

THERE WILL BE NO REFUNDS OR EXCHANGES ON SUPERIOR COURT FORMS OR PACKETS



SUPERIOR COURT OF CALIFORNIA
County of Kings
1640 Kings County Drive, Hanford, CA 93230
(559) 582-1010

JUDICIAL CONSENT TO MARRY PACKET (UNDERAGE MARRIAGE)



Online Assistance: www.courts.ca.gov/selfhelp.htm
The California Courts Self-Help Center

E-file California: <https://www.kings.courts.ca.gov/online-services/online-case-filing>

Kings County Superior Court: www.kings.courts.ca.gov

Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET	
Application for Judicial Consent to Marry	Optional Local Form
Declaration of Premarital Counseling	Optional Local Form
Consent to Marriage	Optional Local Form
Filing Fee: <ul style="list-style-type: none">• Application for Judicial Consent to Marry	\$200.00



In the Superior Court of the State of California
In and for the County of Kings
 1640 Kings County Drive
 Hanford, CA 93230

(local form)

For Court Use Only

**APPLICATION FOR JUDICIAL
 CONSENT TO MARRY**

Case Number: _____

Answer all questions completely and accurately. Application may be typed or legibly printed in blue or black ink.

PERSONAL INFORMATION ON APPLICANT:

Name of applicant:

(first)

(middle)

(last)

Address of applicant:

(street)

(city)

(state)

(zip code)

Home telephone number:

()

Work telephone number:

() ext.

Message number:

()

Date of birth:

/ /

Age:

Place of birth (city & state):

Social security number:

- -

INFORMATION ON PARENTS/LEGAL GUARDIANS:

Name of father:

Telephone number:

()

(first)

(middle)

(last)

Address of father (if different from yours):

(street)

(city)

(state)

(zip code)

Name of mother:

Telephone number:

()

(first)

(middle)

(last)

Address of mother (if different from yours):

(street)

(city)

(state)

(zip code)

Name of legal guardian:		Telephone number:	
(first)	(middle)	(last)	()
Address of legal guardian (if different from yours):			
(street)	(city)	(state)	(zip code)
EDUCATION:			
Name and place of school you are presently attending:			
Date last attended:		Present or highest grade completed:	
/	/		
WORK / OCCUPATION:			
Present occupation job title:		Type of work performed:	
Employed by (name of firm):		Date employment began:	
		/ /	
Address of employer:			
(street)	(city)	(state)	(zip code)
Name of Supervisor/Manager:		Telephone number:	
		()	
Gross (monthly) salary:		Net (monthly) take home:	
\$		\$	
QUESTIONS:			
Are your parents/legal guardians freely giving their consent to your marriage?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Is there a pregnancy involved?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, has a doctor verified this pregnancy?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, a written verification by a qualified physician shall be completed and attached, with the anticipated due date of that fact)			
Do your parents/legal guardians know of this situation?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you attended Premarital Counseling?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, a completed Declaration of Premarital Counseling form must be attached)			
If yes, who have you seen for counseling?		Telephone number:	
(specify name)		()	

Dated on: ___ / ___ / ___

➤ _____
(Signature of applicant)



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**APPLICATION FOR JUDICIAL
 CONSENT TO MARRY**

Case Number: _____

Answer all questions completely and accurately. Application may be typed or legibly printed in blue or black ink.

PERSONAL INFORMATION ON APPLICANT:

Name of applicant:

 (first) (middle) (last)

Address of applicant:

 (street) (city) (state) (zip code)

Home telephone number: ()	Work telephone number: () ext.	Message number: ()
Date of birth: / /	Age:	Place of birth (city & state):
		Social security number: - -

INFORMATION ON PARENTS/LEGAL GUARDIANS:

Name of father:

 (first) (middle) (last)

Telephone number:
 ()

Address of father (if different from yours):

 (street) (city) (state) (zip code)

Name of mother:

 (first) (middle) (last)

Telephone number:
 ()

Address of mother (if different from yours):

 (street) (city) (state) (zip code)

Name of legal guardian:	Telephone number: ()
(first) (middle) (last)	

Address of legal guardian (if different from yours):

(street) (city) (state) (zip code)

EDUCATION:

Name and place of school you are presently attending:

Date last attended: / /	Present or highest grade completed:
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WORK / OCCUPATION:

Present occupation job title:	Type of work performed:
Employed by (name of firm):	Date employment began: / /
Address of employer:	
(street) (city) (state) (zip code)	

Name of Supervisor/Manager:	Telephone number: ()
Gross (monthly) salary: \$	Net (monthly) take home: \$

QUESTIONS:

Are your parents/legal guardians freely giving their consent to your marriage?
 No Yes

Is there a pregnancy involved?
 No Yes

If yes, has a doctor verified this pregnancy?
 No Yes (If yes, a written verification by a qualified physician shall be completed and attached, with the anticipated due date of that fact)

Do your parents/legal guardians know of this situation?
 No Yes

Have you attended Premarital Counseling?
 No Yes (If yes, a completed Declaration of Premarital Counseling form must be attached)

If yes, who have you seen for counseling? (specify name)	Telephone number: ()
-------------------------------------------------------------	-----------------------------

Dated on: ____/____/____ ➤ _____
(Signature of applicant)



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DECLARATION OF PREMARITAL COUNSELING

INSTRUCTIONS TO COUNSELOR: Please type or print legibly.

Name of counselor:		Title:
Address: <i>(street)</i> <i>(city)</i> <i>(state)</i> <i>(zip code)</i>		Telephone number: ()
Name of male applicant: <i>(first)</i> <i>(middle)</i> <i>(last)</i>		
Address of male applicant: <i>(street)</i> <i>(city)</i> <i>(state)</i> <i>(zip code)</i>		
Age:	Home telephone number: ()	Message telephone number: ()
Name of female applicant: <i>(first)</i> <i>(middle)</i> <i>(last)</i>		
Address of female applicant: <i>(street)</i> <i>(city)</i> <i>(state)</i> <i>(zip code)</i>		
Age:	Home telephone number: ()	Message telephone number: ()
Comments of couple's readiness for marriage: 		

The above-stated applicants have received no less than three (3) hours of premarital counseling in at least two (2) counseling sessions concerning social, economic, and personal responsibilities incidental to marriage by the undersigned and have, in my opinion, the basic knowledge necessary to enter into matrimony as required by California State Law (Family Code Section 304).

Dated on: ___ / ___ / ___

➤ _____
(Signature of Counselor)



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CONSENT TO MARRIAGE

In the matter of the petition of:

_____ and



Case Number: _____

I, _____, residing
(print name of parent or legal guardian of minor)

at: _____, _____, _____, _____
(street) (city) (state) (zip code)

am the _____ of minor: _____
(mother, father, or legal guardian) (first) (middle) (last)

and do hereby consent to the issuance of a license for minor: _____
(first) (middle) (last)

marriage to: _____ and I hereby swear that
(first) (middle) (last)

the said minor was born on: _____, _____, _____
(date of birth) (city) (state)

(date)

> _____
*signature of parent or legal guardian
(must be signed in front of the Civil Investigator)*

Subscribed and sworn to before me:

(date)

(title)

> _____
(Official Administering Oath)