



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY COURT SERVICES (FCS) QUESTIONNAIRE REGARDING APPLICATION FOR PERMISSION FOR MINOR(S) TO MARRY OR ESTABLISH DOMESTIC PARTNERSHIP

FOR COURT USE ONLY

Case Name _____ FCS Date _____ Time _____
 Case No. _____ Next Court Date _____ Dept. _____
 Language Interpretation Request for FCS Appointment Yes No If yes, specify language _____

Each party seeking marriage permission must separately complete this questionnaire and submit to juvenile court upon filing SDSC JUV-066a Application for Permission for Minor(s) to Marry or Establish Domestic Partnership. Your FCS appointment will not be set until both parties have completed and submitted this form.

I. PARTIES ON APPLICATION FOR PERMISSION FOR MINOR(S) TO MARRY OR ESTABLISH DOMESTIC PARTNERSHIP

Party 1. Full Legal Name: _____ AKA or Maiden Name: _____
 Address: _____
Street Apt. City State Zip Code
 Telephone Numbers: Home (____) _____ Work (____) _____
 Last Four Digits of Social Security Number: xxx-xx ____ Birth Date: ____/____/____ Place of Birth: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No

Party 2. Full Legal Name: _____ AKA or Maiden Name: _____
 Address: _____
Street Apt. City State Zip Code
 Telephone Numbers: Home (____) _____ Work (____) _____
 Last Four Digits of Social Security Number: xxx-xx ____ Birth Date: ____/____/____ Place of Birth: _____
 Driver License Number: _____ State: _____ Currently Valid: Yes No

Month and Year Parties Met: _____ Date Planned for Marriage or Domestic Partnership: _____

Has the decision to marry or establish a domestic partnership been made of your own free will? Yes No
If no, please explain: _____

Describe reason for minor marriage/domestic partnership permission request: _____

Complete information below on your child(ren) or Not Applicable

	First	Middle	Last Name	Date of Birth	Place of Birth	Party with whom residing
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Section II to be completed if party is a minor. If party completing form is over age 18, proceed to Section III.

II. PARENT(S)/LEGAL GUARDIAN(S) OF MINOR(S): (Full legal names) If one of the natural parents has died, please mark "deceased" for that person's address and add the date of death, if known.

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Last Four Digits of Social Security Number: xxx-xx ____ Birth Date: ____/____/____ Place of Birth: _____

Relationship to Minor Party: Mother Father Legal Guardian Other: _____

Mark box below to indicate this parent/guardian's attitude about your proposed marriage/domestic partnership:

Supportive Neutral Strongly Opposed Attitude Unknown

2. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Last Four Digits of Social Security Number: xxx-xx ____ Birth Date: ____/____/____ Place of Birth: _____

Relationship to Minor Party: Mother Father Legal Guardian Other: _____

Mark box below to indicate this parent/guardian's attitude about your proposed marriage/domestic partnership:

Supportive Neutral Strongly Opposed Attitude Unknown

3. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Last Four Digits of Social Security Number: xxx-xx ____ Birth Date: ____/____/____ Place of Birth: _____

Relationship to Minor Party: Mother Father Legal Guardian Other: _____

Mark box below to indicate this parent/guardian's attitude about your proposed marriage/domestic partnership:

Supportive Neutral Strongly Opposed Attitude Unknown

4. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip Code

Telephone Numbers: Home (____) _____ Work (____) _____

Last Four Digits of Social Security Number: xxx-xx ____ Birth Date: ____/____/____ Place of Birth: _____

Relationship to Minor Party: Mother Father Legal Guardian Other: _____

Mark box below to indicate this parent/guardian's attitude about your proposed marriage/domestic partnership:

Supportive Neutral Strongly Opposed Attitude Unknown

Attorney for: _____ or Not Applicable
Name of Party

Attorney Name: _____ Tel. No.: (____) _____

Address: _____
Street Ste. City State Zip Code

III. LAW ENFORCEMENT AND CHILD WELFARE INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes No If yes, has written approval from officer been obtained? Yes No

Parole or Probation Officer's Name: _____ Tel. No.: (____) _____

Are there allegations of verbal intimidation or threats between you and prospective spouse/partner? Yes No

Has there been physical violence between you and prospective spouse/partner? Yes No

If yes, how long ago? 0 – 6 mos. 6 mos. – 1 yr. 1 yr. or more

Has law enforcement been involved? Yes No Provide details: _____

Have you or anyone living in your home ever been accused of or been a victim of child abuse or child molestation?

Yes No If yes, please explain: _____

Are you a ward or dependent child of Juvenile Court? Yes No

IV. YOUR EDUCATION:

Highest Grade Completed: _____ Graduated High School Yes No Year: _____

License(s) or Credential(s) Received: _____

College Degree(s) Received: _____

V. YOUR EMPLOYMENT:

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Telephone Number: _____

VI. YOUR HEALTH:

Name of your health insurance plan: _____

Are you taking any medication? Yes No

If yes, what kind and for what reason(s)? _____

Are you pregnant? Yes No Not Applicable

Describe any special health concerns: _____

Have you ever had any problem with the following?

Alcohol: Yes No Drugs: Yes No Mental/Emotional Problems: Yes No

If yes, what is your current condition regarding this problem? (*Bring proof of treatment to interview*)

VII. HOUSING AND FINANCES:

Residence:

The home you and your prospective spouse/domestic partner will live in is: owned rented

Monthly Cost: \$ _____ Expenses paid by: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Approximate Size: _____ sq. ft.

List other parties living in your household after the marriage/domestic partnership:

Name	Birth Date	Relationship	Supportive of Marriage
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Income: List source(s) of household income and amount(s).

	<u>Income Source</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other Assets: List your other major assets or real property such as car, bank accounts, house.

	<u>Asset</u>	<u>Value</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Debts: List your debts and amounts owed.

	<u>Money Owed to:</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

I declare under penalty of perjury under the laws of the State of California that all of the information I have submitted in this _____ FCS Questionnaire is true and correct.

Date: _____

Type or print name

Signature