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**Student Legal Services** 3500 J. Wayne Reitz Union

PO Box 118505

Gainesville, FL 32611-8505

352-392-5297

352-392-1624 Fax

**Affidavit of Domestic Partnership**

1. **DECLARATION**

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that we are Domestic Partners

*(Print Student’s Name) (Print Partner’s Name)*

*in accordance with the following criteria, and have continually fulfilled such criteria for at least six consecutive months prior to the submission of this affidavit*.

1. **CRITERIA**

We further declare that:

1. We are each other’s sole Domestic Partner and intend to remain so indefinitely;
2. We share a primary residence;
3. We are emotionally committed to one another, share joint responsibilities for our common welfare, and are jointly responsible for each other’s financial obligations as demonstrated by the presentation of two of the following\*:
   1. joint mortgage of real property;
   2. a rental agreement showing both parties;
   3. driver’s licenses showing the same address for both parties;
   4. IRS tax returns showing the same address for both parties;
   5. common ownership of an automobile;
   6. joint bank accounts;
   7. a will, retirement plan, or life insurance policy designating the other as primary beneficiary;
   8. durable property or healthcare power of attorney granted by either party to the other
4. We are both at least 18 years old and mentally competent to consent to a contract;
5. We are not related by blood closer than would bar marriage in the State of Florida;
6. We are not legally married to anyone else.
7. **DEPEDENT(S) INFORMATION (Include the Domestic Partner and any children’s information here.)**

I declare as eligible dependent(s):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependent’s Name Date of Birth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependent’s Name Date of Birth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependent’s Name Date of Birth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependent’s Name Date of Birth**

1. **CHANGE IN DOMESTIC PARTNERSHIP STATUS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to notify the University of Florida Student Legal Services Office

*(Print Student’s Name)*

within 60 days if we no longer meet all of the criteria listed in Section II above, by filing an “Affidavit of Termination” form. I understand that upon signing such an Affidavit of Termination, the Domestic Partner will cease having any status that entitles him or her to be eligible for the Gator 1 ID Card.

**IV. ACKNOWLEDGEMENTS**

**This policy is not designed to treat unmarried relationships as marriage or the substantial equivalent thereof.**

By signing below:

We acknowledge that our domestic partnership has been entered into willingly and voluntarily, and has not been entered into for the sole purpose of obtaining access to available domestic partnership services.

We understand that this affidavit may create between us certain contractual rights and legal obligations and that courts have recognized some non-martial relationships as the equivalent of marriage for the purpose of establishing and dividing community property.

We have provided the information in this Affidavit for use by the University of Florida in order to determine eligibility for the University of Florida’s Gator 1 ID Card program.

We affirm, under pain and penalty of perjury, that the information in the 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 will be considered a violation of the Student Code of Conduct, and students who falsify information will face consequences through the conduct process, up to and including suspension or expulsion from the University.

**IMPORTANT NOTE:**

*You are urged to seek appropriate advice before signing this Affidavit. There may be other implications to signing this document.*

Student Information Domestic Partner Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Student’s Name Print Domestic Partner’s Name*

*undergraduate*

*grad*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*UFID Social Security Number (SSN)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s Signature Birthdate*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student/Domestic Partner’s Home Address Domestic Partner’s Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Date*

**Notary for Student and Domestic partner’s Signature:**

State of Florida, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sworn to and subscribed before me this\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_ by

(both names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known\_\_\_\_or produced\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Notary Public – State of Florida*