

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address): State Bar #: TELEPHONE NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Petitioner's name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE <input type="checkbox"/> 221 S. Mooney Blvd., County Civic Center, Visalia, CA 93291 <input type="checkbox"/> 300 E. Olive Ave., Porterville, CA 93257	
IN THE MATTER OF: _____ (Name of minor requesting to marry/establish a domestic partnership)	
REQUEST FOR MINOR MARRIAGE/ESTABLISH DOMESTIC PARTNERSHIP QUESTIONNAIRE (CONFIDENTIAL)	CASE NUMBER:

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.

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

In the Matter of:	Case Number:
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MINOR REQUESTING TO MARRY:

Minor's language preference: English Spanish Other: _____

Minor's relationship status: Single Married Divorced Widow/Widowed Reg. Domestic Partner

1. Name: _____ Age: _____ DOB: _____ Preferred Pronoun: _____
Address: _____ Email: _____
School: _____ Grade: _____ Special needs? Yes No
If you are not in school or have completed school, how are you supporting yourself financially?

Name of Present Employer: _____ How long have you worked there? _____

2. Who are you living with 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: _____

3. Is this where you intend to live once you are married/establish a domestic partnership? Yes No

If No, where will you reside and who will live with you?

Address: _____

Household members:

Name: _____ Age: _____ DOB: _____ Relationship to you: _____
Name: _____ Age: _____ DOB: _____ Relationship to you: _____
Name: _____ Age: _____ DOB: _____ Relationship to you: _____
Name: _____ Age: _____ DOB: _____ Relationship to you: _____

4. Do you have a child/ren with your proposed spouse/domestic partner? Yes No

Name: _____ Age: _____ DOB: _____ Where do they live? _____
Name: _____ Age: _____ DOB: _____ Where do they live? _____

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

In the Matter of:	Case Number:
-------------------	--------------

5. Do you have a child/ren with someone else? Yes No

Name: _____ Age: _____ DOB: _____ Where do they live? _____

Name: _____ Age: _____ DOB: _____ Where do they live? _____

6. Is pregnancy a reason for the request to marry/establish a domestic partnership? Yes No

If yes, when is the due date? _____ Where are you receiving pre-natal care? _____

7. How long have you known each other? _____ 7. How long have you dated? _____

8. Whose idea was it to marry/establish a domestic partnership? _____

9. Do you want to marry/establish a domestic partnership with your proposed spouse/domestic partner? Yes No

Why?

10. Do your legal parents' consent to/support this marriage/domestic partnership? Yes No; Why?

11. If the Judge grants this request, when do you plan to marry/establish a domestic partnership? _____

12. What are your employment and educational goals?

13. Have you completed pre-martial/domestic partnership counseling? Yes No

If no, do you intend to? Yes No Why or why not?

14. Do you or your parents currently have an active or closed case with Child Welfare Services? Yes No

If yes, please explain and attach any additional related documents:

15. Are there any safety issues that we need to be aware of including drug or alcohol abuse, child abuse, criminal protective orders, and/or restraining orders regarding you or your proposed spouse? Yes No

If yes, please explain and attach any additional related documents:

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-------------------	--------------

16. Is there any additional information not requested on this form that you would like the Court to be aware of or consider? Yes No If yes, please explain and attach any additional related documents:

MINOR'S PROPOSED SPOUSE OR DOMESTIC PARTNER:

Language preference: English Spanish Other: _____

Relationship status: Single Married Divorced Widow/Widowed Reg. Domestic Partnership

1. Name: _____ Age: _____ DOB: _____ Preferred Pronoun: _____

Address: _____ Email: _____

School: _____ Grade: _____ Special needs? Yes No

If you are not in school or have completed school, how are you supporting yourself financially?

Name of Present Employer: _____ How long have you worked there? _____

2. Who are you living with 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: _____

3. Is this where you intend to live once you are married/establish a domestic partnership? Yes No

If No, where will you reside and who will live with you?

Address: _____

Household members:

Name: _____ Age: _____ DOB: _____ Relationship to you: _____

Name: _____ Age: _____ DOB: _____ Relationship to you: _____

Name: _____ Age: _____ DOB: _____ Relationship to you: _____

Name: _____ Age: _____ DOB: _____ Relationship to you: _____

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

In the Matter of:	Case Number:
-------------------	--------------

4. Do you have a child/ren with your proposed spouse/domestic partner? Yes No

Name: _____ Age: _____ DOB: _____ Where do they live? _____

Name: _____ Age: _____ DOB: _____ Where do they live? _____

5. Do you have a child/ren with someone else? Yes No

Name: _____ Age: _____ DOB: _____ Where do they live? _____

Name: _____ Age: _____ DOB: _____ Where do they live? _____

6. Is pregnancy a reason for the request to marry/establish a domestic partner? Yes No

If yes, when is the due date? _____ Where are you receiving pre-natal care? _____

7. How long have you known each other? _____ 7. How long have you dated? _____

8. Whose idea was it to marry/establish a domestic partnership? _____

9. Do you want to marry/establish a domestic partnership with your proposed spouse/domestic partner? Yes No

Why?

10. Do your legal parents' consent to/support this marriage/domestic partnership? Yes No; *Why?*

11. If the Judge grants this request, when do you plan to marry/establish a domestic partnership? _____

12. What are your employment and educational goals?

13. Have you completed pre-marital/domestic partnership counseling? Yes No

If NO, do you intend to? Yes No *Why or why not?*

14. Do you or your parents currently have an active or closed case with Child Welfare Services? Yes No

If yes, please explain and attach any additional related documents:

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15. Are there any safety issues that we need to be aware of including drug or alcohol abuse, child abuse, criminal protective orders, and/or restraining orders regarding you or your proposed spouse? Yes No

If yes, please explain and attach any additional related documents:

16. Is there any additional information not requested on this form that you would like the Court to be aware of or consider? Yes No *If yes, please explain and attach any additional pertinent documents:*

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Executed in _____, California, on _____
City Date

Print name (Minor Requesting to Marry)

Signature

Print name (Proposed Spouse/Domestic Partner)

Signature