



**ARCHDIOCESE OF LOS ANGELES
METROPOLITAN TRIBUNAL**

3424 Wilshire Blvd. Los Angeles, CA 90010
Tel: 213-637-7245 FAX: 213-637-6245
email: marriagetribeunal@la-archdiocese.org

For Tribunal Only

Case Name: _____
Prot. No.: _____
Received Date: _____
Notary: _____

PETITION FOR *LIGAMEN* [PRIOR BOND OF MARRIAGE - canon 1085, §1] - LIBELLUS

PETITIONER

Name: (include Maiden Name if applicable) _____
Address (optional): _____

Currently Residing in the (Arch) Diocese of _____
Date of Birth: _____
Baptismal Status: ☐ Catholic ☐ Baptized Christian
☐ Unbaptized ☐ Unknown

OTHER PARTY (RESPONDENT)

Name: (include Maiden Name if applicable) _____
Address: _____

Home/Cell Phone: _____
Email: _____
Currently Residing in the (Arch) Diocese of _____
Date of Birth: _____
Baptismal Status: ☐ Catholic ☐ Baptized Christian
☐ Unbaptized ☐ Unknown

Union of Petitioner and Respondent Being Investigated for Possible Nullity

MARRIAGE

Date: _____
Place: _____

DIVORCE

Date: _____
Place: _____

As a party to this marriage, I hereby request the Metropolitan Tribunal of the **ARCHDIOCESE OF LOS ANGELES** to evaluate this marriage in light of the beliefs and teachings of the Roman Catholic Church. I believe that the above-listed marriage is not binding unto death on the basis of the impediment of a prior valid bond of marriage (*ligamen*) which was entered into by ☐ me, the Petitioner ☐ the Respondent

Prior Union That May Create the Basis for a *Ligamen*

Name of Prior Spouse (not the Respondent) (as it would have been used on the marriage license)		Baptismal Status of Prior Spouse: <input type="checkbox"/> Catholic <input type="checkbox"/> Baptized Christian <input type="checkbox"/> Unbaptized <input type="checkbox"/> Unknown	
Current Name Used by the Prior Spouse (if different)	Date of Marriage with Petitioner/Respondent		
Current Address of Prior Spouse	Place of Marriage		
City/State/Zip Code	Date of Final Decree of Divorce of this Union		
Home/Cell Phone	email	Place of Divorce	

Is there any possibility of reunion between you and the Respondent? ☐ yes ☐ no

I UNDERSTAND THE RESPONDENT WILL BE SUPPLIED A COPY OF THIS LIBELLUS.

Petitioner's Signature

Date

Petitioner and parish contact information: [This will be used only by Tribunal]

<hr/>	
<i>Petitioner's Signature</i>	
Address _____	
City, State, Zip _____	
Email _____	
<i>Please check best phone:</i>	
<input type="checkbox"/>	Home Phone _____
<input type="checkbox"/>	Cell Phone _____
<input type="checkbox"/>	Work Phone _____
Date: _____	

<hr/>	
<i>Signature of Priest/Parish Minister</i>	
PRINT Name _____	
Parish _____	
Address _____	
City, State, Zip _____	
Parish Email _____	
Personal Email _____	
Best Phone _____	
Alternate Phone _____	

N.B. It is the primary responsibility of the Petitioner to do everything possible to locate the Respondent and needed documents. Due to recent privacy laws it is increasingly difficult for the Tribunal to obtain much of this information.

I acknowledge having informed the Petitioner that no wedding date or plan should be made for a future marriage in the Church until the final decision of the Tribunal has been made.

Signature of Submitting Minister

Date

Signature of Pastor (Required if the Submitting Minister is not a priest.)

Date

PLEASE INCLUDE WITH THIS PETITION:

- ☐ **Marriage Licenses / Certificates for both unions**
- ☐ **Final Divorce Decree for both unions**
- ☐ **Baptismal Certificate of Petitioner [if Catholic]**
- ☐ **\$100 filing fee**

Please make check payable to: **Archdiocese of Los Angeles—Tribunal.**

Payments may also be made on-line on the Tribunal website:

www.la-archdiocese.org/org/tribunal

FOR TRIBUNAL USE ONLY

Date Received at this Tribunal: _____	Notary's Name: _____
Filing Fee Received (\$100): Yes / No	Check No.: _____
Other Payment Received: _____	Check No.: _____
	Paid on-line: Tracking: _____

Supplementary Questionnaire #1: WHEREABOUTS OF THE RESPONDENT

[Needed only if Respondent's address is unknown]

N.B. It is the primary responsibility of the Petitioner to do everything possible to locate the Respondent and needed documents. Due to recent privacy laws it is increasingly difficult for the Tribunal to obtain much of this information.

Please type or neatly print your responses to the following questions on separate paper. Then sign and attach this question page to your responses and return them to the Tribunal office. No further action can be taken on your petition until we have this on file.

1. When was your last contact with the Respondent? Was it in person, by phone or mail, or some other means?
2. What was the last known address and/or phone number of the Respondent?
3. What were the names of the Respondent's parents and siblings? What was their last known address and/or phone number?
4. If there were children in your marriage, is the Respondent in contact with any of them? (If yes, by what means?)
5. Were there any mutual friends, in-laws or other relatives who kept up contact? (If yes, give their address or phone number.)
6. Do you know if the Respondent remarried? If yes, with whom? How and when did you learn this? (In the case of a woman Respondent, what was her new married name?)
7. When and where was the Respondent's last known place of employment? Was he or she a member of a professional society, alumni association, or the like?
8. Is there anything about the Respondent's behavior or lifestyle that would explain his or her disappearance?
9. If possible, please provide the Respondent's Social Security number. (You may have filed a joint tax return, for instance. *(A word of explanation: A person's death is a matter of public record. If the Social Security Administration has been notified of someone's death, this information can usually be obtained.)*)
10. What other steps have you taken to discover the Respondent's whereabouts?

Supplementary Questionnaire #2 [Needed only if applicable]

These supplementary questions need to be completed by the Petitioner **if**:

- A. either the Petitioner or the Respondent had **more than one prior marriage**, and/or
- B. the union which is the possible basis for the *ligamen* **was not the first union for the Prior Spouse**.

Item A: If either the Petitioner or the Respondent had more than one prior marriage, please type on separate paper their complete marital histories, listing in chronological order each marriage and including as much of the following information as possible:

1. The full name(s) of their spouse(s), including the maiden name(s) of women.
2. The religious background and baptismal status of the prior spouse(s).
3. The date and place of each marriage, attaching a copy of the marriage certificate(s) if at all possible.
4. An indication of how any prior union(s) ended (e.g. divorce or death).
 - a. If a union ended by death, please include the date and place of death of the spouse.
 - b. If a union ended by divorce, please include the date and place of divorce, and attach a copy of the final decree of divorce if at all possible.
5. Whether the former spouse(s) of any union that had ended in divorce was still living at the time of the Petitioner and Respondent's wedding.

Item B: If the Prior Spouse had been married before his/her union with the Petitioner or the Respondent, please type on separate paper the complete marital history of the Prior Spouse, listing in chronological order each marriage. As fully as possible, please answer all of the same questions as listed in Item A above.

Supplementary Questionnaire #3 [Needed only if applicable]

When the Petitioner either does not know the address of the Respondent or believes that this person will not be cooperative, please complete the following information concerning witnesses.

Witnesses Concerning the Respondent

Please provide information for two people who know the Respondent well and can offer verification concerning the Respondent's marital history and religious background. Ideally, one of these two witnesses should be a member of the Respondent's family.

Be sure to contact these people and ask for their cooperation before submitting their names to the Tribunal.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Relationship:
Name:	
Phone:	
Address:	E-mail
City/State/Zip	Country (if outside USA)
Correspondence to this witness should be in <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> other	

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Relationship:
Name:	
Phone:	
Address:	E-mail
City/State/Zip	Country (if outside USA)
Correspondence to this witness should be in <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> other	