

I, \_\_\_\_\_, an employee of the City of Scottsdale, and \_\_\_\_\_ do hereby affirm that we are living as domestic partners. We further affirm that our relationship meets the definition stated on this form. We acknowledge that the purpose of this form is to receive City of Scottsdale employee domestic partner benefits.

**DEFINITIONS**

**Domestic Partner**

An individual of either sex who shares a long-term committed relationship of indefinite duration with a benefit eligible employee.

**Domestic Partnership**

**A relation between a benefit eligible employee and his/her domestic partner which meets all of the following criteria:**

- The partners must currently reside together in an exclusive mutual commitment, which has existed for no less than one year (from start of benefit coverage), and for which there is mutual intent to continue the relationship indefinitely;
- Shares your permanent residence;
- Are jointly responsible for basic living expenses;
- Are not legally married;
- Are both at least 18 years of age;
- Is not a blood relative to whom marriage would be prohibited in Arizona;
- Are each other's sole domestic partner;
- Both partners were mentally competent to consent to the contract when the domestic partnership began.

We affirm that we can produce documentation of at least three (3) of the following items as evidence of our joint responsibility and commitment to our domestic partnership.

- A) Joint mortgage, joint property tax identification or joint tenancy on a residential lease;
- B) Joint bank account (checking or savings);
- C) Joint liabilities (e.g. credit cards, car loans, etc);
- D) Joint ownership of significant property (e.g. car, real estate, boat, etc);
- E) Durable property or health care powers of attorney;
- F) Naming each other as primary beneficiary in wills, life insurance policies or retirement annuities;
- G) Written agreements or contracts regarding your relationship showing mutual support obligations.

\* All documentation must be pre-dated by twelve (12) months.

We agree to notify the City of Scottsdale within thirty-one (31) days of the termination of our domestic partnership by filing a Notice of Termination of Domestic Partnership with the Human Resources Department. We understand that an employee cannot register another domestic partnership for twelve (12) months following the filing of a Notice of Termination of Domestic Partnership.

We understand that a false declaration of a domestic partnership or failure to inform the City of Scottsdale of the termination of a domestic partnership in a timely fashion may result in disciplinary action of an employee up to and including termination or dismissal. We understand that if this statement is false, the City may pursue criminal prosecution and civil remedies for reimbursement of all costs together with reasonable attorney fees.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Partner \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_