



**Office of Canonical Affairs
and the Tribunal
Diocese of Arlington
200 North Glebe Road, Suite 524
Arlington, VA 22203-3728
703-841-2555**

**PRELIMINARY APPLICATION FOR
INTRODUCTION OF A FORMAL CASE**

Note to Interviewer (Priest/Deacon): This form is designed to assist you in interviewing a person who wishes the Tribunal to examine the status of a marriage when there is a question of invalidity and **WHEN RECONCILIATION IS NOT POSSIBLE.** (*Type or **print legibly in black ink only.***)

I. Information about the Petitioner	1	VIII. Problems.....	13
II. Information about the Respondent	4	IX. Characteristics	15
III. Information about Your Courtship and Engagement .	7	X. Separation and Divorce	16
IV. The Marriage	8	XI. The Petitioner's Intended/Current Spouse...	16
V. Prior to the Marriage – about the Petitioner	8	XII. Miscellaneous.....	17
VI. Prior to the Marriage – about the Respondent.....	10	XIII. Language Needs	17
VII. Children.....	12	XIV. Signatures and Review	17

I. INFORMATION ABOUT THE PETITIONER

A. THE PETITIONER

Title: Mr. Mrs. Ms. Miss Dr.

Current Legal Name: _____
First Middle Last Suffix

Maiden Name, *if applicable*: _____

Address: _____
Street Address (including Apt/Unit Number)

City State Zip Code Country

Phone: _____
Home Work Cell

E-mail: _____
E-mail correspondence is used only in exceptional circumstances at the Tribunal's discretion.

Date of Birth: _____ Place of Birth: _____
(City, State, Country)

Highest Education Level: Elementary High School College Post-Graduate

Occupation: _____

B. PETITIONER'S RELIGIOUS STATUS

Baptismal Status: Baptized Unbaptized Unknown

❖ If you have been baptized, christened or sprinkled in any religion, specify which one:

Catholic (Latin)

Catholic (Eastern)

Orthodox

Protestant, what denomination? _____

❖ Date of Baptism: _____ Date received into the Catholic Church (*if applicable*): _____

❖ Present Religion: _____

C. PETITIONER'S PARENTS INFORMATION

Father's Name: _____

First Middle Last Suffix

Relationship: Biological Adoptive Stepfather

Is your father living? Yes No Unknown

Would he be able to give testimony? Yes No

If yes, Written Oral

Mother's Name: _____

First Middle Last Suffix

Relationship: Biological Adoptive Stepmother

Is your mother living? Yes No Unknown

Would she be able to give testimony? Yes No

If yes, Written Oral

Are your parents still married to each other? Yes No

If either of them have died, were they still married at that point in time? Yes No

D. PETITIONER'S SIBLINGS INFORMATION

How many brothers and sisters do you have?

_____ Older Brother(s) _____ Older Sister(s) _____ Multiples (Twins, Triplets, etc.)

_____ Younger Brother(s) _____ Younger Sister(s)

Are any of your siblings divorced/remarried? Yes No

❖ If yes, please indicate who: _____

E. PETITIONER’S MARRIAGE(S)

How many times have you been married (in a church, civil ceremony or even by common law) including your present union? _____

List your marriage information in order of marriage date (i.e., earliest marriage first).

Name of Spouse	Date of Marriage (mm/dd/yyyy)	Place of Marriage (City, State, Country)	Living? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has a Catholic Church court given a decision in any of these marriages, e.g., annulment, lack of form or privilege case? Yes No

- ❖ If yes, please give name of Tribunal, date and grounds. List below starting with earliest decision first.
- ❖ **If no, please discuss this with your advocate as soon as possible.**

Name of Tribunal/Diocese	Date of Decision (mm/dd/yyyy)	Grounds
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

II. INFORMATION ABOUT THE RESPONDENT

A. THE RESPONDENT (The Respondent is the former spouse in the marriage being investigated.)

Have you contacted the Respondent to inform him/her that you have begun this process?

Yes No **It is highly recommended that you share with your former spouse your desire to submit an application to our Tribunal, and if possible, seek his/her participation.**

Title: Mr. Mrs. Ms. Miss Dr.

Current Legal Name: _____
First Middle Last Suffix

Maiden Name, *if applicable*: _____

Address: _____
Street Address (including Apt/Unit Number)

City State Zip Code Country

Phone: _____
Home Work Cell

E-mail: _____
E-mail correspondence is used only in exceptional circumstances at the Tribunal's discretion.

Date of Birth: _____ Place of Birth: _____
(City, State, Country)

Highest Education Level: Elementary High School College Post-Graduate

Occupation: _____

B. RESPONDENT'S RELIGIOUS STATUS

Baptismal Status: Baptized Unbaptized Unknown

❖ If the Respondent has been baptized, christened or sprinkled in any religion, specify which one:

Catholic (Latin)

Catholic (Eastern)

Orthodox

Protestant, what denomination? _____

❖ Date of Baptism: _____ Date received into the Catholic Church (*if applicable*): _____

❖ Present Religion: _____

C. RESPONDENT'S PARENTS INFORMATION

Father's Name: _____

First Middle Last Suffix

Relationship: Biological Adoptive Stepfather

Is the Respondent's father living? Yes No Unknown

Would he be able to give testimony? Yes No

If yes, Written Oral

Mother's Name: _____

First Middle Last Suffix

Relationship: Biological Adoptive Stepmother

Is the Respondent's mother living? Yes No Unknown

Would she be able to give testimony? Yes No

If yes, Written Oral

Are the Respondent's parents still married to each other? Yes No

If either of them have died, were they still married at that point in time? Yes No

D. RESPONDENT'S SIBLINGS INFORMATION

How many brothers and sisters does the Respondent have?

_____ Older Brother(s) _____ Older Sister(s) _____ Multiples (Twins, Tripets, etc.)

_____ Younger Brother(s) _____ Younger Sister(s)

Are any of the Respondent's siblings divorced/remarried? Yes No

❖ If yes, please indicate who: _____

F. RESPONDENT'S MARRIAGE(S)

How many times has the Respondent been married (in a church, civil ceremony or even by common law) including his/her union with you? _____

List the Respondent's marriage information in order of marriage date (i.e., earliest marriage first). Include your own marriage to the Respondent in this list.

Name of Spouse	Date of Marriage (mm/dd/yyyy)	Place of Marriage (City, State, Country)	Living?
a. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has a Catholic Church court given a decision in any of these marriages, e.g., annulment, lack of form or privilege case? Yes No

- ❖ If *yes*, please give name of Tribunal, date and grounds. List below starting with earliest decision first.
- ❖ **If *no*, please discuss this with your advocate as soon as possible.**

Name of Tribunal/Diocese	Date of Decision (mm/dd/yyyy)	Grounds
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

III. INFORMATION ABOUT YOUR COURTSHIP AND ENGAGEMENT

1. When did you meet? _____

If you do not know the exact date, then indicate at least the month and year.

❖ Where? _____

2. What were the circumstances of your meeting?

3. How old were both of you at the time? You _____ Respondent _____

4. How long did you date each other prior to your engagement? _____ Years _____ Months

5. Were there any breakups or lengthy separations during the time you dated? Yes No

❖ If yes, please explain the reasons for the breakup.

6. Was there a formal engagement? Yes No If yes, what was the date? _____

If you do not know the exact date, then indicate at least the month and year.

7. How long was your engagement before the wedding? _____ Years _____ Months

8. Did you and the Respondent live together before the wedding? Yes No

❖ If yes, for how long? _____ Years _____ Months

9. Were you or the Respondent pregnant at the time of the wedding? Yes No

10. If you or the Respondent had not been expecting a child at the time of the wedding, would you have married the Respondent? Please explain.

11. Were either of you pressured in any way to enter this marriage, e.g., parents, pregnancy, escaping from difficult home situation, long-term dating or cohabitation? Yes No Please explain.

12. Describe the problems during the courtship and engagement that should have signaled future marital problems? Please give a detailed explanation with examples.

13. Was there a formal “pre-nuptial agreement” in the event of a divorce? Yes No

❖ If yes, please provide a copy, if possible.

IV. THE MARRIAGE

14. Was this marriage convalidated (“blessed”) in the Catholic Church after a wedding ceremony by a civil official or non-Catholic minister? Yes No Not Applicable

If yes, please complete and submit the Supplemental Questions for Convalidation along with this application form.

❖ Date of Civil Ceremony _____

❖ Date of Catholic Church Ceremony _____

15. How old were you both at the time of the wedding?

❖ Civil Wedding You ____ Respondent ____

❖ Catholic Wedding You ____ Respondent ____

16. How long did you and the Respondent live together after the wedding and before the *final* separation?
____ Years ____ Months

V. PRIOR TO THE MARRIAGE – ABOUT THE PETITIONER

17. Did you have any marriage preparation classes or meetings? Yes No

❖ If yes, please describe with whom, the length, and the content of the preparation.

❖ If no, please explain.

18. Did you discuss the basic understanding of marriage’s essential elements of fidelity, permanence, and openness to children during the preparation? Yes No

19. What did you understand, at the time, by the term *permanence* in marriage?

20. Comment on any circumstances or events in your family life experience that would have influenced your understanding of permanence in marriage (i.e., parents', siblings', close relatives' divorce, cohabitation, that ended before marriages, etc.).

21. What did you understand, at the time, by the term *fidelity* in marriage?

22. When you married the Respondent, did you leave the option open of having a relationship with another woman/man if you found someone else? Yes No

23. Was pornography ever used by you prior to the marriage? Yes No

❖ If yes, what "forms" did it take? _____

24. Comment on any circumstances or events in your family life experience that would have influenced your understanding of fidelity in marriage (i.e., parents', siblings', close relatives' infidelity, etc.).

25. Where did children fit into your priorities and values at the time of the wedding?

26. What was your understanding of marriage, at the time, as a *partnership* between spouses?

27. Did you consider your former spouse as your highest priority? Or were other values (i.e., education, career, family, friends, etc.) of equal or greater importance? Please explain in detail.

28. Did you consider unhappiness as a valid reason to end the marriage? (“If we fall out of love with each other I’d ...” or “If we become profoundly unhappy with each other I’d ...”) Yes No
29. Given your values at the time of the wedding, please comment on any circumstances or events that, if they came to pass, would have given you the right or the opportunity to end the marriage. For instance, *spousal infidelity* (“If my spouse was ever unfaithful to me, I would divorce him/her.”), *spousal abuse* (“If my spouse hits me, I would leave him.”). Please give a detailed explanation.

VI. PRIOR TO THE MARRIAGE – ABOUT THE RESPONDENT

30. Did the Respondent have any marriage preparation classes or meetings? Yes No

- ❖ If *yes*, please describe with whom, the length, and the content of the preparation.
- ❖ If *no*, please explain.

31. Did the Respondent discuss the basic understanding of marriage’s essential elements of fidelity, permanence, and openness to children during the preparation? Yes No

32. What did the Respondent understand, at the time, by the term *permanence* in marriage?

33. Comment on any circumstances or events in the Respondent’s family life experience that would have influenced his/her understanding of permanence in marriage (i.e., parents’, siblings’, close relatives’ divorce, cohabitation, that ended before marriages, etc.).

34. What did the Respondent understand, at the time, by the term *fidelity* in marriage?

35. When the Respondent married you, did he/she leave the option open of having a relationship with another woman/man if he/she found someone else? Yes No

36. Was pornography ever used by the Respondent prior to the marriage? Yes No

❖ If yes, what “forms” did it take? _____

37. Comment on any circumstances or events in the Respondent’s family life experience that would have influenced his/her understanding of fidelity in marriage (i.e., parents’, siblings’, close relatives’ infidelity, etc.).

38. Where did children fit into the Respondent’s priorities and values at the time of the wedding?

39. What was the Respondent’s understanding of marriage, at the time, as a *partnership* between spouses?

40. Did the Respondent consider you as his/her highest priority? Or were other values (i.e., education, career, family, friends, etc.) of equal or greater importance? Please explain in detail.

41. Did the Respondent consider unhappiness as a valid reason to end the marriage? (“If we fall out of love with each other I’d ...” or “If we become profoundly unhappy with each other I’d ...”) Yes No

42. Given the Respondent’s values at the time of the wedding, please comment on any circumstances or events that, if they came to pass, would have given him/her the right or the opportunity to end the marriage. For instance, *spousal infidelity* (“If my spouse was ever unfaithful to me, I would divorce him/her.”), *spousal abuse* (“If my spouse hits me, I would leave him/her.”). Please give a detailed explanation.

VII. CHILDREN

43. Did you have any children with the Respondent? Yes No

❖ If *yes*, how many? _____

❖ What were their dates of birth? _____

44. If the children have not reached adulthood, are there any ongoing legal proceedings related to custody, visitation, and child support? Yes No

❖ **If *yes*, please explain and have your advocate contact the Tribunal as soon as possible.**

45. At this time, who has custody of the children? _____

46. If there are court provisions on child, custody, visitation rights, and child support, are they being met?

Please explain. _____

47. If there were no children born from the union, please provide a detailed explanation.

48. Before or after the wedding, did you ever experience a pregnancy loss (miscarriage, abortion, still birth, etc.)? Yes No

❖ If *yes*, when did it occur and what effect did this have on your relationship with the Respondent?

49. Before or after the wedding, was there a decision not to have children? Yes No

50. Was this a permanent or temporary decision? Permanent Temporary

51. What conditions needed to be met in order to have children (e.g. financial stability, education, career, etc.)?

52. Was this a decision by one or both parties? Yes No If so, by whom and why?

53. Once married, did this decision not to have children change? Yes No

❖ Why? _____

54. Was contraception used by one or both parties? Yes No

❖ If so, by whom and why? _____

55. Was there a time when the two of you were sexually intimate that contraception was not used and conception could have occurred? Yes No

56. Was *Natural Family Planning* (NFP) used? Yes No

❖ If so, why? _____

57. Was the decision to have children a high priority for you once you got married? Yes No

58. Did you have concerns with your ability to be a good parent? Yes No

❖ If so, why? _____

59. Did you have concerns with the Respondent's ability to be a good parent? Yes No

❖ If so, why? _____

60. Do you think you were denied the right to children? Yes No

❖ If so, why? _____

61. Do you think you denied the Respondent the right to children? Yes No

❖ If so, why? _____

VIII. PROBLEMS

62. Before the wedding, were there any serious problems in the relationship? Yes No

❖ If yes, please describe the problems and when it began.

63. Were there any serious problems during the courtship that continued into the married life?

64. After the wedding, how soon did you begin having serious problems? What was the nature of these problems?

65. Did either of you ever seek counseling in regard to this marriage, e.g., pastor, minister, counselor, or therapist? Yes No If so, please be specific.

66. Were you ever treated by a psychiatrist, psychologist, or other mental health counselor prior to, during, or after the married life? Yes No

❖ If yes, please give details:

- Date: _____
- Length of Treatment: _____
- Diagnosis: _____
- Name and Address of this professional person:

Name: _____

Address: _____

Date Started: _____ Length of Treatment: _____ Years _____ Months

Name: _____

Address: _____

Date Started: _____ Length of Treatment: _____ Years _____ Months

IX. CHARACTERISTICS

67. The following characteristics often appear in troubled courtships and marriages. Please check whether you feel this characteristic was yours, the respondent's or both. You may include a brief comment on your observation of the characteristic.

<u>Characteristic</u>	<u>Yourself</u>	<u>Respondent</u>	<u>Comments</u>
Abuse.....			
Physical	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
What drugs were used?			
When did the use of drugs begin?			
Excessive Drinking	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Spending	<input type="checkbox"/>	<input type="checkbox"/>	
Problems in Intimate Relations.....			
Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	
Divergent Expectations	<input type="checkbox"/>	<input type="checkbox"/>	
Forced	<input type="checkbox"/>	<input type="checkbox"/>	
Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	
Proven Infidelity.....			
Before the Wedding	<input type="checkbox"/>	<input type="checkbox"/>	
During the Marriage	<input type="checkbox"/>	<input type="checkbox"/>	
Preoccupations Outside Home.....			
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Working (Workaholic)	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure to Marry.....			
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	
Parents	<input type="checkbox"/>	<input type="checkbox"/>	
Yourself	<input type="checkbox"/>		
Respondent		<input type="checkbox"/>	
Age (Biological Clock)	<input type="checkbox"/>	<input type="checkbox"/>	
Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	
Rejection by Family/Friends	<input type="checkbox"/>	<input type="checkbox"/>	
Rebound from Prior Relationship	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Mood Swings.....	<input type="checkbox"/>	<input type="checkbox"/>	
Divorce as an acceptable solution to an unhappy or unsuccessful marriage.....	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Pornographic Material.....	<input type="checkbox"/>	<input type="checkbox"/>	
Homosexuality/Gender Dysphoria.....	<input type="checkbox"/>	<input type="checkbox"/>	
Serious Medical Concerns.....	<input type="checkbox"/>	<input type="checkbox"/>	

X. SEPARATION AND DIVORCE

68. How many separations were there? _____

69. When? (indicate years and months) _____

70. When was the final separation? _____

XI. THE PETITIONER'S INTENDED/CURRENT SPOUSE

These questions refer to the person to whom you are presently married, are planning to marry or with whom you have a serious relationship.

Relationship (check one): Current Spouse Intended Spouse Serious Relationship

Title: Mr. Mrs. Ms. Miss Dr.

Current Legal Name: _____
First Middle Last Name Suffix

Maiden Name, *if applicable*: _____

❖ Baptismal Status: Baptized Catholic (Latin) Baptized Protestant Unbaptized
 Baptized Catholic (Eastern) Baptized Orthodox Unknown

How many times has your intended/current spouse been married (in a church, civil ceremony, or common law)?

List your intended/current spouse's marriage information in order of marriage date (i.e., earliest marriage first). Include your own marriage to this person in this list.

Name of Spouse	Date of Marriage (mm/dd/yyyy)	Place of Marriage (City, State, Country)	Living?
a. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has a Catholic Church court given a decision in any of these marriages, e.g., annulment, lack of form or privilege case? Yes No

- ❖ If yes, please give name of Tribunal, date and grounds. List below starting with earliest decision first.
- ❖ **If no, please discuss this with your advocate as soon as possible.**

Name of Tribunal/Diocese	Date of Decision (mm/dd/yyyy)	Grounds
a. _____	_____	_____
b. _____	_____	_____

XII. MISCELLANEOUS

71. Are you enrolled in the *Rite of Christian Initiation of Adults* (RCIA) or Catechumenate process?

Yes No

72. Have you previously discussed your marriage problems with the Arlington Tribunal or any other Tribunal?

Yes No If yes, when and where? _____

XIII. LANGUAGE NEEDS

In order to assist the Tribunal in accommodating needs, please indicate languages that are needed for communications to each of the following people:

	English	Spanish	Vietnamese	Other	Specify
Petitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respondent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Petitioner's Witnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

XIV. SIGNATURES AND REVIEW

✍ Date

✍ Signature of Petitioner

Parish of Interviewer (include city and state)

Name of Interviewer (Priest/Deacon)

✍ Signature of Interviewer (Priest/Deacon)

SEAL:

Use the following checklist to ensure that you are supplying all the necessary materials. All of the following must be given to the interviewer (priest/deacon) for a thorough review before he submits them to the Tribunal. Please keep copies of these documents for your records.

- Fact Summary
- Application (signed, dated, and notarized by the interviewer)
- Petition (signed and dated)
- Narrative Essay (signed and dated)
- (For a Catholic Petitioner) Baptismal or Profession of Faith Certificate dated within the last 6 months
- (For a Catholic Respondent) Baptismal or Profession of Faith Record
- Church Marriage Certificate or Civil Marriage License (submit both certificates for convalidation)
- Supplemental Questions for Convalidation (if applicable)
- Final Divorce Decree (not the property settlement, bill of complaint, nor interlocutory decree)