KCFML Affidavit of Domestic Partnership

Introduction

King County employees should complete this form to confirm a domestic partnership exists for the purpose of using King County Family and Medical Leave (KCFML). KCFML is a type of protected leave that can be used for the serious health condition of the employee or eligible family members, and for bonding leave. For more information about KCFML and whether you qualify, please contact your agency human resource professional. Completion of this form does not guarantee the right to use KCFML.

Employees must validate a domestic partnership to use KCFML for their partner's serious health condition. To authenticate the domestic partnership, employees must complete the entire form, provide supporting documentation, and have the affidavit form notarized. Agency human resource professionals should review, verify, and then destroy the supporting documentation (or return it to the employee).

Employee Verification

Verify Domestic Partnership Details

Name of Domestic Partner: _____ Date Domestic Partnership Formed: _____

Verify Domestic Partnership Status (select only one)

☐ I certify that my domestic partnership is registered with the Washington State Secretary of State Domestic Partnership registry. Domestic Partnerships | WA Secretary of State

☐ I certify and attest that my domestic partnership meets all the following requirements:

- We are both 18 years of age or older and mentally competent to consent to contract.
- We have a close personal relationship and are responsible for each other's common welfare.
- We share the same regular and permanent residence and are jointly responsible for basic living expenses.
- We are not married to, or in a domestic partnership with, anyone else.
- We are not related by blood closer than would bar marriage in the state of Washington.

Provide Required Documentation (select only one)

☐ For Washington state-registered domestic partnerships:

- Provide a copy (or screenshot) of the domestic partnership listed on the Washington Secretary of State website. Partnerships can be verified using the link above.

☐ For domestic partnerships that are not listed on the Washington Secretary of State registry:

- Proof of shared obligation and responsibility: A joint mortgage, residential lease, joint bank account, or liability, such as a credit card or car lease. Document must include company logo, mailing date, names of both domestic partners, and mailing address. Personal information, such as account numbers and balances can be redacted.

Employee Attestation and Acknowledgement

I attest that the information contained in this affidavit of domestic partnership is true and correct and will only be used to establish the right to use protected leave under King County Family and Medical Leave (KCFML). I understand that falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

I acknowledge and understand that this form will be kept in my separate and private agency protected leave record solely for the purpose of establishing the domestic partnership relationship and that my supporting documentation will be returned to me or be destroyed.

_____	_____	_____
Employee Printed Name	**Employee Signature**	**Date Signed**
_____	_____	_____
Domestic Partner Printed Name	**Domestic Partner Signature**	**Date Signed**

Notary Acknowledgement

State of Washington **County of** _____ **City of** _____

As a licensed notary in Washington State, I know or have satisfactory evidence that _____ _____ (employee listed above) appeared before me, signed the documents in my presence, and can confirm that the required documentation appears to be authentic for the uses and purposes mentioned within this *Affidavit of Domestic Partnership*.

Date Signed _____	**Notary seal/stamp**
Notary Signature _____	
Notary Title _____	

Agency Human Resource Professional (select one)

☐ **Affidavit Confirmed**: I confirm that the employee has completed and provided all supporting documentation. I further understand that this affidavit must be stored in the employee's separate protected leave file (not in the regular employee file) and that supporting documentation should be returned to the employee or destroyed.

☐ **Affidavit Not Confirmed:** I confirm that the employee has not completed or provided the required documentation to establish a domestic partnership and is ineligible to use KCFML for the purpose of a domestic partner's serious health condition. All documentation should be returned to the employee.

_____	_____
Agency Human Resource Signature	**Date Signed**

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