

CITY OF PORTLAND STATEMENT OF DOMESTIC PARTNERSHIP

An employee must submit a Statement of Domestic Partnership to receive non-health City benefits such as catastrophic leave, funeral leave, dependent care, or FMLA/OFLA leave for their Domestic Partner.

To qualify as a domestic partner, the Statement Domestic Partnership must be completed.

Acknowledgements:

- 1. We have provided the information in this affidavit for use by the City's Human Resources Bureau for the sole purpose of determining our eligibility for domestic partner/spouse non-health benefits. This information will be held as strictly confidential and will only be disclosed upon written authorization by us or as may otherwise be required by law.

- 2. We understand that any false statement contained in this affidavit, including failure to provide updated information as required herein, may lead to disciplinary action, up to and including discharge from employment with the City of Portland.

- 3. We understand that any companies or persons including but not limited to the City who suffers loss due to any false statement contained in this affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorney's fees.

- 4. We agree to notify the City's Bureau of Human Resources if there is **any** change in our status as attested in this Affidavit, which would make us no longer eligible for the City's non-health benefits. We will notify the City in writing within 60 days of such change.

Dated: _____

Name of Employee

Name of Domestic Partner/Spouse

Signature of Employee

Signature of Domestic Partner/Spouse

City of Portland Affidavit of Dependent Domestic Partner Status

STATE OF OREGON)
) ss.
County of Multnomah)

We, _____ (Employee) and _____ (Domestic Partner) declare under penalty of perjury and false swearing under the laws of the State of Oregon that the statements below are true and correct, and being first duly sworn, state that we are domestic partners in accordance with the criteria outlined in #2.

1. Employee: My name is _____, my date of birth is _____ and my Social Security Number is _____.

Domestic Partner: My name is _____, my date of birth is _____ and my Social Security Number is _____.

2. Criteria:

- We are each 18 years of age or older and share the same permanent residence and household at _____ (address);
- We are each other's exclusive domestic partner and intend to remain so for the rest of our lives;
- Neither one of us is married to anyone else;
- We are not related by blood, closer than would be a bar to marriage in the state of permanent residence;
- We were each mentally competent to enter into a contract when the domestic partnership began; and
- We are jointly responsible for our common welfare, including the providing and/or payment of basic living expenses such as food, shelter and other necessities of life.

Dated: _____

Type or Print Name of Employee

Type or Print Name of Domestic Partner

Signature of Employee

Signature of Domestic Partner

Sworn to before me on _____, by _____

Notary Public for Oregon
My commission Expires: _____