Person Filing:					
Address (if not protected):					
City, State, Zip Code:					
Telephone:					
Email Address:					
ATLAS Number:					
Representing Self, without a Lawyer			OR Respondent	For Clerk's Use Only	
tepresenting Gen, without a Lawyer	or Attori		OK Kespondent		
SIIP	FRIOR	COURT OF	Δ ΡΙΖΟΝ Δ		
IN_	LINION		COUNTY		
		Case No	<u> </u>		
Petitioner / Party A		ATLAS N	No.		
Respondent / Party B		FAMILY	DEPARTMENT SE	NSITIVE DATA	
recopondone, rany B		COVER	SHEET WITH CHILI ENTIAL RECORD)	_	
Fill out. File with Clerk of Super	rior Court. S		<u> </u>	on this form only and	
should be omitted from o					
A. Personal Information:	Petitioner / Party A		Res	Respondent / Party B	
Name					
Gender	M	ale or 🗌 Femal	е М	ale or Female	
Date of Birth (Month/Day/Year)					
Social Security Number					
Warning: DO NOT INCLUDE MAI	LING ADDR	ESS ON THIS FORM	I IF REQUESTING A	DRESS PROTECTION	
Mailing Address					
City, State, Zip Code					
Contact Phone					
Receive texts from Court to contact phone number above?	Ye	s No tex	tts Ye	s No texts	
Email Address					
Current Employer Name					
Employer Address					
Employer City, State, Zip Code					
Employer Telephone Number					
Employer Fax Number			<del></del>		
3. Child(ren) Information:	Sandar.	Child Coolel Coour	:4 N	Child Data of Birth	
Child Name C	Gender	Child Social Secur	ity Number	Child Date of Birth	
C. Type of Case being filed: Mark	only one (1) c	i - ·	Mark this box only if no	other case type applies.	
Dissolution (Divorce)		Paternity		r of Protection	
Legal Separation		*Legal Decision-N / Parenting Time	laking Regi	ster Foreign Order	
Annulment		*Child Support Other		r	
DO NOT COPY this do	Yes or		hat language?	ther party	