



COUNTY OF KENOSHA

Division of Human Resources
1010 – 56th Street
Kenosha, WI 53140
(262)653-2800

Affidavit of Domestic Partnership

Employee Information:

Name Gender (M/F)

Address

Domestic Partner Information:

Name Gender (M/F)

Address

We understand that in order for Domestic Partner coverage to become effective for a leave of absence under the Family and Medical Leave Act (FMLA), this Affidavit must be completed, and we must satisfy the following requirements. We certify that the following requirements are satisfied:

- 1) We are 18 years of age or older.
- 2) We are competent to enter into a contract.
- 3) We are not legally married to, nor the domestic partner of, any other person.
- 4) We are not related by blood closer than permitted under the marriage laws of the State.
- 5) We have entered into the Domestic Partnership voluntarily, willingly and without reservation.
- 6) We have been and will continue living together in a primary residence as a couple for at least six months prior to the date of application for coverage.
- 7) We intend to continue the Domestic Partnership indefinitely, with the understanding that the relationship is terminable at the will of either partner.
- 8) We are in a mutually exclusive relationship and are responsible for each other's common welfare and financial obligations.
- 9) We understand that following a termination of a Domestic Partnership, a minimum of six months must elapse before the employee is eligible to designate a new Domestic Partner, or re-designate a former partner.
- 10) We understand that this declaration may have other legal ramifications, and that we have been encouraged to seek legal advice regarding these matters before signing this Affidavit.

We have read and understand the requirements listed above and agree to be bound by the same. We understand that misrepresentation or omission with this declaration may be sufficient cause, in and of itself, for immediate or retroactive disapproval of the employee's leave of absence under the FMLA whenever discovered. We agree that in the event of a false declaration, Kenosha County may recover damages for all losses and reasonable attorney's fees incurred to cover such damages.

Employee's Signature

Date

Domestic Partner's Signature

Date