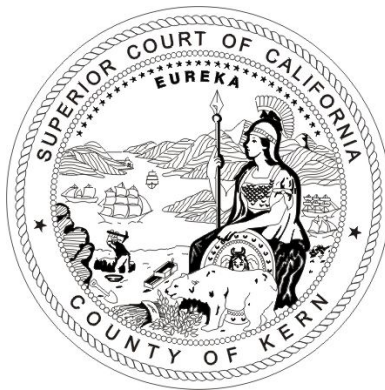


The Superior Court of
California, County of Kern



Family Court Services
1215 Truxtun Ave., 3rd Floor
Bakersfield, CA 93301
Telephone: (661) 868-4530
Facsimile: (661) 868-7955

MINOR(S) MARRIAGE QUESTIONNAIRE

INSTRUCTIONS:

California law requires a person under 18 years of age to obtain consent from at least one parent or guardian and permission in the form of a court order. Granting permission for a minor to marry is entirely within the discretion of the court.

At the time the parties file the Application for Permission to Marry with the court, each party must separately complete and submit this questionnaire. The questionnaire is to be submitted to Family Court Services (FCS) within 10 days of filing the petition. An appointment for an interview with Family Court Services will be scheduled for the parties and for the consenting parent(s) or guardian(s) of the minor(s) at:

Superior Court, County of Kern
Family Court Services
1215 Truxtun Avenue
3rd Floor, Room 301
Bakersfield, California 93301

The parties and the consenting parent(s)/guardian(s) will be interviewed individually for this evaluation.

Attendance at the interview is mandatory pursuant to Family Code § 302, 303, 304. Parties who meet the criteria set forth in Family Code § 304(F)(1) and/or (2) may be exempt from the interviews. Parties who are interviewed must furnish:

1. Copies of the minor's birth certificate;
2. Diploma or GED (if achieved); and
3. Proof of divorce or annulment from past marriages or domestic partnership.

A confidential report with a recommendation to either grant or deny the petition for the minor(s) to marry will be filed with the court upon completion of this investigation.

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Please note that the process of evaluating minor(s) marriage is confidential. Information about your case will only be shared with those authorized to receive this information, which includes the court. The investigator is required by law to report a (1) reasonable suspicion of child abuse or neglect, and (2) if any parties (including the children) present a danger to self or others, to the Department of Human Services or law enforcement.

DATE:

CASE NAME:

CASE NUMBER:

MINOR(S) MARRIAGE EVALUATION INTAKE QUESTIONNAIRE

I. PARTIES ON APPLICATION FOR PERMISSION FOR MINOR(S) TO MARRY

Your Name: _____ DOB: _____ Age: _____
(First) (Middle) (Last)

Place of birth: _____ Driver License Number: _____ State: _____

Current Address: _____
City: _____ State: _____ Zip Code: _____

How long have you lived at this address? _____

Phone: () _____ What language do you prefer to speak? _____

Do you have any children? Yes No

If yes, how many? _____ Where do they live? _____

Please list:

Name: _____ Date of Birth: _____ Place of Birth: _____

Name: _____ Date of Birth: _____ Place of Birth: _____

Has the decision to marry been your own free will? Yes No

If no, please explain: _____

Why do you want to get married? _____

Are you emancipated? Yes No

If yes, what is the date and county of your emancipation? _____

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Have you ever been married? Yes No

If yes, what is the date you married: _____ Date divorced: _____

What was the age of your previous spouse at the time you married? _____

Why did your marriage end? _____

How did you and your proposed spouse meet? _____

When did you and proposed spouse meet? _____

How long have you been in your current relationship? _____

Have you and your proposed spouse attended pre-marital counseling together?

Yes No

Do you or your proposed spouse live together? Yes No

If no, what your living arrangements for the future? _____

Has there been any incidents of domestic violence between you and your proposed spouse (including emotional, verbal, financial, physical)? If yes, please explain: _____

How do you handle disagreements between you and your proposed spouse?

What do you and your proposed spouse argue about? _____

How are decisions made between you and your proposed spouse? _____

How does your parent or guardian feel about the proposed marriage? _____

Attorney for: _____ or Not Applicable

Name of Party

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

Address: _____

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II. YOUR EDUCATION:

Are you currently enrolled in school? Yes No

If yes, name of school: _____

Do you have a High School Diploma, GED or high school equivalency? Yes No

If yes, when did you graduate: ____ If no, what is the highest grade you completed: _____

Reason for leaving school: _____

Do you have plans for future education or training? Yes No

If yes, please explain: _____

Have you require any special accommodations? Yes No If yes, please explain: _____

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

III. YOUR EMPLOYMENT:

Name of Employer: _____ Work Location: _____

Occupation: _____ Length of Employment: _____ Salary: _____

Work Schedule (Days/Times): _____ Day(s) Off: _____

Supervisor's Name, Address, and Telephone Number: _____

IV. YOUR HEALTH:

Are you pregnant? Yes No

If yes, what is your expected due date? _____

Have you or your proposed spouse been diagnosed with a medical condition? Yes No

If yes, please explain: _____

Have you or your proposed spouse been diagnosed with a mental health condition?

Yes No If yes, please explain: _____

Have you or your proposed spouse been hospitalized for psychiatric reasons? Yes No

If yes, please explain: _____

Are you taking medication? Yes No

If yes, please explain (name of medication and what it is prescribed for): _____

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Do you or your proposed spouse consume drugs (including Marijuana) or alcohol?

Yes No If yes, please explain: _____

Have you attended or are you attending counseling? Yes No

If yes, please explain: _____

Have you been diagnosed with a disability of which you are receiving services with the Regional Center or accommodations in your education or place of employment? Yes No

If yes, please explain: _____

V. LAW ENFORCEMENT AND CHILD WELFARE INFORMATION:

Are you or have you been involved with the Juvenile Dependency Court or Child Protective Services?

Yes No

If yes, please explain: _____

Social Service Worker Name: _____

Phone: _____ County: _____

Have you or your proposed spouse ever been convicted of a crime or been involved in Juvenile Delinquency (criminal) Court? Yes No

If yes, please explain: _____

Probation/Parole Officer Name: _____

Phone: _____ County: _____

VI. 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.

Your Parent's

Name: _____ DOB: _____ Age: _____
(First) (Middle) (Last)

Current Address: _____

City: _____ State: _____ Zip Code: _____

Mark the box below to indicate this parent's attitude about your proposed marriage:

Supportive Neutral Strongly Opposed Attitude Unknown

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Your Alternate

Parent's Name: _____ DOB: _____ Age: _____
(First) (Middle) (Last)

Current Address: _____
 City: _____ State: _____ Zip Code: _____

Mark the box below to indicate this parent's attitude about your proposed marriage:
 Supportive Neutral Strongly Opposed Attitude Unknown

Your Guardian's

Name: _____ DOB: _____ Age: _____
(First) (Middle) (Last)

Current Address: _____
 City: _____ State: _____ Zip Code: _____

Mark the box below to indicate this parent's attitude about your proposed marriage:
 Supportive Neutral Strongly Opposed Attitude Unknown

VII. HOUSING AND FINANCES:

The home you and your proposed spouse will live in is: owned rented

Monthly cost: \$ _____ Expenses paid by: _____

Number of bedrooms: _____ Number of bathrooms: _____ Approximate Size: _____ sq. ft.

LIST ALL PERSONS LIVING IN YOUR HOME (do not include yourself)

Name	Date of Birth	Age	Relationship to you

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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 a car, bank accounts, house.*

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

Debts: *List your other 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

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Minor(s) Marriage or Domestic Partnership Evaluation

California law requires a person under 18 years of age to obtain consent from at least one parent or guardian and permission in the form of a court order. Granting permission for a minor to marry or establish a domestic partnership is entirely within the discretion of the court.

1) Evaluation Procedures

A Family Court Services' Investigator will be gathering information from many sources, including but not limited to, law enforcement, financial documents, public agencies, child protective services, schools, driving records, and personal observations of you, and others involved in this case. Each of the parties intending to marry will be interviewed separately. If more than one parent or guardian is interviewed, the parent or guardian shall be interviewed separately.

We will not use psychological testing in our evaluation. We will talk to people whose opinions and information are relevant to this case. We will also ask you to sign a release of information form, which will provide us with access to medical, school, legal, and other information related to the issues under investigation. These releases will give permission to others to provide necessary information to us.

2) Collateral Sources

We will generally contact those professionals with whom you have worked and who can give us necessary information about you or others involved in the case. Generally, these collateral sources might include school staff, law enforcement officers, pediatricians and other medical doctors and therapists. We can also include others as well. It is rare for us to interview all collateral parties that are suggested. We usually only contact those professional collateral sources who we believe will add information to the evaluation. If you have one or two collateral sources that you believe are crucial to our evaluation, please let us know. Please note that we will inform sources that the content of all interviews may be included in our written evaluation report, and we may be required to testify about these interviews in Court. We reserve the right to contact any of those persons if we need clarification of any written information given to us.

3) Confidentiality

Please note that the process of evaluating minor(s) marriage is confidential. Information about your case will only be shared with those authorized to receive this information, which includes the court. The investigator is required by law to report (1) if a reasonable suspicion of child abuse or neglect, or (2) whether any parties (including the children) present a danger to self or others, to the Department of Human Services or law enforcement.

4) Fees

Family Court Services does not charge any fees for this evaluation.

5) Recommendations

A written report will be prepared and submitted to the Court. Based on the interview, the report will address any information pertaining to potential force, threat, persuasion, fraud, coercion, or duress by

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either of the parties or their family members relating to the intended marriage. Only the court is authorized to receive this information.

7) Concerns

If you have concerns or questions regarding the investigation in your case, you may contact Patricia Arredondo, Manager of Family Court Services at 1215 Truxtun Avenue, 3rd Floor, Bakersfield, CA 93301, (661) 868-4530.

8) Change in Information

It is your responsibility to keep us informed of any changes to your address or phone number. Failure to do so may result in the closing of the investigation.