



Affidavit Of Domestic Partnership

SECTION 1

I, _____, certify that I, and _____ are domestic partners, and we:

1. currently share the same regular and permanent residence, and
2. have a close personal relationship, and
3. are jointly responsible for "basic living expenses," as defined below, and
4. are not married to anyone, and
5. are each eighteen (18) years of age or older, and
6. are not related by blood closer than would bar marriage in the State of Washington, and
7. were mentally competent to consent to contract when our domestic partnership began, and
8. are each other's sole domestic partner and are responsible for each other's common welfare.

"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 or benefit for which the partner qualified because of the Domestic Partnership. The individuals 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 circumstance attested to in this Affidavit. I agree to notify the Payroll Office if there is any change of circumstances attested to in this Affidavit within thirty (30) days of change.
- B. I understand that another Affidavit of Domestic Partnership cannot be filed less than 90 days after a request for termination of domestic partnership has been filed with the Payroll Office.

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 have legal/tax implications.

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.

Section III – continued

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

I, the undersigned Spokane Public School Employee, understand that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee

Signature of Domestic Partner

Employee ID Number

Address

Address

City, State, ZIP

City, State, ZIP

School/Location

Date Domestic Partnership Established

Date Domestic Partnership Established

Date Signed

Date Signed