



Sydney Clerical Council

For Personal Affairs

Sydney Diocese



Marital Conflict Form

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MARITAL CONFLICT APPLICATION FORM – modified: July 2018.

Contents of Application:

#	Item	By
1.	Information for internal use of Sydney Clerical Council.	The Sydney Clerical Council.
2.	Applicant information.	The Applicant.
3.	Partner Information.	The Applicant.
4.	Marital Information at the time of the Application.	The Applicant.
5.	Conflict Information.	The Applicant.
6.	Requests from Sydney Clerical Council.	The Applicant.
7.	Declaration.	The Applicant.
8.	Notes.	The Sydney Clerical Council.
9.	Number of Sessions / recommendations & Decision.	The Sydney Clerical Council.

Details :

1- Information for internal use by Sydney Clerical Council:

#	Item	Details
1.	Date of opening the file	
2.	File number	
3.	Are both parties of the conflict in the diocese of Sydney?	
4.	If yes, please indicate where the other partner is residing.	
5.	Responsible priest for the file	
6.	Date of the first session by the CC	
7.	Type of the file	Divorce or <input type="checkbox"/> Annulment or <input type="checkbox"/> Other <input type="checkbox"/>

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2- Applicant information: (Applicants must provide their current legal names)

#	Item	Details
1.	First name	
2.	Last name	
3.	Other Names / Aliases Known By	
4.	Date and place of Birth	
5.	Husband or wife	Husband <input type="checkbox"/> Wife <input type="checkbox"/>
6.	Name of father	
7.	Name of mother	
8.	Date of arrival to Australia	
9.	Passport number	
10.	Photo	
11.	Home telephone number(Land line)	
12.	Work telephone number	
13.	Mobile	
14.	Fax number	



15.	Email																							
16.	Occupation																							
17.	Home Address																							
18.	Work Address																							
19.	Name of Father of Confession																							
20.	Name of Church																							
21.	<p><u>Previous Marriage/s</u> (Please provide a detailed report to explain, including name and contact number of any previous partners)</p> <table border="1"> <thead> <tr> <th>Marriage number</th> <th>Name of partner</th> <th>Place of marriage</th> <th>Date of Marriage</th> <th>Date of Civil Divorce</th> <th>His/Her Contact</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Marriage number	Name of partner	Place of marriage	Date of Marriage	Date of Civil Divorce	His/Her Contact												
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3- Current Partner's Information:

#	Item	Details
1.	First name	
2.	Last name	
3.	Other Names / Aliases Known By	
4.	Date and place of Birth	
5.	Husband or wife	Husband <input type="checkbox"/> Wife <input type="checkbox"/>
6.	Father's Name	
7.	Mother's Name	
8.	Date of arrival to Australia	
9.	Passport number	
10.	Photo	
11.	Home telephone number(Land line)	
12.	Work telephone number	
13.	Mobile	
14.	Fax number	
15.	Email	

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16.	Occupation																							
17.	Home Address																							
18.	Work Address																							
19.	Name of Father of Confession																							
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4- Present Marital Information (at the time of the Application):

#	Item	Details
1.	Date of Marriage	
2.	Place of Marriage	
3.	Duration of Marriage	
4.	Parish Priest who registered the marriage	
5.	Name /s of children	
6.	The Marital status at the time of submitting this application	Civil Divorce <input type="checkbox"/> date: --/--/-- Separation <input type="checkbox"/> Date:--/--/-- Conflict <input type="checkbox"/> Date:--/--/--

5- Conflict Information.

#	Items	Details
1.	The date of when the conflict began	
2.	Place of the conflict	
3.	Is the father of Confession aware of the conflict? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please briefly note the outcome of his effort:
4.	Please briefly note the reasons for the conflict?	



5.	Who is involved in the conflict? <i>Please specify all people who may be involved.</i>	
6.	What are you accusing your partner with?	
7.	Note down a list of the evidence? <i>Please attach all supporting documentation.</i>	
8.	Do you have any objection in transferring this matter to a specialist – such as a Marriage Councillor, Psychiatrists or Physiologists?	No <input type="checkbox"/> Yes <input type="checkbox"/>
9.	Are there any legal restrictions such as an AVO? If Yes. Please mention the date of the AVO and for how long.	No <input type="checkbox"/> Yes <input type="checkbox"/> Effective from --/--/---- Ends on --/--/----

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10.	Is there any financial settlements?	No <input type="checkbox"/> Yes <input type="checkbox"/> And by :
11.	Is there any room for reconciliation?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what are your suggestions for this?
12.	Other Comments:	

6- Requests from Sydney Clerical Council.

My requests are:

- 1-
- 2-
- 3-
- 4-



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7- Declaration.

I (*please insert below, the current legal name*), declare that all the information above are filled by me personally and I do declare that all the information mentioned in this application are true and right. I accept that all proceedings of the council's process are for church purposes only and that it will not be used for legal proceedings. I grant the members of the Sydney Clerical Council the complete right to use this information for the confrontation of the other person/s mentioned in sections 4 and 5.5

Name :

Signature:

Date:--/--/---

8- Checklist for Supporting Documents Required if Available:

- ❖ Marriage Certificate ☐
- ❖ Civil Divorce ☐
- ❖ Change of Name Certificate ☐
- ❖ Copy of Passport (Front Page) ☐
- ❖ Copy of 2nd Photo ID ☐
- ❖ Please sign all submitted documents.



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9- Number of Sessions / Recommendations and Decision:

#	Date
Session 1	--/--/--
Session 2	--/--/--
Session 3	--/--/--
Session 4	--/--/--
Session 5	--/--/--
Session 6	--/--/--
Session 7	--/--/--

Recommendations:	Signature of the members of the Clerical Council: 1- 2- 3- 4-	Date: --/--/--
Decision:	Signature of His Grace:	Date: --/--/--



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**Sydney Clerical Council for Personal Affairs
Referral Sheet and Authorization for Personal
Health Information**

Name: _____

Address: _____

Date of Birth: _____

Privacy Consent and Authorization hereby request and authorize my medical practitioner _____ to release my personal health information to the Sydney Clerical Council for the purpose of enabling them to make decision and give advice related to my case.

In consideration of the above referral, I hereby consent, for the purpose of the *Privacy Act 1988* (CTH) and all the other purposed, to my medical practitioner releasing this personal health information to the Sydney Clerical Council for Personal Affairs.

Signature: _____

Date: _____