

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)	
CERTIFICATION OF PREMARITAL/ DOMESTIC PARTNERSHIP COUNSELING	CASE NUMBER: _____

Name of Minor Requesting Court Order: _____ DOB: _____ Age: _____

Name of Proposed Spouse/ Domestic Partner: _____ DOB: _____ Age: _____

The persons named above have received premarital/ domestic partnership counseling in the following areas: (Please check off that each area has been addressed in the counseling session/s)

<input type="checkbox"/>	Communication	<input type="checkbox"/>	Conflict Resolution	<input type="checkbox"/>	Sexual roles/responsibilities
<input type="checkbox"/>	Finances (including financial responsibility for children, support obligations for divorced or separated parents)	<input type="checkbox"/>	Parenting and Stepfamilies (including rearing of children, medical care, responsibilities of divorced or separated parents)	<input type="checkbox"/>	Commitment and Confidentiality
<input type="checkbox"/>	Marriage vs. Individual goals/expectations	<input type="checkbox"/>	In-laws	<input type="checkbox"/>	Religious and cultural differences

I, the undersigned, certify that the persons named above have discussed the above topics with me and have the basic knowledge to enter into matrimony/registered domestic partnership as required by state law (Family Code Section 297.1, 302-304 and California Rules of Court, Rule 5.448).

Date: _____

Signed by: _____

Title: _____ License: _____

Printed Name: _____

Address: _____

Email: _____

Court Use Only: Verified by CCRC: _____

Contact Number: _____