Name of JR Young Adult JR Number

We agree we read and fully understand JR Policy 6.70 Marriage in JR Facilities, and followed the requirements listed in the policy.

We understand if [JR Policy 6.70 Marriage in JR Facilities](http://jr.dshs.wa.lcl/library/policy/Shared%20Documents/Policy6.70.pdf) is not fully followed, we will not be eligible to participate in any programs or privileges JR may offer for married individuals (e.g. extended family visits).

JR Young Adult Printed Name Signature Date

Intended Spouse Printed Name Signature Date

|  |  |
| --- | --- |
| **JR CASE MANAGER** | |
| JR Case Manager Name: | Date: |
| Signature: | |

**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**](https://www.governor.wa.gov/sites/default/files/exe_order/eo_16-01.pdf)**,** [**RCW 42.56**](https://apps.leg.wa.gov/rcw/default.aspx?cite=42.56)**, and** [**RCW 40.14**](https://app.leg.wa.gov/RCW/default.aspx?cite=40.14)**.**