This application may be accessed on the [DCYF Forms website](https://www.dcyf.wa.gov/forms) or sent by the JR young adult to the intended spouse for completion. Both the JR young adult and intended spouse must ***each complete a separate copy*** of this application. Once completed, both forms should be submitted to the JR case manager for processing.

I am the:  JR Young Adult  Intended Spouse

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INDIVIDUALS’ INFORMATION** | | | | |
| Name of JR Young Adult:        *(Last, First, Middle)* | | | JR Number: | |
| Name of Intended Spouse:        *(Last, First, Middle)* | | | DOB: | |
| Intended Spouse’s Address: | | | Phone Number: | |
| **QUESTIONNAIRE**  *Answer the following questions and use additional paper if needed.* | | | | |
| How long have you known your intended spouse? | | Years       Months | | |
| What is the nature of the relationship? | | | | |
| Do you have children belonging to both of you? Do children reside with you? | | Yes  Yes | | No  No |
| List first and last name(s) for all children: | | List dates of birth for all children:  Date of Birth:       Date of Birth:       Date of Birth: | | |
| Do you have any history of domestic violence, either as a victim or perpetrator?  If yes, please explain: | | | | Yes  No |
| Are you aware that once married you may become financially responsible for the debts incurred through debt, fines, credit history, etc.? | | | | Yes  No |
| **Intended Spouse Only** | Do you know the reason your intended spouse is incarcerated? (*Intended spouse only*) If yes, please explain: | | | Yes  No |

|  |  |
| --- | --- |
| **Intended Spouse Only** | How do you feel about marrying with someone who is incarcerated? Are you ready for this type of relationship? |

|  |  |  |
| --- | --- | --- |
| **PRIOR MARRIAGES**  *Complete the following information if either person has been in a prior marriage (including common law relationships and state registered domestic partnerships)* | | |
| Name of former spouse or partner | Date and City, ST | Date of Divorce or Dissolution |
|  |  |  |
|  |  |  |

**I acknowledge I am legally free to marry my intended spouse and am not under pressure to do so.**

Printed Name Signature Date

|  |  |
| --- | --- |
| **JR CASE MANAGER** | |
| JR Case Manager Name: | Date application received: |
| Comments: | |

**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)**.**