

**UNIVERSITY OF WISCONSIN – MILWAUKEE**  
***Affidavit of Domestic Partnership***

**Employee/Student and Domestic Partner Information**

Employee/Student Name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Dom. Partner Name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Residence Address:

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Declaration**

We, the undersigned \_\_\_\_\_ and \_\_\_\_\_  
(*Print Employee's/Student's Name*)      (*Print Partner's Name*)

declare that on or before \_\_\_\_\_ we agreed to live as domestic  
(*Insert date*)

partners in a committed relationship of mutual support and caring as defined in this document, and that we have so lived since that time. We further state that since that time we have held ourselves out publicly to be each other's sole domestic partner and intend to remain in such a committed relationship for the foreseeable future. To demonstrate our status as Domestic Partners, and as proof of benefit eligibility as established by UWM, we are willing to provide **at least two** of the following documents:

*Please circle the numbers of all those for which you would be able to submit proof.*

1. Evidence of joint purchase and ownership of a home
2. Notarized copy of a lease naming both domestic partners
3. Evidence of a joint savings or joint checking account established at least 6 months before registration
4. Title and registration of joint ownership of an automobile
5. Evidence of joint use of and liability for credit cards
6. Certified copy of a life insurance policy naming the domestic partner as the beneficiary
7. Evidence that the domestic partner is a beneficiary under the student's/employee's deferred compensation or retirement plan
8. Evidence of durable powers of attorney per §§ 243.07, 243.10, 155.05, and/or 155.10, Wis. Stats.
9. Student's/employee's last will and testament evidencing that the domestic partner is a major recipient of estate proceeds
10. Other documentary evidence that demonstrates significant joint financial interdependency between the student/employee and domestic partner – please describe \_\_\_\_\_

We understand that copies of these documents are not required at this time but that the University reserves the right to request copies at a later date.

**DOMESTIC PARTNERS** are two individuals who both meet all of the following criteria:

1. Are 18 years of age or older
2. Are competent to enter into a contract.
3. Are not legally married to, or the domestic partner of, any other person.
4. Are not related by marriage.
5. Are not related by blood closer than permitted under the marriage laws of the State of Wisconsin.
6. Have entered into the domestic partner relationship voluntarily, willingly, and without reservation.
7. Have entered into a relationship that is the functional equivalent of a marriage.
8. Have been living together as a couple for at least 6 months before registration with the University.
9. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.

### **Change in Domestic Partner Status**

We agree to notify the University by filing a Statement of Termination if there is any change in our eligibility or status as domestic partners as attested to in this Affidavit. After termination of this relationship, we understand that neither party may file a subsequent Affidavit of Domestic Partnership with the University for at least 6 months.

### **Acknowledgments**

- We understand that if the University suffers any loss due to any false statement contained in this Affidavit, it may bring a civil action against either or both of us to recover its losses, including reasonable attorney's fees.
  - We have provided the information in this affidavit for use by the University for the sole purpose of determining eligibility for Domestic Partner benefits.
  - We affirm that the information in this Affidavit is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein; and we understand that any misrepresentation may result in loss of benefits and/or termination of employment/enrollment. We understand that we are subject to the same enrollment requirements as all other employees/students who are covered by, or applying for, the plan.
  - We have read and understand the provisions of this Affidavit of Domestic Partnership. We agree that the giving of false, inaccurate, or misleading information may result in the payment of unauthorized benefits and may result in legal, financial, and other penalties as provided by law. We further understand that the University retains the right to verify, at any time, any and/or all of the information set forth herein. We have reviewed the information we have provided herein and do hereby certify that it is true and correct to the best of our knowledge.
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Employee/Student signature

Date

State of Wisconsin )

) SS

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin

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

\_\_\_\_\_  
Domestic Partner Signature Date

State of Wisconsin )

) SS

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin

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