

CITY OF SPOKANE
AFFIDAVIT OF DOMESTIC PARTNERSHIP

SECTION I

I, _____, an employee of the City of Spokane eligible for benefits being first duly sworn upon oath, do hereby certify as follows: _____ and I are domestic partners, in that we:

1. Have been for at least six months, and are currently:
 - a. Sharing the same regular and permanent residence;
 - b. Having a close, personal relationship;
 - c. Jointly responsible for “basic living expenses,” as defined below;
 - d. Not married to anyone as recognized by the State of Washington;
 - e. Eighteen years of age or older;
 - f. Not related by blood closer than would bar marriage in the State of Washington;
 - g. Mentally competent to consent to contract when the domestic partnership began; and
 - h. Each other’s sole domestic partner, intending to remain so indefinitely, and are responsible for each other’s common welfare; or
2. Have a registered domestic partnership recognized by the State of Washington under chapter 26.60 RCW.

“Basic living expenses” means the cost of basic food, shelter and any other expenses of a domestic partner which are paid at least in part by a program of benefits for which the partner qualified because of the domestic partnership. The individual need not contribute equally or jointly to the cost of these expenses, as long as they agree that both are responsible for the cost.

SECTION II

A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstances attested to in this affidavit.

I agree to notify my payroll/personnel representative if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Domestic Partnership.

B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until six months after a Statement of Termination of Domestic Partnership has been filed with my payroll/personnel representative, unless such termination is due to the death of my domestic partner.

SECTION III

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may or may not have legal implications under Washington law. NOTE: If you desire further information concerning the possible consequences of signing this form please consult your attorney.

We understand that a civil action may be brought against us for any losses, including reasonable attorney’s fees, because of a false statement contained in this Affidavit of Domestic Partnership.

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We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

We, the undersigned, understand that upon reasonable notice, the City of Spokane has the right to require a change in any insurance coverage that is provided in order to standardize coverage among all employees.

We, the undersigned, understand that insurance benefits provided to domestic partners may be subject to federal income tax as required by IRS regulations.

I, the undersigned City of Spokane employee, understand that willful falsification of information on this affidavit will lead to disciplinary action, up to and including discharge from employment.

_____	_____
Signature of Employee (Principal)	Signature of Domestic Partner
_____	_____
Address	

Department	
Signed at: _____	Date: _____

NOTARIZATION

State of Washington
County of Spokane

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, personally appeared _____ and _____ personally known to me to be the persons described in and who executed this Affidavit, and acknowledged to me that they signed the same freely and voluntarily for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last written above.

Notary Public in and for the State of Washington,
Residing at Spokane

My Commission expires: _____