

# **READ THIS FIRST, BEFORE YOU COMPLETE ANY FORMS IN YOUR PACKET**

## **MOST COURT FILES ARE OPEN TO THE PUBLIC FOR REVIEW, EITHER PERSONALLY OR ELECTRONICALLY.**

Pursuant to Rule 43(G), Arizona Rules of Family Law Procedure, effective January 1, 2006, before filing any paper containing sensitive data with the court, the filing party shall omit or otherwise redact the sensitive data unless they are specifically requested by the court. If the sensitive data are specifically requested by the court, the filer shall record the requested information on a separate sensitive data form which shall be maintained by the clerk as a confidential record. You are ENCOURAGED to use the attached form whenever "CONFIDENTIAL SENSITIVE DATA" is requested in paperwork, rather than list that information in the document filed with the court that will be available for public scrutiny. The Confidential Sensitive Data Form(s) in your case will be maintained as a restricted document electronically and will only be available to the parties, the parties' attorneys, court personnel and any other person or agency authorized by court order.

**DEFINITION:** "SENSITIVE DATA" includes the following:

- A) Social Security number;
- B) Bank account number, credit card number, or other financial account numbers
- C) Driver's License number

**INSTRUCTIONS FOR FORM USE:** Wherever "sensitive data" is required in a document that will be filed with the court, write in "SEE CONFIDENTIAL SENSITIVE DATA FORM." Make sure you write in the appropriate "sensitive data" on the *Confidential Sensitive Data Form*. Whenever new information is needed to supplement the record in a case, a party should file with the Clerk's Office an updated sensitive data form (including all previously disclosed sensitive data, plus any additional sensitive data required to be filed in the case). If including social security, account or any personal identifying numbers on a form, use only the last four digits.

If your case may include an order of support, we direct your attention to the following statute:  
*A.R.S. § 25-501(G) Duties of support; exemption*

*In any action filed pursuant to this title, if a duty of support for another person exists or may exist the parties shall file the social security numbers of each party and any affected children in the record of the proceeding in a manner that is consistent with the requirements of the Arizona rules of family law relating to sensitive data. The court shall include this information in the state case registry and shall maintain this information in a manner that is consistent with the requirements of the Arizona rules of family law relating to sensitive data.*

**ANY PARTY WHO INCLUDES "SENSITIVE DATA" IN DOCUMENTS FILED WITH THE COURT, OTHER THAN ON A CONFIDENTIAL SENSITIVE DATA FORM, DOES SO AT THE PARTY'S OWN RISK.**

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 YAVAPAI**

\_\_\_\_\_  
 Petitioner

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
 Respondent

**CONFIDENTIAL SENSITIVE DATA FORM**

**A. Personal Information:**

Name	Date of Birth	Social Security Number	Driver's License 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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____