AFFIDAVIT *of Domestic Partnership*

PORTLAND PUBLIC SCHOOLS
501 N. Dixon Street
Portland, OR 97227

I, (print name of employee) _____ , certify that I and (print name of domestic partner) _____ are domestic partners since _____.
(Date)

We are, and have been, the other's partner in a domestic partnership. For purposes of this affidavit, a "domestic partnership" is one consisting of two people in which the members:

1. shared jointly the same permanent residence for at least six (6) months immediately preceding the date of this affidavit and intend to continue to do so indefinitely;

2. have a close personal relationship with each other;

3. are not legally married to anyone;

4. are each eighteen (18) years of age or older;

5. are not related to each other by blood in a degree of kinship closer than would bar marriage in the State of Oregon;

6. were mentally competent to contract when the domestic partnership began;

7. are each other's sole domestic partner; and

8. are jointly responsible for each other's common welfare including "basic living expenses." For purposes of this affidavit, "basic living expenses" means the cost of basic food, shelter and any other expenses of a member of the domestic partnership. The partners are not required to contribute equally or jointly to the cost of the basic living expenses if they agree that both are responsible.

This affidavit terminates upon the death of the signing employee's domestic partner or by a change in circumstances attested to in this affidavit. The signing employee must notify the Payroll Department within thirty (30) days after such death or change and must submit a new enrollment form. After termination of the domestic partnership, the employee may not file a new Affidavit of Domestic Partnership for the purpose of enrolling a new domestic partner for six (6) months from the date of termination.

I understand that providing insurance coverage for a domestic partner and a domestic partner's dependents, if any, will result in my having additional taxable income. I attest that this certification is true and correct to the best of my knowledge.

_____ _____
Employee Signature Date

STATE OF OREGON)
) ss.
County of _____)

On this ____ day of _____ , 20 _____ , before me Notary Public,

personally appeared _____ ,

( ) personally known to me
( ) proved to me on the basis of satisfactory evidence

to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed it.

Notary Public for Oregon:_____

My Commission Expires: _____