



Affidavit of Domestic Partnership

We, _____ and _____
Employee (Print) Partner (Print)

declare that we are domestic partners in accordance with the following criteria:

1. We are both 18 or older and mentally competent to consent to the contract.
2. Neither of us is married or in another domestic partnership.
3. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we reside.
4. We have a committed relationship of mutual caring. Our relationship is mutually exclusive and will remain so indefinitely.
5. We agree to be responsible for each other's basic living expenses during our domestic partnership; we also agree that anyone who is owed these expenses can collect from either of us.
6. We share the same principle residence.

___ Please mark an "X" in the line to the left if you and your partner have filed a Declaration of Domestic Partnership with the California Secretary of State or any other State [and if requested, I will provide a copy if that Declaration.]

Change in Domestic Partnership

We agree to notify the Human Resources department of Amy's Kitchen within 30 days of any change in our status as domestic partners as attested to in this Statement (for example, a change in joint residence, or if we are no longer each other's sole domestic partner). A statement of Termination will affirm the domestic partner status is terminated as of the date of its execution, and that a copy of the Statement of Termination has been mailed to the other party by the party authorizing such action.

Acknowledgements

We understand that any person/employer/company who suffers any loss due to any false statement contained in this Declaration may bring a civil action against either or both of us to recover their losses, including reasonable attorney's fees.

We have provided the information in this Statement for use by the Human Resources department of Amy's Kitchen for the sole purpose of determining our eligibility for domestic partnership status under policies that provide coverage for domestic partners.

1. _____
Employee Signature Date

2. _____
Domestic Partner Signature Date