



**ARCHDIOCESE OF LOUISVILLE  
METROPOLITAN TRIBUNAL**

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**GENERAL INFORMATION ON FORMAL MARRIAGE CASES**

As a person inquiring about the possibility of a Catholic Church marriage annulment, you no doubt have questions about the entire process. We hope the information below will help answer any questions you might have. The pastoral minister assisting you will be able to answer any additional questions or you may feel free to contact our office directly at the address and phone number listed below.

**WHAT IS AN ANNULMENT?**

An annulment, or Declaration of Nullity is a statement by the Catholic Church that it has been established with human certainty that the marriage in question was not a true and binding one according to the Church's theological and legal understanding of marriage. Even though there was a wedding ceremony, something stood in the way which, according to the divine or Church law, prevented a valid union from coming into being in the eyes of the Church. Simply stated, this is a church-only process.

**THE EFFECT ON CHILDREN**

The annulment process has no effect on your children whatsoever. Children born in a valid civil marriage are always considered legitimate. Their status is not affected in any way by this process. (Canon 1137)

**CIVIL OR COURT EFFECTS**

Stated again, the Declaration of Nullity process is strictly a process inside the Catholic Church. The process has no implications on your divorce, any custody issues, child support or any other issue you faced in the process of obtaining your divorce. Information in your case is never shared with anyone outside the Tribunal.

**CONFIDENTIALITY**

All matters in the Tribunal process are strictly confidential and never shared with third parties outside of the process.

**HOW DOES THE ANNULMENT PROCESS WORK?**

The annulment process examines all the events surrounding your marriage, the courtship as well as the family backgrounds of both parties to the marriage. The process begins when you have completed and submitted the Formal Marriage Case Petition (F-100). Once received, the Tribunal will assist you in contacting witnesses, gathering documents, reports, etc. By law we must attempt to contact your ex-spouse and invite him/her to participate in the process. They are not required to participate and your case will proceed whether they participate or not. The Tribunal judge will determine the importance of any refusal to cooperate or hear concerns you may have regarding this required contact with your ex-spouse.

After all the materials have been gathered, the case will be reviewed and you will receive a formal petition (letter) stating the grounds that you will need to sign and return to the Tribunal. After an internal Tribunal session the case will then be sent to a panel of judges for a decision. If the decision is unfavorable, you have the right to ask for a second hearing within ten days of receiving notification. If the decision is favorable, the case is automatically sent to another court (Second Instance Court) for review. It takes two affirmative decisions to complete the case.

**HOW LONG DOES THE PROCESS TAKE?**

Each case must be judged on its own merits. The average case takes about twelve to eighteen months but some could take longer if there are complicated circumstances involved. Please note that no date should be set for a new marriage in the Church until after the final decision has been given in writing. Sometimes the Tribunal will require some special preparation or counseling before the marriage can take place. The sole purpose of such a requirement is not to punish one or both of the parties. Rather, it is designed to enable the parties to more fully understand the sacrament of marriage in the Catholic Church as a life-long, mutually self-giving union for life.

## WHAT IS MY ROLE?

Your primary role will be to complete the formal petition, identify witnesses who can answer questions regarding families and/or the marriage, three character witnesses and any medical experts engaged in counseling or other treatment. You should also make every attempt to obtain contact information for your former spouse. If you are working with an auditor or advocate that person can provide additional detail or you may contact the Tribunal directly.

## WHAT ARE MY RIGHTS?

You have a number of rights in the process that are always respected. Your ex-spouse has rights that must be regarded as well. Below are listed just a few.

### Confidentiality

You have the right of confidentiality in the process. No one outside the Tribunal process will see this case.

### To Be Informed

You have the right to be informed of the status of your case at any time. You will be assigned a notary in the Tribunal when your case is filed and this person can advise the status of your case.

### To Be Heard

You have the right to present your viewpoint and have it heard by the Tribunal.

### To Appeal

You have the right to appeal any decision that is rendered by the Tribunal. Your auditor/advocate can provide more information of this should it be desired.

## WHAT EXPENSES ARE INVOLVED?

Each marriage case costs the Archdiocese a considerable amount. While you are not expected to pay what it actually costs to process your case, you are requested to make an effort to help defray some of the expense. A fee of \$400 is normal for the type of case you are presenting. This amount may be paid when the case is filed or in three payments as the case proceeds. A full explanation of the fee and payment process is presented on the last page of the Formal Petition form. ***If you are unable to pay all or part of the fee, your case will still receive the same attention. Non-payment will not affect the processing or outcome of your case in any way.***

## CONTACT INFORMATION

Below is the contact information for our Tribunal and contact information if you are working with an Auditor, Advocate or parish minister.

Metropolitan Tribunal  
Archdiocese of Louisville  
212 East College St.  
PO Box 1073  
Louisville, KY 40201  
(502) 585-3291

|                                   |  |       |
|-----------------------------------|--|-------|
| Name of Auditor/Advocate/Minister |  |       |
| Parish or Address                 |  |       |
| Phone                             |  | Email |



**PART II: AT TIME OF MARRIAGE**

|   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| At the time of your wedding, did you both intend to enter into a life long union?                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| At the time of your wedding, did you feel a civil divorce was an option out of an unhappy marriage? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did your ex-spouse feel a civil divorce was an option out of an unhappy marriage?                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Did either of you feel that a civil divorce gives you the freedom to marry once again?              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Were you faithful during the marriage?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Was your ex-spouse faithful during the marriage?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| At the time of your marriage, did you desire to have children?                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| At the time of your marriage, did your ex-spouse desire to have children?                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**PART III: CHILDREN BORN OF THIS MARRIAGE**

|      |                      |     |                      |      |                      |     |                      |
|------|----------------------|-----|----------------------|------|----------------------|-----|----------------------|
| Name | <input type="text"/> | DOB | <input type="text"/> | Name | <input type="text"/> | DOB | <input type="text"/> |
| Name | <input type="text"/> | DOB | <input type="text"/> | Name | <input type="text"/> | DOB | <input type="text"/> |

**PART IV: END OF THIS MARRIAGE**

|                                  |                                  |  |   |
|----------------------------------|----------------------------------|--|---|
| Date of Final Separation         | <input type="text"/>             | Date of Divorce                          | <input type="text"/>                              |
| Issuing Authority                | <input type="text"/>             | City/State/Zip                           | <input type="text"/>                              |
| Who filed for the civil divorce? | I filed <input type="checkbox"/> | Ex-spouse filed <input type="checkbox"/> | It was a mutual decision <input type="checkbox"/> |

**PART V: PREVIOUS MARRIAGES**

If this was not your first marriage, please list all previous marriages below or continue on the back of this form.

|      |                      |               |                      |       |                      |              |                      |
|------|----------------------|---------------|----------------------|-------|----------------------|--------------|----------------------|
| Name | <input type="text"/> | Marriage Date | <input type="text"/> | Place | <input type="text"/> | Divorce Date | <input type="text"/> |
| Name | <input type="text"/> | Marriage Date | <input type="text"/> | Place | <input type="text"/> | Divorce Date | <input type="text"/> |

**Your Ex-Spouse**

|      |                      |               |                      |       |                      |              |                      |
|------|----------------------|---------------|----------------------|-------|----------------------|--------------|----------------------|
| Name | <input type="text"/> | Marriage Date | <input type="text"/> | Place | <input type="text"/> | Divorce Date | <input type="text"/> |
| Name | <input type="text"/> | Marriage Date | <input type="text"/> | Place | <input type="text"/> | Divorce Date | <input type="text"/> |

**PART VI: YOUR CURRENT STATUS**

|                                    |                          |                                |                          |
|------------------------------------|--------------------------|--------------------------------|--------------------------|
| Are you currently civilly married? | <input type="checkbox"/> | Name of your current spouse    | <input type="text"/>     |
| Are you planning to get married?   | <input type="checkbox"/> | Name of intended spouse        | <input type="text"/>     |
| Was he/she previously married?     | <input type="checkbox"/> | Is the ex-spouse still living? | <input type="checkbox"/> |
| Are either of you in RCIA?         | <input type="checkbox"/> | Parish where attending RCIA    | <input type="text"/>     |

**Please list any annulments you have filed prior to this petition**

|  |                      |                      |
|--|----------------------|----------------------|
| (1) List the full name (including maiden name) of each party | <input type="text"/> | <input type="text"/> |
| (2) List the full name (including maiden name) of each party | <input type="text"/> | <input type="text"/> |

**Please list any annulments your spouse/intended spouse has filed.**

|  |                      |                      |
|--|----------------------|----------------------|
| (1) List the full name (including maiden name) of each party | <input type="text"/> | <input type="text"/> |
| (2) List the full name (including maiden name) of each party | <input type="text"/> | <input type="text"/> |

## PART VII: INSTRUCTIONS

Below are a number of issues or circumstances that may have been present before and during your marriage. Please review each issue or condition and indicate whether it was present in yourself, in your ex-spouse or both of you. If there was an issue in your marriage not listed, please list it on the last page of this form. *(If on a computer, place your cursor in the box mark with an X).*

| YOU                      | EX SPOUSE                | BOTH                     |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Constant arguing dating/engaged                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doubts on/before the wedding day                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family against marriage                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Friends against marriage                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Limited prior dating experience                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Short dating/engagement period                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Immaturity at time of marriage                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Difference in ages issue                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | External pressures to marry                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Force or fear exerted to marry                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was deceived in marriage                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Marriage was next logical step                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cohabitation before marriage                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pre-marital pregnancy                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communication problems                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of sharing issues                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choice of lifestyle issues                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Financial issues or problems                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employment/Unemployment issues                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to plan for future                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lacks good judgment                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Issues with children from a previous marriage    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Religious background Issues                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family background issues (ethnic/cultural, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Educational background issues                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-law problems                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problem with siblings                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Divorce prevalent in family of origin            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traumatic events in family of origin             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infidelity prevalent in family of origin         |

| YOU                      | EX SPOUSE                | BOTH                     |                                      |
|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Military background/experience       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Combat experience                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol abuse                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol abuse in family of origin    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drug abuse                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drug abuse in family of origin       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical abuse                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical abuse family of origin      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verbal/emotional abuse               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verbal/emotional abuse family origin |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse family of origin        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EPO Filed (against whom)             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Problems with law enforcement        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emotional abusive/abuse to others    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work relationship issues             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Controlling issues                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse in previous relationships      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Self centered - selfish              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Responsibility issues                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unusual time on Internet             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pornography                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intimacy issues/Sexual Dysfunction   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Homosexuality                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unusual sexual desires               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosed mental issues              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chronic health problems              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personality change after marriage    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Professional counseling received     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did not want children in marriage    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Civil divorce allowed remarriage     |

**PART VIII: INSTRUCTIONS**

In the area below, please give a very brief history of your marriage, the problems faced in the marriage, when and why divorce was chosen and why you believe the Catholic Church should determine that this marriage is invalid. Be brief in your comments here. You will have an opportunity to provide much greater detail once this form has been processed.

*I hereby swear that the information I have given is true to the best of my knowledge and ability.*

\_\_\_\_\_

Signature of Petitioner

\_\_\_\_\_

Date

**MINISTER CONTACT INFORMATION**

|                           |  |        |       |
|---------------------------|--|--------|-------|
| Advocate/Auditor/Minister |  | Parish |       |
| Address                   |  | Phone  | Email |