Under this Case Number: \_\_\_\_\_

ATLAS Number: \_\_\_\_\_

**VERIFICATION**

**I declare under penalty of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Adoptive Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCS/by: Signature