

REGINA REGIONAL TRIBUNAL

449 BROAD ST. N. REGINA, SASK. S4R 2X8

Tel: (306) 352-1651 Fax: (306) 352-6307

e-mail: rrtribunal@myaccess.ca

INSTRUCTIONS FOR SUBMITTING A CASE TO THE TRIBUNAL

1. Fill out the PRELIMINARY INFORMATION QUESTIONNAIRE
2. Prepare a WITNESS LIST. NOTE: The Plaintiff must contact each witness individually in order to ensure their willingness to cooperate in providing either verbal or written testimony regarding this case. **Otherwise, our office cannot use the person as a witness.** If consent is given, please check the YES box on the witness list.
3. Write a brief SUMMARY OF MARRIED LIFE, with the help of the guide provided. A concise, yet adequate summary can be made in about 3 written or 2 typed pages.
4. Provide a signed RELEASE FROM CONFIDENTIALITY which may be needed for information from hospitals, doctors, clergy, counsellors, etc.
5. Provide the following Certificates:
 - The Baptismal Certificate for each Catholic party (and non-Catholic if available)
 - Certificate of Birth or Baptism for the first child **IF** there was a pre-marital pregnancy.
 - The Marriage Certificate either civil or church (**IF** you were married in the Catholic Church, we require a copy of the certificate issued by the Church or a copy of the original marriage registration)
 - The Divorce Certificate or Decree Absolute

IMPORTANT NOTE: NO CASE WILL FORMALLY BEGIN UNTIL THE CIVIL DIVORCE HAS BEEN FINALIZED AND A COPY OF THE DIVORCE CERTIFICATE OR DECREE ABSOLUTE HAS BEEN RECEIVED IN THIS OFFICE.

The Baptismal Certificates of BOTH parties and the Certificate of Marriage should be available from the Parish of Marriage if the marriage was celebrated in a Catholic Church. If there is difficulty obtaining these documents, apply to the Parish of Marriage and ask for a photocopy from the Marriage File. Please contact our office if you require assistance in obtaining these documents.

There is a charge to the Plaintiff to pay part of the cost of this investigation. The balance of the cost is absorbed by the Church. Please contact the tribunal at the above address for current costs involved in the investigation. Do not send any money at this time. DO NOT LET FINANCIAL DIFFICULTIES PREVENT YOU FROM APPLYING. In the case of serious hardship, the fee can be modified.

There is NO SET TIME FRAME for the completion of a case. Some circumstances may create additional delays in processing.

The Tribunal will not be pressured to speed up cases or to give a certain case preferential treatment. All cases are treated equally with the same care and respect.

KINDLY MAIL ALL DOCUMENTS AND INFORMATION TO THE ABOVE ADDRESS. PLEASE FEEL FREE TO CONTACT OUR OFFICE FOR FURTHER INFORMATION OR ASSISTANCE

GUIDELINES FOR DRAFTING A SUMMARY OF MARRIED LIFE

The following outline is intended to assist the Plaintiff in writing a **BRIEF** summary of the background, courtship, and married life, while taking into consideration the following points as they apply to his/her own situation. The summary should be written in chronological order, **mentioning important dates**, and **giving special care to explain circumstances which support the claim of invalidity**. A concise yet adequate summary can be made in about 2 or 3 pages. If you do not type, please write legibly.

1. **INITIAL ENCOUNTER:** Date of meeting and when dating began. Personal situation at time (such as age, residence, occupation, goals). Family and home background of both parties, specifically any difficulties. Basic character, temperament and degree of maturity of both parties.
2. **COURTSHIP/ENGAGEMENT:** Duration of courtship. Date of engagement. Extent of personal contact. Intimacy during courtship period. Early conflicts of interest or goals toward marriage and family life. Reason for moving toward marriage. Attitudes of parents and others toward the relationship and marriage. Doubts or hesitations of either party.
3. **WEDDING/HONEYMOON:** Problems or unusual events with preparations for the wedding or on the wedding day. Disturbing actions or statements by parties or other people. Problems or disturbing discoveries on honeymoon.
4. **EARLY MARRIED LIFE:** Efforts made to grow and develop as a couple. Display of love and affection. Attitude toward birth of children. Problems emerging – such as poor communication, irresponsibility, infidelity, alcohol, outside interference, abuse (any form), religious differences. Approximate date problems began and their effect on the marriage.
5. **DEVELOPMENT OF DIFFICULTIES LEADING TO SEPARATION:** Problems and complications as they arose. Main complaints of either party against the other. Attempts to resolve difficulties. Counselling received. Date and number of separations and reconciliations. Events leading up to final departure. Date and problems after final separation.
6. **PRESENT SITUATION:** May a reconciliation still be possible. Counselling received.

NOTE: If you are planning remarriage, please give the name, religion and marital status of future spouse. If you have already remarried, please give the date of marriage and the name, religion, and marital status of your new spouse at the time of your marriage.

7. **MOTIVES FOR PRESENT ACTIONS:** In what way would this action be of religious or spiritual advantage to yourself, your spouse in the marriage in question, children born of that marriage, and the Church community.

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CASE NAME _____

CASE NUMBER: _____

For Office Use Only

PRELIMINARY INFORMATION QUESTIONNAIRE

NOTE: *This is NOT a petition. This is simply information the Tribunal requires to complete a formal Libellus for Declaration of Invalidity. Upon our receipt of ALL the requested preliminary materials, a formal Libellus will be forwarded to you for your signature.*

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1. **CONCERNING THE PLAINTIFF:**

BIRTH: Full name at birth _____
Date of birth _____
Place of birth _____
Names of parents _____
Maiden Name of Mother _____

BAPTISM: Religion at baptism _____
Date of baptism _____
Place of baptism _____
Present Religion: _____

RESIDENCE: Present name _____
Present address _____
Postal Code _____
Telephone: Home _____ E-mail: _____

OCCUPATION: _____ Work phone: _____ Cell: _____

2. **CONCERNING THE RESPONDENT:**

BIRTH: Full name at birth _____
Date of birth _____
Place of birth _____
Names of parents _____
Maiden Name of Mother _____

BAPTISM: Religion at baptism _____
Date of baptism _____
Place of baptism _____
Present Religion: _____

RESIDENCE: Present name _____
Present address _____
Postal Code _____
Telephone: Home _____ E-mail: _____

OCCUPATION: _____ Work phone: _____ Cell: _____

3. **CONCERNING THE MARRIAGE IN QUESTION:**

- 1) Date courtship began _____ . Date of Engagement _____
- 2) If you lived together before the wedding, for how long? _____
- 3) Your age at the time of wedding _____ Your former spouse _____
- 4) Date of wedding _____
- 5) Name and address of the Church or other place of wedding _____

- 6) Length of married life together (length of time you lived together) _____
- 7) Dates and duration of any **temporary** separations _____

- 8) Date of **final** separation (when you ceased living together) _____
- 9) Reason for final separation _____

- 10) Date of civil divorce _____ Place _____
- 11) Names and birth dates of children of marriage. If no children born of the marriage, state reason.

- 12) Was this marriage a **VALIDATION** (of a marriage **involving a Catholic**) that was celebrated civilly or in another church (ie. Outside the Catholic faith). If yes, give date and place of civil marriage.

- 13) List all the towns/cities where you resided **during the marriage** and give the approximate duration of residency. _____

- 14) Please complete the following statement. I contend my marriage was invalid for the following reason(s)

4. **CONCERNING FORMER MARRIAGES OF THE PARTIES:**

- 1) Is the marriage presently under study your **first** marriage? YES NO
- 2) Was it your former spouse's **first** marriage? YES NO

If **NO**, please **CONTACT OUR OFFICE IMMEDIATELY**

- 3) MY FORMER MARRIAGES(S): (Give maiden name of women)
 - a) To _____ Date _____ Divorce/Death Date _____
 - b) To _____ Date _____ Divorce/Death Date _____
- 4) MY FORMER SPOUSE'S MARRIAGES(S): (Give maiden name of women)
 - a) To _____ Date _____ Divorce/Death Date _____
 - b) To _____ Date _____ Divorce/Death Date _____

5. **CONCERNING ADDITIONAL MARRIAGES:**

If remarried, Name of Spouse _____
Religion _____ Church and city of baptism _____

Previous marital status of present spouse (single, divorced, widowed) _____
Date of this marriage _____ Church and City _____
Current status of this marriage (married, separated, divorced, widowed) _____
If this marriage has ended, please give date and reason _____

6. **CONCERNING PLANS FOR A NEW MARRIAGE:**

Name of fiancé(e) _____
Religion _____ Church and city of baptism _____

Marital status (single, separated, divorced, widowed) _____
Date of anticipated marriage _____
If living together without marriage, for how long? _____

7. **CONCERNING YOUR FORMER SPOUSE:**

Please provide any information that you may have concerning the current marital status of your former spouse.

8. Have you previously petitioned for a Declaration of Invalidity? _____ If so, **where & with what result?**

9. **PRESENT PASTOR:** Name: _____ Parish: _____
Address: _____

IMPORTANT NOTE

TO COMPLETE YOUR APPLICATION, YOU MUST ALSO SUBMIT:

b) WITNESS LIST with consent;	a) A BRIEF SUMMARY (2-3 pages) of the married life;
d) MARRIAGE CERTIFICATE or copy of original marriage registration;	c) BAPTISMAL CERTIFICATES for Catholic parties and non-Catholic parties if possible;
f) DIVORCE CERTIFICATE or Decree Absolute	e) BAPTISMAL/BIRTH CERTIFICATE of first child IF pre-marital pregnancy;

Having given the basic reasons in support of my marriage case on the accompanying pages, I the undersigned, acknowledge the responsibility to cooperate with the Tribunal laws and regulations. I also agree to cover the associated expenses in accordance with my ability.

DO NOT LET FINANCIAL DIFFICULTY PREVENT YOU FROM APPLYING

Signature of Plaintiff: _____

Date: _____

Place _____

WITNESS LIST

The Tribunal requires that you provide at least TWO witnesses. If this is not possible, please contact us. The witnesses should be people who know of the difficulties during the marriage and preferable knew both parties during the courtship. Please try to include witnesses who knew BOTH parties and can represent both sides of the marriage. The witnesses do not have to be Catholic nor do they have to live in this area.

IMPORTANT NOTE: YOU MUST CONTACT EACH WITNESS INDIVIDUALLY IN ORDER TO ENSURE HIS/HER WILLINGNESS TO COOPERATE IN PROVIDING TESTIMONY REGARDING THIS CASE OTHERWISE OUR OFFICE CANNOT USE THE PERSON AS A WITNESS.

DOES THIS WITNESS AGREE TO PROVIDE TESTIMONY: YES

NAME _____

ADDRESS _____ POSTAL CODE _____

PHONE NUMBER: HOME _____ WORK _____ CELL _____

LENGTH OF ACQUAINTANCE _____ RELATIONSHIP _____

Areas of knowledge: (ie. Background, courtship, marriage) _____

DOES THIS WITNESS AGREE TO PROVIDE TESTIMONY: YES

NAME _____

ADDRESS _____ POSTAL CODE _____

PHONE NUMBER: HOME _____ WORK _____ CELL _____

LENGTH OF ACQUAINTANCE _____ RELATIONSHIP _____

Areas of knowledge: (ie. Background, courtship, marriage) _____

DOES THIS WITNESS AGREE TO PROVIDE TESTIMONY: YES

NAME _____

ADDRESS _____ POSTAL CODE _____

PHONE NUMBER: HOME _____ WORK _____ CELL _____

LENGTH OF ACQUAINTANCE _____ RELATIONSHIP _____

Areas of knowledge: (ie. Background, courtship, marriage) _____

RELEASE FROM CONFIDENTIALITY

I, the undersigned, _____

(formerly known as _____),

DO HEREBY AUTHORIZE AND DIRECT all persons and agencies concerned, to release to the Regina Regional Tribunal, all reports, records, documents and other information concerning me and my marriage to:

MY FORMER SPOUSE:

Which would by Law or otherwise be considered privileged or confidential.

This consent is given on the basis that all members of the tribunal are under sworn oaths of secrecy regarding any information concerning my condition which comes into their possession during the examination of my marriage.

This information will be used exclusively for the investigation of the validity of my marriage according to the laws of the Catholic Church. It is a matter of conscience and does not in any way concern the Civil Law of the land.

Given at _____
City Province

this _____ day of _____, 20__.

Signature

Witness

REGINA REGIONAL TRIBUNAL WITNESS CONSENT FORM

THIS SECTION IS TO BE COMPLETED BY APPLICANT BEFORE GIVING TO THE WITNESS

I have received a request for a personal interview regarding the marriage annulment proceedings of:

_____ and _____
(name of husband) (name and MAIDEN name of wife)

at the request of: _____
(Name of Plaintiff or Respondent)

NOTE: When you have received the consent form back from the witness, send it to the Tribunal along with all the necessary documents.

THIS SECTION IS TO BE COMPLETED BY THE WITNESS AND RETURNED TO APPLICANT

My relationship is: _____
(example: mother of Jane, cousin to Bill, a friend of Jane and Bill)

In order to make arrangements for my interview, I may be contacted at:

Name: _____

Address: _____

(city) (province) (postal code)

Telephone: Home: () _____ Work: () _____

Cell: () _____ E-mail: _____

I understand that I will be contacted by a priest or other representative of the Tribunal to arrange for my interview to be conducted in my locality.

Date: _____

Signature of Witness