

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

For Clerk's Use Only

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY ADULT ADOPTION COVER SHEET

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

**INFORMATION ABOUT THE ADOPTEE (person to be adopted)**

NAME: _____	DATE OF BIRTH: _____
MAILING ADDRESS : _____	
STREET ADDRESS (if different): _____	
TELEPHONE (Home): _____	SSN: _____
TELEPHONE (Cellular): _____	EMAIL: _____

**INFORMATION ABOUT THE ADOPTOR(s), the person filing these papers.**

NAME: _____	
MAILING ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____
INFORMATION ABOUT PETITIONER'S ATTORNEY: <input type="checkbox"/> Petitioner is not represented by an attorney, or	
NAME: _____	BAR # _____
TELEPHONE: _____	EMAIL: _____

An INTERPRETER IS NEEDED for this language: \_\_\_\_\_ By \_\_\_\_\_  
(List Names of) Persons who need interpreter: Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**STAFF USE ONLY:** REASON FEES NOT PAID:  Government Charge  Deferred

**NATURE OF ACTION:** Place an "X" next to number which describes the nature of the case. Check only **ONE**.

**209 ADULT ADOPTION**  
 291 Adult Adoption

**By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Petitioner or Attorney Signature

<h3 style="margin: 0;">NOTICE</h3> <p style="margin: 0;"><b>SUBMIT THIS FORM WITH NEW CASES ONLY.</b></p> <p style="margin: 0;">If there is already a (Cochise County) Probate case number and you are filing in an existing Superior Court case in Cochise County, <b>DO NOT SUBMIT THIS FORM</b></p>
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