

Iowa Department of Corrections

OFFENDER MARRIAGE APPLICATION – COUNSELOR RESPONSE

To be completed by the Counselor in response to the receipt of offender's and intended spouse's marriage applications (**IS-SS-02 F-2; IS-SS-02 F-3**) and all three forms forwarded to the Chaplain/designee.

Offender's Name: _____ Offender's Number: _____

Offender's Intended Spouse's Name, Address, and Phone Number: _____

1. How long has offender been with Iowa Department of Corrections?
2. What is offender's tentative release date?
3. How long has this offender known intended spouse?
4. Do they have any children belonging to the both of them?
5. List number and ages of children, if any:
6. Were they living as a common-law marriage as based on documented proof as stated in Marriage Policy?
7. Counselor's Comments and Signature:

Counselor's Signature

Date