

Office use only



THE CATHOLIC DIOCESE
of
PENSACOLA-TALLAHASSEE

Tribunal
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FORMAL CASE - PRELIMINARY TESTIMONY

(Yourself) Petitioner	Basic Information	(Your Ex-Spouse) Respondent or Co-Petitioner
A1	Present Name	B1
A2	Full Name (maiden)	B2
A3	Street Number (with Apartment #)	B3
A4	City and State	B4
A5	Zip Code	B5
A6	Daytime Phone	B6
A7	Other Phone (optional)	B7
A8	Email (print clearly if not typed)	B8
A9	Occupation	B9
A10	Date of Birth (mm/dd/yyyy)	B10
A11	Place of Birth	B11
A12	Present Religion (denomination)	B12
A13	Previous Religion (if applicable)	B13
A14	Date of Baptism (mm/dd/yyyy)	B14
A15	Parish of Baptism and Denomination	B15
A16	Church Address (for place of baptism or reception into the Catholic Church)	B16
A17	Father's name	B17
A18	Father's religion	B18
A19	Mother's (maiden) name	B19
A20	Mother's religion	B20

Courtship/Dating	
C1 Date (approximate) when you and your ex-spouse met:	
C2 Date (approximate) when you and your ex-spouse began dating:	
C3 Date (approximate) when you and your ex-spouse became engaged:	

The Wedding	
D1 Date of Marriage (mm/dd/yyyy):	
D2 Place of Marriage: <i>(name, address, and denomination of church or other location)</i>	
D3 Ages at time of wedding:	Petitioner
	Respondent
D4 Total length of common life (years, months):	

Separation and Divorce	
E1 Date when serious conflict(s) began:	
E2 Date of final separation:	
E3 Effective date of civil divorce:	
E4 Place of civil divorce:	

Note: A copy of the divorce papers is requested as an attachment to the end of the petition

Children (from this union only)
F1 List the full name(s) of child(ren) with his/her date(s) of birth (mm/dd/yyyy):

Marital History

G1 Briefly, what was/were the fundamental problem(s) in your marriage that led to the divorce?

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Petitioner

G2 Were any of the following part of *your* family background? (if checked, then briefly explain)

Sexual abuse	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	
Infidelity	<input type="checkbox"/>	
Alcoholism/drug use	<input type="checkbox"/>	
Mental illness/suicide attempts	<input type="checkbox"/>	
Divorce/separation	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	
Imprisonment	<input type="checkbox"/>	
Other serious issues: (please explain)		

G3 Describe *your* personal background before marriage: (briefly answer each)

Education completed:	
Work history:	
Substance abuse issues:	
Mental illness:	
Serious financial issues:	
Health issues:	
Other serious issues: (please explain)	

G4 In regards to *your* previous relationship history: (answer briefly)

a.	Did you have previous serious dating experiences? (briefly explain, including the duration)
b.	Were you ever in a previous engagement? (If yes, what was the reason for termination?)

Respondent	G5 Were any of the following part of <i>your ex-spouse's</i> family background? (if checked, then briefly explain)	
Sexual abuse	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	
Infidelity	<input type="checkbox"/>	
Alcoholism/ drug use	<input type="checkbox"/>	
Mental illness/ suicide attempts	<input type="checkbox"/>	
Divorce/separation	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	
Imprisonment	<input type="checkbox"/>	
Other serious issues: (please explain)	<input type="checkbox"/>	

G6 Describe <i>your ex-spouse's</i> personal background before marriage: (briefly answer each)	
Education completed:	
Work history:	
Substance abuse issues:	
Mental illness:	
Serious financial issues:	
Health issues:	
Other serious issues: (please explain)	

G7 In regards to <i>your ex-spouse's</i> previous relationship history: (answer briefly, if known)	
a.	Did <i>your ex-spouse</i> have previous serious dating experiences? (briefly explain, including the duration)
b.	Was <i>your ex-spouse</i> ever in a previous engagement? (If yes, what was the reason for termination?)

G8 Were any of the following <i>part of the courtship/dating process</i> with your ex-spouse? (If checked, then briefly explain)		
Breakups	<input type="checkbox"/>	
Infidelity	<input type="checkbox"/>	
Violence	<input type="checkbox"/>	
Mistreatment	<input type="checkbox"/>	
Other serious issues: (please explain)	<input type="checkbox"/>	

Previous Marriage(s) (if applicable)

H1 Was this the first marriage for you ? (Including religious, civil, or even common law union)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H2 Was this the first marriage for your ex-spouse ? (Including religious, civil, or even common law union)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes for both H1 and H2, ignore the rest of H and continue to the next page. Otherwise, continue below.</i>		

Petitioner	Summary sheet	Respondent
H3	Total number of marriages (including if you are married now and if any have deceased)	H4
H5	Name of spouse #1 (the earliest, or longest ago)	H6
H7	Date entered into marriage (mm/dd/yyyy)	H8
H9	Date marriage ended (mm/dd/yyyy)	H10
H11	Name of spouse #2 (next in sequence after #1)	H12
H13	Date entered into marriage (mm/dd/yyyy)	H14
H15	Date marriage ended (mm/dd/yyyy)	H16
H17	Name of spouse #3 (next in sequence after #2)	H18
H19	Date entered into marriage (mm/dd/yyyy)	H20
H21	Date marriage ended (mm/dd/yyyy)	H22
<i>If additional space is needed, <input type="checkbox"/> check here AND attach an additional sheet of paper (labeled APPENDIX H) with each ex-spouse's name, whether of the petitioner or the respondent, the date entered into marriage, and the date the marriage ended.</i>		
<p>H23 Additional questions are needed for each prior spouse, whether the petitioner's or the respondent's. Repeat the Prior Spouse Report (HH) for each time the petitioner or the respondent was married.</p> <p style="text-align: center;">How many total Prior Spouse Reports (HH) are included? ____</p>		

Engagement

11 Why did you and your spouse decide to get married? (check all that apply and briefly explain)

Love	<input type="checkbox"/>	
Immigration	<input type="checkbox"/>	
Already living together	<input type="checkbox"/>	
Legitimize children	<input type="checkbox"/>	
Avoid premarital sex	<input type="checkbox"/>	
Fear	<input type="checkbox"/>	
Culturally arranged marriage	<input type="checkbox"/>	
Desire to have a family	<input type="checkbox"/>	
Age	<input type="checkbox"/>	
Financial reasons (ex. tax purposes)	<input type="checkbox"/>	
Insurance coverage	<input type="checkbox"/>	
Force	<input type="checkbox"/>	
Family pressure	<input type="checkbox"/>	
Desire to leave home	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/>	
Convenience	<input type="checkbox"/>	
Other reasons: (please explain)	<input type="checkbox"/>	
	<input type="checkbox"/>	

12 Which of the following had any influence in your decision to get married? (check all that apply and briefly explain)

Verbal external pressures to marry	<input type="checkbox"/>	(by whom?)
Nonverbal external pressures to marry	<input type="checkbox"/>	
Doubts about the decision to marry	<input type="checkbox"/>	
Advice <i>against</i> getting married	<input type="checkbox"/>	(ex. family, friends)
Family traditions/cultural influence	<input type="checkbox"/>	
Teachings of the Catholic Church	<input type="checkbox"/>	
The practice of the petitioner's faith	<input type="checkbox"/>	
The practice of the respondent's faith	<input type="checkbox"/>	
Premarital sexual activity	<input type="checkbox"/>	(Was contraception used?)
Premarital pregnancy	<input type="checkbox"/>	(With your ex-spouse or a third party?)
Termination of premarital pregnancy	<input type="checkbox"/>	(Whose decision was this?)
Surgical procedure intended to prevent conception (e.g. vasectomy)	<input type="checkbox"/>	(Whose decision was this?)
Other serious influences (please explain)	<input type="checkbox"/>	

Marriage

(between the petitioner and respondent)

J1 Was there more than one marriage ceremony (including Catholic, civil, non-Christian, etc.)? <i>(If yes, continue to a.-g. below, if no then answer J2)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. What was the non-Catholic ceremony?		
b. Which one occurred first?		
c. At which point did you consider yourself married?		
d. At which point did your spouse consider him/herself married?		
e. Why did you have the non-Catholic ceremony (e.g. family pressures, etc.)?		
f. Why did you have the Catholic ceremony/convalidation (e.g. family pressures, etc.)?		
g. Were any ceremonies conducted outside the Catholic Church? <i>(If so, by whom? Where? Why?)</i>		

Petitioner	J2 At the time of marriage did you: <i>(answer each.)</i>
a. Believe marriage was an exclusive relationship between one man and one woman?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Believe that if you divorced you could not marry a second time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Remain open to children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(if you answered no to any of J2, briefly explain)</i>	

Respondent	J3 At the time of marriage did your ex-spouse: <i>(answer each)</i>
a. Believe marriage was an exclusive relationship between one man and one woman?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Believe that if you divorced he/she could not marry a second time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Remain open to children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(if you answered no to any of J3, briefly explain)</i>	

J4 Did you and your ex-spouse plan to delay children? <i>(If yes, continue)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Was this a mutual decision?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. If no, whose decision was this?		
b. What method was used to delay children (e.g. natural family planning, artificial contraception, abortion)?		
c. If your spouse changed his/her mind and wanted children, would you consider it your sole decision whether to delay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. If you changed your mind and wanted children, would he/she consider it his/her sole decision whether to delay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

J5 Did you or your spouse knowingly deceive the other regarding any of the following? <i>(If so, check all that apply and briefly explain)</i>	
Known inability to conceive children	<input type="checkbox"/>
Previous children	<input type="checkbox"/>

J5 (cont.) Education level	<input type="checkbox"/>	
Debts	<input type="checkbox"/>	
Serious contagious disease	<input type="checkbox"/>	
Age	<input type="checkbox"/>	
Income	<input type="checkbox"/>	
Mental Illness:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Petitioner	J6 During the marriage did either of you, either separately or together, see:	Respondent
Yes <input type="checkbox"/> / No <input type="checkbox"/>	Psychologist	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Yes <input type="checkbox"/> / No <input type="checkbox"/>	Psychiatrist	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Yes <input type="checkbox"/> / No <input type="checkbox"/>	Marital counsellor	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Yes <input type="checkbox"/> / No <input type="checkbox"/>	Personal counsellor	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Yes <input type="checkbox"/> / No <input type="checkbox"/>	Clergy or pastoral minister for marriage counselling	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Yes <input type="checkbox"/> / No <input type="checkbox"/>	Other type of counsellor/adviser:	Yes <input type="checkbox"/> / No <input type="checkbox"/>
(If yes, include name and contact information)		
(Also, if you have seen a counsellor, would you be willing to allow the tribunal to consider this information as it relates to your marital status in the Catholic Church?)		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

J7 Were there temporary separations? (If yes, continue)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide approximate dates, length of time, reason for separation, and who initiated reconciliation:		

J8 For the final separation, who left and why?
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J9 What is your status now? (Check all that apply.)
<input type="checkbox"/> Single (after the divorce) <input type="checkbox"/> Civilly remarried <input type="checkbox"/> In R.C.I.A. to become Catholic <input type="checkbox"/> Dating/Engaged <input type="checkbox"/> Possibility to marry in the future
Note: Dates and arrangements to be married should not be made while the annulment process is still pending

J10 Who or what motivated you to seek this annulment?

Signature of Petitioner

Date

Printed name of Petitioner