



# 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