



MARRIAGE/STATE REGISTERED DOMESTIC PARTNERSHIP APPROVAL FOR RELEASE OF INFORMATION

Intended spouse/state registered domestic partner

Mailing address

City/State/Zip

Re:

Name

DOC number

Date

Dear _____,

According to DOC 590.200 Marriages and State Registered Domestic Partnerships, all individuals 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.

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 a copy for your own records. Be advised that the incarcerated individual has not signed a release for any medical or health information.

The above named individual is currently held at: _____

Time structure is as follows: _____

Sentence: _____

Jail time credits: _____

Minimum Term

Maximum Expiration

Earliest possible release date

Sincerely,

Case manager

Signature

Date

AUTHORIZATION

I hereby authorize the above case manager 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, I 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.

Signature

DOC number

Date

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

Intended spouse/state registered
domestic partner

Signature

Date

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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