

Name, Address and Telephone No. of Attorney(s)

Space Below for Use of Court Clerk Only

Attorney(s) for,

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

In re the marriage of

CASE NUMBER

Petitioner:

☐ Petitioner's ☐ Respondent's

and

Respondent:

**CONFIDENTIAL COUNSELING STATEMENT
(MARRIAGE)**

I understand that conciliation services are available to me through the court in this county.

☐ I would like marriage counseling.

☐ I would like to talk with a trained person about my present family situation.

☐ I do not desire counseling at this time.

Mailing address of requesting party:

Name:

Street:

City/State/Zip

Mailing address of other party:

Name:

Street:

City/State/Zip

Date:

(Signature)