

The Superior Court of
California, County of Santa Barbara

Family Court Services
312 E. Cook Street, Bldg. E
Santa Maria, CA 93454
Telephone: (805) 614-6429
Facsimile: (805) 614-6459



MINOR MARRIAGE/DOMESTIC PARTNERSHIP QUESTIONNAIRE

INSTRUCTIONS:

When a minor files a Judicial Council of California form FL-910 with the court (Request of Minor to Marry or Establish a Domestic Partnership), California law requires that Family Court Services investigate the matter (unless the minors involved are 17 and have a high school diploma or high school equivalency certificate). **Upon submitting the FL-910 form to the court, the minor and their proposed spouse/domestic partner must each complete the enclosed questionnaire and submit it to Family Court Services (FCS) within 10 business days.**

Once Family Court Services receives the completed questionnaire, they will reach out to schedule an interview of the minor, the minor's proposed spouse/domestic partner and any of the consenting parents or guardians. All parties will be interviewed separately. Attendance at the interview is mandatory pursuant to Family Code § 304.

Family Court Services may choose to contact collateral sources, such as therapists, during their investigation as well. If this does occur, parties will be asked to complete any necessary release of information forms at the time of their appointment.

Family Court Services will file a confidential report with a recommendation to either grant or deny the petition for the minor to marry/establish a domestic partnership upon completion of their investigation. The report will only be shared with the court (or other parties authorized by the court). While the investigation process is confidential, the Family Court Services investigator is required by law to report suspected abuse or neglect of a minor, elder or dependent adult, or a person's intent to seriously harm themselves or others, to the local child protection, adult protection or law enforcement agency.

The minor and their proposed spouse/domestic partner must each furnish the following documents to Family Court Services at the time of the interview:

- Original or certified copy of their birth certificate
- Valid California Driver's License, Photo Identification Card, Passport or Current Student ID

The minor and their proposed spouse/domestic partner must also each furnish Family Court Services with any of the following documents that are applicable at the time of the interview:

- High School Diploma or equivalency (GED)
- School report card or transcripts
- Verification of pre-marital counseling which includes the counselor's license number, professional recommendation, the topics covered in the pre-marital counseling and any areas of growth emphasized
- Verification of pregnancy with the physician's signature
- If the couple has had a child, a certified copy of the child's birth certificate
- Verification of employment and proof of earnings
- If either the minor or their proposed spouse/domestic partner has been previously married, a certified copy of the Dissolution of Marriage, Annulment, Termination of Domestic Partnership, or Death Certificate of former spouse needs to be submitted

The consenting parents/legal guardians must furnish the following documents to Family Court Services at the time of the interview:

- Valid California Driver's License, Photo Identification Card or Passport
- If a legal guardian is giving consent, Letters of the Guardianship must be provided as proof of guardianship
- Copies of any court order granting one of the minor(s)' parents Sole Legal Custody (if applicable)

Note: If either the minor and/or their proposed spouse/domestic partner are a ward of the court (juvenile dependency), Family Court Services must be notified and furnished proof.

The MINOR MARRIAGE/DOMESTIC PARTNERSHIP QUESTIONNAIRE commences on the following page of this document. There is one copy for the minor who filed the application to complete and one copy for their proposed spouse/domestic partner to complete. They should be completed and turned in to Family Court Services by each party separately:

MINOR MARRIAGE/DOMESTIC PARTNERSHIP QUESTIONNAIRE

MINOR WHO FILED THE APPLICATION TO MARRY/ENTER INTO A DOMESTIC PARTMNSHIP TO COMPLETE:

I. BACKGROUND INFORMATION:

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

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

Current Street 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: _____

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

Has the decision to marry been of 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? _____

Have you ever been married or entered into a domestic partnership? Yes No

If yes, what is the date you married/entered into a domestic partnership : _____

Date Divorced: _____

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

Why did your marriage/domestic partnership end? _____

How did you and your proposed spouse/domestic partner meet? _____

When did you and your proposed spouse/domestic partner meet? _____

How long have you been in your current relationship? _____

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

Yes No

Do you or your proposed spouse/domestic partner live together? Yes No

If no, what are your living arrangement plans for the future? _____

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

How do you handle disagreements between you and your proposed spouse/domestic partner?

What do you and your proposed spouse/domestic partner argue about?

How are decisions made between you and your proposed spouse/domestic partner?

How does your parent or guardian feel about the proposed marriage/domestic partnership?

Do you have an attorney? Yes No

If yes, who is your attorney? _____

Phone number: _____

I. 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: _____

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

II. 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:

III. YOUR HEALTH:

Are you pregnant? Yes No

If yes, what is your expected due date? _____

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

If yes, please explain: _____

Have you or your proposed spouse/domestic partner been diagnosed with a mental health condition?
 Yes No

If yes, please explain: _____

Have you or your proposed spouse/domestic partner 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):

Do you or your proposed spouse/domestic partner 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: _____

IV. 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 Worker's Name: _____

Phone: _____ County: _____

Have you or your proposed spouse/domestic partner 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: _____

V. PARENT(S)/LEGAL GUARDIAN(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.

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

Your Parent's Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

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

Your Parent's Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

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

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

Co-Guardian's Name: _____ DOB: _____ Age: _____
(First) (Middle) (Last)

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

VI. HOUSING AND FINANCES:

The home you and your proposed 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 ALL PERSONS LIVING IN YOUR HOME (do not include yourself)

Name	Date of Birth	Age	Relationship to you

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

MINOR MARRIAGE/DOMESTIC PARTNERSHIP QUESTIONNAIRE

PROPOSED SPOUSE/DOMESTIC PARTNER TO COMPLETE:

II. BACKGROUND INFORMATION:

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

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

Current Street 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: _____

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

Has the decision to marry been of 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? _____

Have you ever been married or entered into a domestic partnership? Yes No

If yes, what is the date you married/entered into a domestic partnership : _____

Date Divorced: _____

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

Why did your marriage/domestic partnership end? _____

How did you and your proposed spouse/domestic partner meet? _____

When did you and your proposed spouse/domestic partner meet? _____

How long have you been in your current relationship? _____

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

Yes No

Do you or your proposed spouse/domestic partner live together? Yes No

If no, what are your living arrangement plans for the future? _____

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

How do you handle disagreements between you and your proposed spouse/domestic partner?

What do you and your proposed spouse/domestic partner argue about?

How are decisions made between you and your proposed spouse/domestic partner?

How does your parent or guardian feel about the proposed marriage/domestic partnership?

Do you have an attorney? Yes No

If yes, who is your attorney? _____

Phone number: _____

VII. 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: _____

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

VIII. 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:

IX. YOUR HEALTH:

Are you pregnant? Yes No

If yes, what is your expected due date? _____

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

If yes, please explain: _____

Have you or your proposed spouse/domestic partner been diagnosed with a mental health condition?
 Yes No

If yes, please explain: _____

Have you or your proposed spouse/domestic partner 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):

Do you or your proposed spouse/domestic partner 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: _____

X. 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 Worker's Name: _____

Phone: _____ County: _____

Have you or your proposed spouse/domestic partner 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: _____

XI. PARENT(S)/LEGAL GUARDIAN(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.

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

Your Parent's Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

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

Your Parent's Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

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

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

Co-Guardian's Name: _____ DOB: _____ Age: _____
(First) (Middle) (Last)

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Supportive Neutral Strongly Opposed Attitude Unknown

XII. HOUSING AND FINANCES:

The home you and your proposed 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 ALL PERSONS LIVING IN YOUR HOME (do not include yourself)

Name	Date of Birth	Age	Relationship to you

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

	<u>Income Source</u>	<u>Amount</u>
4.		
5.		
6.		

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