AFFIDAVIT OF DOMESTIC PARTNERHIP

I. Declaration

We, _____ _____
(Employee Name) (Social Security Number)

and _____ _____
(Domestic Partner's Name) (Social Security Number)

declare that:

1. We are unmarried**;** nor has either of us been so during the past 12 months.
2. We are not a member of another domestic partnership; nor has either of us been so during the past 12 months.
3. We have been in a mutually exclusive relation for the last twelve (12) months and intend to do so indefinitely.
4. We have shared the same primary residence for at least (12) consecutive months.
5. We meet the age requirements for marriage in the State of New Mexico and are mentally competent to consent to contract;
6. We are not related by blood to the degree prohibited in the legal marriage in the State of New Mexico; and
7. We are jointly responsible for the common welfare of each other and share financial obligations.

II. Change in Domestic Partnership

We agree to notify the City of Albuquerque Human Resources Department In writing within thirty-one (31) days of any change in our status as domestic partners (for example, if we no longer share the same principal residence) or if we wish to terminate domestic partner benefits.

III.

Dependent(s) of Domestic Partners

We declare as eligible dependent(s):

Name of Child	Biological Parent-EE Or Domestic Partner		Employee Initials	Partners Initials
_____	EE	DP	_____	_____
_____	EE	DP	_____	_____
_____	EE	DP	_____	_____
_____	EE	DP	_____	_____

IV. Acknowledgements

1. We understand that the value of insurance benefits provided to the domestic partner is considered taxable income to the employee by the Internal Revenue Service and is subject to social security and state income tax withholding.

2. We understand that courts have recognized some non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property.

3. We acknowledge the City's advice that we consult our private attorney before signing this document.

We affirm, under penalty of perjury, that the assertions in this Affidavit are true and correct. We understand that any misrepresentation of fact may result in loss of benefits, disciplinary action and that the employee is responsible for reimbursement to the City for any cost involved in providing benefits coverage.

_____ _____
Employee's Signature Date

_____ _____
Domestic Partner's Signature Date

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)

The foregoing Affidavit of Domestic Partnership was subscribed before me this _____ day of _____,20__ by _____ and _____ as their own free act and deed.
Employee Name Domestic Partner Name

My commission Expires:
_____ _____
Notary Public

_____ _____
Received by: Insurance Representative Date