



MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP APPLICATION For incarcerated individual use

This application will be completed by the incarcerated individual and returned to the assigned case manager for processing.

Form with fields for Last name, First name, DOC number, Last name of intended spouse/state registered domestic partner, First name, Date of birth, Mailing address, and City/State/Zip.

QUESTIONNAIRE

Answer the following questions and use an additional paper as needed.

How long have you known your intended spouse/state registered domestic partner? Years Months

What is the nature of the relationship?

Yes No Do you have children belonging to both of you?

Yes No Do children reside with you?

List name(s) and age(s) of all children:

Last name First name Date of birth

Last name First name Date of birth

Last name First name Date of birth

Yes No Are you legally restricted in your Judgment and Sentence from marrying/entering into a state registered domestic partnership?

If yes, explain:

Yes No Do you have any history of domestic violence, either as a victim or a perpetrator?

If yes, explain:

Yes No Are you aware that once married/entered into a state registered domestic partnership you may become financially responsible for the intended spouse/state registered domestic partner's debt, fines, and credit history?

How can you aid in the support of your intended spouse/state registered domestic partner?

Three horizontal lines for providing an answer to the support question.

Complete the following information if you have been in a prior marriage/common law relationship/
state registered domestic partnership.

Name of former spouse/ state registered domestic partner	Date and place	Date of divorce/ dissolution or legal separation

I acknowledge that I am legally free to marry/enter into state registered domestic partnership and I am not being pressured to do so.

Name Signature Date

CASE MANAGER COMPLETES

Date application received: _____

Comments:

How long has the incarcerated individual been at this facility? _____
What is the tentative release date? _____ Years Months

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 16-01, RCW 42.56, and RCW 40.14.

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