ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address):	State Bar #:	FOR COURT USE ONLY
TELEPHONE NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Petitioner's name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULA	ARE	
☐ 221 S. Mooney Blvd., County Civic Center, Visalia,	CA 93291	
☐ 300 E. Olive Ave., Porterville, CA 93257		
IN THE MATTER OF:		
(No confidence of the confiden		
(Name of minor requesting to marry/establish a de	omestic partnership)	CACTANIAADED
REQUEST FOR MINOR MARRIAGE/ESTABLI	CH DOMESTIC	CASE NUMBER:
-		
PARTNERSHIP QUESTIONNAIRE (CONFI	DENTIAL)	

When a minor requests to marry or establish a domestic partnership, the law requires the Court to personally interview the minor requesting to marry, the minor's proposed spouse or domestic partner, and the minors' legal parents/guardians at the Family Court Services offices. The only exception to this rule is if the minor requesting to marry and the minor's proposed spouse or domestic partner are age 17 or older, and the minors have received a GED Certificate or High School diploma, then they do not need to be interviewed by Family Court Services and there will be no report completed. However, this questionnaire will still be completed and filed with your petition.

The assigned child custody recommending counselor (CCRC) will meet with each of the parties named above separately and will write a report and make recommendations to the Court as to whether the request is in the minor's best interest. A copy of the report will be mailed to the parties named above, including any attorneys of record, prior to the court hearing date.

This questionnaire will assist the counselor in preparing for your interview. It is important that the minor requesting to marry AND the minor's proposed spouse or domestic partner EACH complete this questionnaire honestly and fully. You will be required to sign this questionnaire under penalty of perjury, declaring that all information you have provided is true and correct. You will file this with your petition requesting to marry or establish a domestic partnership.

If you have any questions about filling out this form, please contact Family Court Services at 559-730-5000, Option 6.

	MIN	OR REQUESTING	G TO MARRY:
Minor's language n	proforonco:	ich Spanich	Other:
			vorced Widow/Widowed Reg. Domestic Partne
		_	:: Preferred Pronoun:
			Email:
			Special needs? YesNo
If you are not in sc	hool or have comple	eted school, how	are you supporting yourself financially?
Name of Presen	nt Employer:		How long have you worked there?
Who are you living v	vith currently?		
Name:	Age:	DOB:	Relationship to you:
Name:	Age:	DOB:	Relationship to you:
Name:	Age:	DOB:	Relationship to you:
Name:	Age:	DOB:	Relationship to you:
If No, where will you	reside and who will li	ive with you?	establish a domestic partnership?  Yes  No
Household men		DOB:	Relationship to you:
			Relationship to you:
			Relationship to you:
			Relationship to you:
Do you have a child/re	en with your propose	d spouse/domest	ic partner?  Yes  No
	Age:	DOB:	Where do they live?
Name:			

In the Matter of:

Case Number:

			Case Number:			
5. Do you have a child/ren	with someone else?	Yes No				
Name:	 Age:	DOB:	Where do they live?			
			Where do they live?			
			mestic partnership? Yes No			
If yes, when is the due of	date? Wh	here are you r	eceiving pre-natal care?			
			7. How long have you dated?			
3. Whose idea was it to ma	. Whose idea was it to marry/establish a domestic partnership?					
∂. Do <u>you</u> want to marry/es Why? 	stablish a domestic part	nership with	your proposed spouse/domestic partner?			
LO. Do your legal parents' o	consent to/support this	marriage/dor	mestic partnership?  Yes  No; Why?			
		-	establish a domestic partnership?			
12. What are your employr	ment and educational go	oals? rtnership cou				
13. Have you completed p	nent and educational go ore-martial/domestic par P Yes  No  Why or	rtnership cou				
12. What are your employn  13. Have you completed p  If no, do you intend to:  14. Do you or your parent	nent and educational go ore-martial/domestic par P Yes  No  Why or	rtnership cou r why not?	nseling? Yes  No  ase with Child Welfare Services? Yes  No			
13. Have you completed p  If no, do you intend to:  14. Do you or your parent  If yes, please explain as	re-martial/domestic pare? Yes No Why or	rtnership cour why not?	nseling? Yes  No  ase with Child Welfare Services? Yes  No			

In the Matter of:			Case Number:
			<u>'</u>
		•	orm that you would like the Court to be aware of or
consider? Yes No [	If yes, please expl	ain and attach an	y additional related documents:
	MINOR'S PROF	POSED SPOUSE (	DR DOMESTIC PARTNER:
Language preferenc	e: English S	panish 🗌 Othe	r:
Relationship status:	Single Marrie	ed Divorced	Widow/Widowed Reg. Domestic Partnership
l. Name:	A	ge: DOB	: Preferred Pronoun:
			Email:
Calacal		Grade:	Special people? Ves No
Scnooi:			Special needs? Yes No
			are you supporting yourself financially?
If you are not in sch	nool or have comple	eted school, how	
If you are not in sch  Name of Present Er  Note: Who are you living w	nool or have comple	eted school, how	are you supporting yourself financially?  How long have you worked there?
If you are not in sch  Name of Present Er  Note: Who are you living w	nool or have comple	eted school, how	are you supporting yourself financially?
If you are not in sch  Name of Present Er  Name:	nool or have comple  mployer:  ith currently?  Age:	eted school, how	are you supporting yourself financially?  How long have you worked there?
If you are not in sch  Name of Present Er  Name:	mployer:Age:Age:	DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:
If you are not in sch  Name of Present Er  Name:  Name:  Name:  Name:	mployer: Age: Age:	DOB:DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Relationship to you:
If you are not in sch  Name of Present Er  Name:  Name:  Name:  Name:  Name:	mployer: Age:	DOB: DOB: DOB: DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Relationship to you:  Relationship to you:
If you are not in sch  Name of Present Er  Name:  Name:  Name:  Name:  Name:	mployer:Age:	DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Relationship to you:  Relationship to you:  Relationship to you:
Name of Present Er  Name of Present Er  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:	mployer:Age:	DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Stablish a domestic partnership? Yes No
Name of Present Er  Name of Present Er  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:  Name:	mployer: Age:	DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Stablish a domestic partnership? Yes No
Name of Present Er  Name of Present Er  Name:  Name:  Name:  Name:  Name:  Address:  Household mem	mployer: Age: Age: Age: Age: bers:	DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Stablish a domestic partnership?  \[ \] Yes \[ \] No
If you are not in sch  Name of Present Er  Name:  Name:  Name:  Name:  Name:  Address:  Household mem  Name:	mployer: Age:	DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Relationship to you:  Relationship to you:  Relationship to you:  Stablish a domestic partnership?
If you are not in sch  Name of Present Er  Name:  Name:  Name:  Name:  Name:  Household mem  Name:  Name:  Name:	mployer: Age:	DOB:	are you supporting yourself financially?  How long have you worked there?  Relationship to you:  Relationship to you:  Relationship to you:  stablish a domestic partnership?

REQUEST FOR MINOR MARRIAGE/ESTABLISH DOMESTIC PARTNERSHIP QUESTIONNAIRE (CONFIDENTIAL)

			Case Number:
1. Do you have a child/ren	with your proposed	d spouse/domesti	ic partner? Yes No
•		•	Where do they live?
			Where do they live?
5. <b>Do you have a child/ren</b>			
Name:	Age:	DOB:	Where do they live?
Name:	Age:	DOB:	Where do they live?
6. Is pregnancy a reason fo	r the request to ma	rry/establish a do	omestic partner?
If yes, when is the due o	date?	Where are you	receiving pre-natal care?
7. How long have you know	wn each other?		7. How long have you dated?
B. Whose idea was it to ma	rry/establish a don	nestic partnership	9?
10 5			
10. Do your legal parents' o	consent to/support	this marriage/do	mestic partnership?  Yes  No; Why?
			mestic partnership?  Yes  No; Why?
11. If the Judge grants this	request, when do y	ou plan to marry,	
	request, when do y nent and education re-marital/domesti	ou plan to marry, nal goals? ic partnership cou	establish a domestic partnership?
11. If the Judge grants this 12. What are your employn  13. Have you completed p  If NO, do you intend to	request, when do ynent and education re-marital/domesti	ou plan to marry, al goals? ic partnership cou Why or why not?	establish a domestic partnership?
11. If the Judge grants this 12. What are your employn  13. Have you completed p  If NO, do you intend to	request, when do y nent and education re-marital/domesti ? Yes  No  V	ou plan to marry, all goals?  ic partnership cou  //hy or why not?  active or closed of	/establish a domestic partnership?

REQUEST FOR MINOR MARRIAGE/ESTABLISH DOMESTIC PARTNERSHIP QUESTIONNAIRE (CONFIDENTIAL)

In the Matter of:	Case Number:
15. Are there any safety issues that we need to be aware of protective orders, and/or restraining orders regarding If yes, please explain and attach any additional related a	you or your proposed spouse? Yes No No
16. Is there any additional information not requested on t	·
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS	S OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS
Executed in	, California, on
City	Date
Print name (Minor Requesting to Marry)	Signature
Print name (Proposed Spouse/Domestic Partner)	Signature