



**MARRIAGE/STATE REGISTERED DOMESTIC  
PARTNERSHIP APPLICATION  
SOLICITUD DE MATRIMONIO/UNION CIVIL DE  
PAREJA DOMESTICA REGISTRADA EN EL ESTADO**  
For Offender Use  
*Para el uso del interno/interna*

This marriage application will be completed by the offender and returned to his/her Counselor for processing.  
*El interno/interna deberá llenar esta solicitud de matrimonio y devolvérsela a su Consejero para que sea tramitada.*

Offender Name/Nombre del interno/a \_\_\_\_\_ DOC Number Núm. DOC \_\_\_\_\_

Intended Spouse/State Registered Domestic Partner Name/Nombre del pretendido cónyuge/pareja doméstica \_\_\_\_\_ Date of Birth Fecha - nacimiento \_\_\_\_\_

Address/Dirección \_\_\_\_\_

**Please answer the following questions (use an additional sheet(s) of paper as needed):**  
**Por favor, conteste las siguientes preguntas (use hojas adicionales si es necesario):**

How long have you known your intended spouse/state registered domestic partner? Years Months  
*¿Desde hace cuanto tiempo conoce a su pretendido cónyuge/pareja doméstica? Años Meses*

What is the nature of the relationship?  
*¿Cuál es la naturaleza de su relación?*

Do you have children belonging to both of you?  Yes/Sí  No  
*¿Tiene hijos que son de los dos?*

Do children reside with the intended spouse/state registered domestic partner?  
*¿Viven los hijos con su pretendido cónyuge/pareja doméstica registrada?*  Yes/Sí  No

List name and ages of all children:/Nombres y las edades de todos los hijos:

Name Nombre	_____	Date of Birth Fecha - nacimiento	_____
Name Nombre	_____	Date of Birth Fecha - nacimiento	_____
Name Nombre	_____	Date of Birth Fecha - nacimiento	_____

Are you legally restricted in your Judgment and Sentence from marrying/entering into a state registered domestic partnership?  
*¿Tiene restricciones legales de casarse/entrar en una unión civil debido a su Fallo y Pena?*

Do you have any history of domestic violence either as a victim or a perpetrator? If yes, please give details./*¿Tiene usted historia de violencia doméstica como víctima o como perpetrador? Si contestó que "sí," dé detalles, por favor.*

How can you aid in the support of your intended spouse/state registered domestic partner?/*¿Cómo puede usted ayudar con la manutención de su pretendido cónyuge/pareja doméstica registrada en el estado?*

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?  
*¿Entiende que al casarse/entrar en una unión civil usted puede asumir la responsabilidad financiera de las deudas, multas y la valoración crediticia de su cónyuge?*

If you have been in a prior marriage/common law relationship/state registered domestic partnership, please complete the following information:

*Si usted ha estado casado/casada anteriormente/era conviviente/en una unión civil de pareja doméstica registrada en el estado, favor de dar los siguientes datos:*

Name of Former Spouse/ State Registered Domestic Partner <i>Nombre del anterior cónyuge o pareja doméstica registrada en el estado</i>	Date and Place <i>Fecha y lugar</i>	Date of Divorce/Dissolution or Legal Separation/ <i>Fecha del divorcio/disolución/separación legal</i>

I acknowledge that I am legally free to marry/enter into state registered domestic partnership and I am not being pressured to do so.  
*Afirmo que soy libre legalmente para casarme/entrar en una unión civil de pareja doméstica registrada en el edo. y que no se me presiona para hacerlo.*

Signature/*Firma* \_\_\_\_\_

Date/*Fecha* \_\_\_\_\_

**COMPLETED BY COUNSELOR - SECCION PARA EL CONSEJERO**

Date Form Received  
*Fecha solicitud recibida* \_\_\_\_\_

Counselor Comments  
*Comentarios del  
consejero* \_\_\_\_\_

How long has the offender been at this facility?  
*¿Cuánto tiempo tiene el interno/interna en esta  
institución?*

Years  
*Años* \_\_\_\_\_

Months  
*Meses* \_\_\_\_\_

What is the tentative release date?  
*¿Cuál es la fecha tentativa para su  
puesta en libertad?* \_\_\_\_\_

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**MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP  
 APPROVAL FOR RELEASE OF INFORMATION  
 MATRIMONIO/UNION CIVIL DE PAREJA DOMESTICA INSCRITA  
 APROBACION PARA LA REVELACION DE INFORMACION**

TO/PARA: \_\_\_\_\_  
 Intended Spouse/State Registered Domestic Partner Name / Nombre del pretendido cónyuge/pareja doméstica

Address \_\_\_\_\_  
 Dirección \_\_\_\_\_

Re/Asunto: \_\_\_\_\_ DOC # \_\_\_\_\_  
 Offender Name/Nombre del interno/interna Núm. DOC \_\_\_\_\_

Dear \_\_\_\_\_  
 Estimado/a \_\_\_\_\_

According to DOC 590.200 Offender Marriages and State Registered Domestic Partnerships, all offenders wishing to marry or enter into a state registered domestic partnership must release their full criminal history information to their intended spouse/state registered domestic partner.

*En cumplimiento con DOC 590.200 Matrimonios de internos y uniones civiles de parejas domésticas inscritas en el estado, todos los internos que deseen casarse o inscribir su unión civil de pareja doméstica en el estado tienen que revelar sus antecedentes penales completos a su pretendido cónyuge/pareja doméstica.*

The above named offender is currently held at:  
 El interno/interna nombrado arriba está actualmente detenido en: \_\_\_\_\_

Time structure is as follows:  
 La estructura de la pena es: \_\_\_\_\_

Sentence: \_\_\_\_\_ Minimum Term \_\_\_\_\_  
 Pena: \_\_\_\_\_ Pena mínima \_\_\_\_\_

Maximum Expiration: \_\_\_\_\_ Earliest Possible Release Date: \_\_\_\_\_ Jail Time Credits: \_\_\_\_\_  
 Pena máxima: \_\_\_\_\_ Fecha más temprana posible de libertad: \_\_\_\_\_ Créditos de días de cárcel: \_\_\_\_\_

Please read the attached carefully. If you wish to continue with the marriage/state registered domestic partnership plans after reading the attached information and discussing with the officiating clergy or a certified professional counselor, please sign in the appropriate space and return the original to me. You may keep the copy for your own records. Be advised that the offender has not signed a release for any medical or health information.

*Lea la información adjunta con mucho cuidado, por favor. Si usted todavía quiere seguir con sus planes de matrimonio o unión civil de pareja doméstica inscrita en el estado después de leer la información adjunta y hablar con el clérigo oficiante o consejero profesional titulado, firme en la casilla apropiada, por favor, y devuélvame la copia original. Usted puede quedarse con una copia para guardar con sus papeles. Tenga en cuenta que el interno/interna no ha firmado ningún documento para revelar información acerca de cualquier condición médica que tenga o su salud.*

Sincerely  
 Atentamente,

\_\_\_\_\_  
 Counselor/Consejero \_\_\_\_\_ Date/Fecha \_\_\_\_\_

**AUTHORIZATION - AUTORIZACION**

I hereby authorize the above Counselor to release the information enclosed regarding my crime and time structure to my intended spouse/state registered domestic partner and the officiating clergy/certified professional counselor before our marriage/state registered domestic partnership, and hereby release the authorized party from all legal responsibilities and/or liability that may arise from the release of information requested. This consent is subject to my revocation at any time, except to the extent that action has been taken in reliance thereon. Unless earlier revoked by me, this consent shall expire in 60 days.

*Por la presente autorizo al Consejero/Consejera nombrado arriba a revelar la información adjunta con respecto a mi delito y la estructura de mi pena a mi pretendido cónyuge/pareja doméstica y al clérigo oficiante/consejero profesional titulado antes de casarnos/entrar en una unión civil, y por la presente eximo a la parte autorizada de toda responsabilidad legal que pueda resultar por revelar la información que se pide. Este consentimiento está sujeto a mi revocación cuando sea, salvo al grado que ya se haya tomado acción con respecto a la misma. A menos que lo revoque yo antes, este consentimiento vencerá en 60 días.*

\_\_\_\_\_  
Offender Signature/Firma del interno/interna

\_\_\_\_\_  
DOC Number/ Número de DOC

\_\_\_\_\_  
Date/Fecha

I have read and understand the information given to me. I wish to continue with the marriage/state registered domestic partnership plans and understand that as part of the process, detailed criminal history amongst other items will be discussed with the Counselor.

*He leído y entiendo la información que me proveyeron. Quiero seguir con los planes de matrimonio/unión civil de pareja doméstica inscrita en el estado. Entiendo que como parte del proceso, se hablará de los antecedentes penales entre otros asuntos con el Consejero.*

I have read and understand the information given to me. I do not wish to continue with the marriage/state registered domestic partnership plans.

*He leído y entiendo la información que me dieron. No quiero seguir con los planes de matrimonio/unión civil de pareja doméstica inscrita en el estado.*

\_\_\_\_\_  
Intended Spouse/State Registered Domestic Partner Signature

*Firma del pretendido cónyuge/pareja doméstica inscrita en el estado*

\_\_\_\_\_  
Date/Fecha

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# MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP APPROVAL ROUTING

The following offender and intended spouse/state registered domestic partner have applied for and initially met legal and Department policy requirements to marry or enter into a domestic partnership at this facility. Attached are the applications and the release of information (DOC 20-213, DOC 20-214, DOC 20-215), birth certificates, and divorce/dissolution decrees, as applicable.

Offender Name \_\_\_\_\_ DOC # \_\_\_\_\_ Date \_\_\_\_\_

Intended Spouse/State Registered Domestic Partner Name \_\_\_\_\_

Correctional Unit Supervisor Name \_\_\_\_\_

Comments \_\_\_\_\_

### TENTATIVE CEREMONY DETAILS

Ceremony Date \_\_\_\_\_ Time \_\_\_\_\_ Name of Officiant \_\_\_\_\_

Name of Witnesses (marriages only) \_\_\_\_\_

### APPROVAL RECOMMENDATIONS

Complete, sign, and route as appropriate.

		RECOMMENDATION	
		Approve	Deny
Counselor _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____			

Correctional Unit Supervisor _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____			

Correctional Program Manager _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____			

Associate Superintendent _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____			

### FINAL DECISION

		Approve	Denied
Superintendent _____	Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____			

### AUTHORIZED MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP REPORT

Offender Name \_\_\_\_\_ and \_\_\_\_\_ Spouse/State Registered Domestic Partner Name \_\_\_\_\_

Were married on \_\_\_\_\_ by \_\_\_\_\_ in the presence of \_\_\_\_\_

Witness \_\_\_\_\_ and \_\_\_\_\_ Witness \_\_\_\_\_

Entered into a state registered domestic partnership on \_\_\_\_\_ in a ceremony presided over by \_\_\_\_\_

Chaplain \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/designee \_\_\_\_\_ Date \_\_\_\_\_

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**ACKNOWLEDGMENT OF DOC 590.200  
OFFENDER MARRIAGES AND STATE  
REGISTERED DOMESTIC PARTNERSHIPS**

Offender Name: \_\_\_\_\_

DOC #: \_\_\_\_\_

We, \_\_\_\_\_, have read and fully understand DOC 590.200 Offender Marriages and State Registered Domestic Partnerships. We affirm that we have read and followed the requirements outlined in the policy. We understand that if DOC 590.200 Offender Marriages and State Registered Domestic Partnerships is not fully adhere to, we will not be eligible to participate in programs and privileges that the Department offers for married individuals/state registered domestic partners (e.g., Extended Family Visits, etc.).

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intended Spouse/State Registered Domestic Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intended Spouse/State Registered Domestic Partner Printed Name

**\*Intended Spouse/State Registered Domestic Partner: Please retain a copy of all items submitted for your records.\***

**Classification Counselor:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Received

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# MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP PROCESS CHECKLIST

Intended Spouse/State Registered Domestic Partner Name: \_\_\_\_\_

Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

Date Completed \_\_\_\_\_

1.  **Intended Spouse/State Registered Domestic Partner** completes DOC 20-213 Marriage/State Registered Domestic Partnership Application For Intended Spouse/State Registered Domestic Partner and submits it to the Counselor with:
  - A copy of his/her photo identification
  - Certified copy of his/her birth certificate
  - Certified copies of divorce/dissolution decrees for all prior marriages/state registered domestic partnerships, as applicable
  - "if you plan to exchange rings, ensure the incarcerated individuals ring is obtained through Access Securepak (<https://www.accesscatalog.com>)"
2.  **Offender** completes DOC 20-214 Marriage/State Registered Domestic Partnership Application For Offender Use and submits it to the Counselor with:
  - Certified copy of his/her birth certificate, and
  - Certified copies of divorce/dissolution decrees for all prior marriages/state registered domestic partnerships.
3.  **Counselor** reviews all documents to determine legal eligibility of the offender and the intended spouse to marry or enter into a state registered domestic partnership and forwards to the Facility Risk Management Team (FRMT) for review.
4.  **FRMT** determines whether the application process should continue.
  - If denied – Forward to Correctional Unit Supervisor (CUS) who will notify offender and intended spouse/state registered domestic partner in writing.
  - If approved – Department will notify the offender.
5.  **Offender** signs DOC 20-215 Marriage/State Registered Domestic Partnership Approval for Release of Information and submits it to the Counselor.
6.  **Counselor** provides written information (i.e., offender's criminal history, current offense, sentence timeline, and vendor information to purchase a wedding ring) to the intended spouse/state registered domestic partner).
7.  **Officiating Clergy/Certified Professional Counselor** provides counseling per DOC 20-444 Marriage/State Registered Domestic Partnership Counseling Requirements, completes the form, and submits it to the Counselor.
8.  **Intended Spouse/State Registered Domestic Partner AND Offender** sign DOC 20-215 Marriage/State Registered Domestic Partnership Approval for Release of Information indicating receipt of criminal history information and desire to marry, and returns it to the Counselor.
9.  **CUS** sends to Superintendent:
  - DOC 20-218 Marriage/State Registered Domestic Partnership Approval Routing,
  - DOC 20-213 Marriage/State Registered Domestic Partnership Application For Intended Spouse/State Registered Domestic Partner Use,
  - DOC 20-214 Marriage/State Registered Domestic Partnership Application For Offender Use, and
  - DOC 20-215 Marriage/State Registered Domestic Partnership Approval for Release of Information.
10.  **Superintendent/designee AND Offender** meet to discuss the marriage/state registered domestic partnership process.
11.  **Intended Spouse/State Registered Domestic Partner** sends the license to the offender.
12.  **Offender** signs the license in front of a notary public.
13.  **Offender** sends the license to the intended spouse/state registered domestic partner.

14.  **Intended Spouse/State Registered Domestic Partner** obtains the license. \_\_\_\_\_
15.  **Records** runs NCIC and clear any outside officiant performing the ceremony. \_\_\_\_\_
16.  **Officiant** submits to the Superintendent: \_\_\_\_\_
- For a religious ceremony – A certified document verifying his/her authority to perform the ceremony as recognized by the offender's religious or faith-based organization, along with a current letter of appointment or a letter stating s/he is in good standing from the ordaining body or religious authority
- OR**
- For a civil ceremony – His/her letter of appointment or oath of office
- AND**
- A list of all items that will be brought to the facility the day of the ceremony.
17.  **Intended Spouse/State Registered Domestic Partner AND Offender** read and sign DOC 20-219 Acknowledgment of DOC 590.200 Offender Marriages and State Registered Domestic Partnerships, then submits it to the Counselor. \_\_\_\_\_
18.  **Superintendent/designee** approves any items brought in to the facility by the officiant. \_\_\_\_\_
19.  **Intended Spouse/State Registered Domestic Partner OR Offender** submits names of 6 visitors (already on the offender's visitor list or approved for a special visit) to attend the ceremony. \_\_\_\_\_
20.  **Counselor** may approve 6 visitors to attend the ceremony. Children of the offender and/or intended spouse/state registered domestic partner may be approved in addition to the 6 visitors. One offender may attend with Superintendent/designee approval. \_\_\_\_\_
21.  **Chaplain** completes the Authorized Marriage/State Registered Domestic Partnership Report section of DOC 20-218 Marriage/State Registered Domestic Partnership Approval Routing after the ceremony is complete and forwards to the Superintendent/designee. \_\_\_\_\_
22.  **Superintendent/designee** signs the Authorized Marriage/State Registered Domestic Partnership Report section of DOC 20-218 Marriage/State Registered Domestic Partnership Approval Routing after the ceremony is complete, attaches a copy of the certificate and/or license, and sends to Records. \_\_\_\_\_
23.  **Records** will place the completed packet and this checklist in the offender's central file. \_\_\_\_\_
- Notify the Counselor that the process has been completed.
- Scan into the electronic imaging system. \_\_\_\_\_

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