

Marriage or Domestic Partnership of Minor Request

Unless the MINOR requesting to Marry, or Establish a Domestic Partnership is age 17 AND has a high school diploma or high school equivalency certificate, the law requires that Family Court Services investigate the matter.

Please bring the following with you to set your interview appointment:

- Completed Family Court Services questionnaire (attached/on public website)
- Certified copy of birth certificate of each party requesting to marry/establish partnership
- Two types of picture I.D. (i.e. driver's license, passport, student I.D., bank card, etc.) for each party requesting to marry/establish partnership
- Form FL-912 for each minor if not already in the court file
- If employed, a letter from each party's employer regarding salary, work habits, and time employed
- A letter from any pre-marital counselor verifying number of sessions attended and general content of the sessions
- Copies of any court order placing the minor in the guardianship of an adult
- Copies of any court order granting one of the minor(s)' parents Sole Legal Custody
- Copies of any court order placing the minor(s) as a ward of the court/juvenile dependent
- Proof of a Positive Pregnancy from a licensed medical facility/doctor

The following persons must be present for a separate interview by Family Court Services:

- The minor requesting to Marry/Establish a Domestic Partnership
- The party to whom the minor is requesting to Marry/Establish a Domestic Partnership
- All parents of each minor wishing to marry, unless a parent has been absent in the minor(s)' life for more than one year
- (Optional) Parent(s) of a non-minor party of the case

Marriage or Domestic Partnership of Minor Questionnaire

Minor fills out:

Name _____ Date of Birth _____ Age _____

Have you been to premarital counseling? YES NO

Have you been in any type of counseling or support group in the last five years? YES NO

Name of counselor _____ Tel #: _____

Email address _____ Fax #: _____

Name of counselor _____ Tel #: _____

Email address _____ Fax #: _____

Name of counselor _____ Tel #: _____

Email address _____ Fax #: _____

I, _____, and _____, give consent for the

PRINT FULL LEGAL NAME OF MINOR

PRINT FULL LEGAL NAME OF MINOR'S PARENT

Family Court Services counselor to speak to the professionals named above concerning information relevant to the evaluation of my petition to marry/establish a domestic partnership as a minor.

SIGNATURE OF MINOR

SIGNATURE OF MINOR'S PARENT OR GUARDIAN

DATE

Proposed Spouse/Domestic Partner fills out:

Name _____ Date of Birth _____ Age _____

Have you been to premarital counseling? YES NO

Have you been in any type of counseling or support group in the last five years? YES NO

Name of counselor _____ Tel #: _____

Email address _____ Fax #: _____

Name of counselor _____ Tel #: _____

Email address _____ Fax #: _____

Name of counselor _____ Tel #: _____

Email address _____ Fax #: _____

I, _____, and _____, give consent for the

PRINT FULL LEGAL NAME OF PARTNER

PRINT FULL LEGAL NAME OF PARTNER'S PARENT (IF A MINOR)

Family Court Services counselor to speak to the professionals named above concerning information relevant to the evaluation of the petition to marry/establish a domestic partnership.

SIGNATURE OF PROPOSED PARTNER

SIGNATURE OF PARTNER'S PARENT OR GUARDIAN

DATE