

Arizona Superior Court, Pinal County

SV Cover Sheet

Pursuant to Rule 4.1 Superior Court Local Rules - Pinal County, please provide the following information. *(Type or print)*

CASE NUMBER SV- 2

ASSIGNED TO HON. _____

INITIATING AGENCY'S NAME and ADDRESS Name: Address: City/State/Zip: Telephone:	MINOR'S NAME Name: Address: City/State/Zip: Social Security Number: DOB:
PETITIONER'S NAME and ADDRESS Name: Address: City/State/Zip: Telephone:	PETITIONER'S ATTORNEY'S NAME and ADDRESS Name: State Bar #: Address: City/State/Zip: Telephone:

NATURE OF ACTION

Place an "X" next to the one which describe the nature of the case.

SEVERANCE

_____ SV1

Names of Additional Minors

Soc. Sec. #

Birth Dates of Additional Minors

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To the best of my knowledge, all information is true and correct

Attorney / ProPer Signature

NOTICE

Effective September 8, 1992 and pursuant to Pinal County Superior Court Administrative Order No. 92-15, the Superior Court requires that a "Cover Sheet", which categorizes the cause of action, accompany any new action filed with the Superior Court in Pinal County. For this purpose, this form has been developed. The cover sheet will result in increased accuracy of court records and statistics, and in reduced processing time for new case filings.

Forms will be made available at the Clerk of the Superior Court's Filing Counter.

PLEASE DO NOT INCLUDE THIS FORM WITH CASES WHICH HAVE ALREADY BEEN FILED. This form can only be processed **at the time of filing** New Complaints and Petitions.

Thank you for assisting us with our efforts to improve service. Rev 05-08-02