

PERSONAL INFORMATION FORM FOR UIFSA § 311 – TO BE FILED WITH A TRIBUNAL

Nondisclosure finding/affidavit attached

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form is filed with the petition or pleading and may be disclosed to the parties in the case, unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

NOTE:

This form sent through EDE

Section 1. Case Information:

Initiating jurisdiction name: AZ DCSS - SOUTH MCPA	Responding jurisdiction name:
Initiating IV-D case identifier: 001428730400	Responding IV-D case identifier:
Initiating tribunal number:	Responding tribunal number:

Section 2. Parent/Caretaker Information:

Parent <input checked="" type="checkbox"/> Obligee or <input type="checkbox"/> Obligor	Parent <input type="checkbox"/> Obligee or <input checked="" type="checkbox"/> Obligor
Legal name (first, middle, last) CUSTODIAL TEST TEST	Legal name (first, middle, last) NONCUSTODIAL ATLAS TEST
SSN: ___-__-____	SSN: ___-__-____
Home address (street, city, state, zip): 1901 W MADISON ST APT 00000 PHOENIX, AZ 85009-5287	Home address (street, city, state, zip): CALLE ROEENA HACIENDA LAS PALMAS #6 SAN LUIS, COLORADO MX
Caretaker – Obligee (when obligee is not the child(ren)'s parent)	
Legal name (first, middle, last):	
SSN:	
Home address (street, city, state, zip code)	

Section 3. Child(ren) Information:

Child #1 legal name (first, middle, last): CHILD TEST	
Child's address (street, city, state, zip code): 1901 W MADISON ST APT 00000 PHOENIX, AZ 85009-5287	
The child began residing in _____ (state) on _____ (month/year).	
Child's SSN: ___-__-____	Child's date of birth: 04/15/2010
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child #2 legal name (first, middle, last):	
Child's address (street, city, state, zip code):	
The child began residing in _____ (state) on _____ (month/year).	
Child's SSN:	Child's date of birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Child #3 legal name (first, middle, last):	
Child's address (street, city, state, zip code):	
The child began residing in ____ (state) on _____ (month/year).	
Child's SSN:	Child's date of birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Additional Child(ren) Information Attached

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

SAMPLE