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| C:\Users\dllordier\Desktop\doc-logo-black.png |  | **MARRIAGE/STATE REGISTERED DOMESTIC** **PARTNERSHIP APPLICATION** **For Intended Spouse/State Registered Domestic Partner Use** |

This marriage application may be accessed on the Department’s internet website or sent by the offender to his/her intended spouse/state registered domestic partner. The intended spouse/state registered domestic partner should submit the completed form to the offender’s Counselor.

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| Intended Spouse/State Registered Domestic Partner Name |       | Date of Birth |       |
| Address |       |
| Offender Name |       | DOC Number |       |

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| **Please answer the following questions (use an additional sheet(s) of paper as needed):** |
| How long have you known your intended spouse/state registered domestic partner? | Years |       | Months |       |
| What is the nature of the relationship? |       |
| Do you have children belonging to both of you? | [ ]  Yes [ ]  No |  |
| Do you have children residing with you? | [ ]  Yes [ ]  No |  |
| List name and ages of all children: | Name |       | Date of Birth |       |
| Name |       | Date of Birth |       |
| Name |       | Date of Birth |       |
| What is the reason your intended spouse/state registered domestic partner is incarcerated? |       |
| How do you feel about marrying/entering into a state registered domestic partnership with an offender?Are you ready for this type of relationship? |       |
| Do you have any history of domestic violence, either as a victim or a perpetrator? If yes, please give details. |       |
| Are you aware that once married/enter into a state registered domestic partnership, you may become financially responsible for the offender’s debt, fines, and credit history? |       |

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| If you have been in a prior marriage/common law relationship/state registered domestic partnership, please complete the following information: |
| **Name of Former Spouse/****State Registered Domestic Partner** | **Date and Place** | **Date of Divorce/Dissolution or****Legal Separation** |
|       |       |       |
|       |       |       |
|       |       |       |
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| I acknowledge that I am legally free to marry/enter into state registered domestic partnership and I am not being pressured to do so. |

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|       |  |       |
| Signature |  | Date |

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| **COMPLETED BY COUNSELOR** |

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| Date Form Received |       | Counselor Comments |       |
|       |

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.