



MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP COUNSELING

The officiating clergy or a certified professional counselor will complete the following and submit to:

Case manager Facility Date

Last name First name DOC number

Last name of intended spouse/state registered domestic partner First name

Counselor will determine additional relevant topics (mandatory topics are checked).

COMMENTS

- Crime(s) of conviction _____
- Criminal history _____
- Sentence timeline/ERD _____
- Compatibility _____
- Expectations _____
- Personalities/families _____
- Conflict resolution _____
- Intimacy _____
- Long term goals _____
- Financial issues/concerns _____
- Children _____
- Other _____

I have provided counseling services to the above individual and intended spouse/state registered domestic partner and have discussed all of the identified subject matter.

Clergy/Counselor Signature License number

Incarcerated individual Signature DOC number

Intended Spouse/State Registered Domestic Partner Signature License number

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.

Distribution: **ORIGINAL** - Imaging file **COPY** - Counselor, incarcerated individual