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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 |  |
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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.