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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

**CONFIDENTIAL COUNSELING STATEMENT
(MARRIAGE)**

Respondent:

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)