

NORTH CAROLINA  
COUNTY OF PITT

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO. \_\_\_\_\_

_____, Plaintiff
v.
_____, Defendant

**FINANCIAL AFFIDAVIT**

**OF**

**PLAINTIFF**       **DEFENDANT**

**Date Completed:** \_\_\_\_\_

Employer: \_\_\_\_\_ Employer telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

I am paid:     weekly,       every other week,       twice monthly,       monthly,  
                   other (explain) \_\_\_\_\_

W2 Wages Last Taxable Year:		
Current Monthly Gross Income before Deductions:		
Current Monthly Net Income after Mandatory Deductions:		
Current Monthly Net Income after all Deductions:		
<b>Detail of Monthly Gross Income</b>	<b>Date of Separation</b>	<b>Current</b>
Monthly Gross Wages:		
Investment income, interest, dividends:		
Bonus, commissions:		
Alimony received:		
Child Support received:		
Other (overtime, social security, disability, car allowance, shift pay, vacation/holiday pay):		
<b>Mandatory Monthly Deductions</b>	<b>Date of Separation</b>	<b>Current</b>
Federal income tax:		
State income tax:		
Social Security taxes:		
Medicare taxes:		
Retirement:		
Garnishment:		
Other: _____		
<b>Voluntary Monthly Deductions</b>	<b>Date of Separation</b>	<b>Current</b>
Health Insurance:		
Dental Insurance:		
Vision Insurance:		
Life Insurance:		
Disability Insurance:		
Medical Spending Account:		
Retirement:		
Other: _____		
Other: _____		

**Part 1  
Regular Recurring Fixed Monthly Expenses**

<b>Expense</b>	<b>Date of Separation Date: _____</b>	<b>Current Date: _____</b>
Rent or Mortgage Payment		
Renters/Homeowners Insurance		
Taxes not included in mortgage		
Routine house & appliance repair/maintenance		
Electricity		
Gas, home heating fuel, oil		
Water		
Garbage		
Cable, digital television		
Telephone		
Internet service		
Yard maintenance		
Home security system		
House cleaning service		
Pest control services		
Automobile payment		
Auto insurance		
Gasoline (auto)		
Auto repair/maintenance, registration, taxes		
Food and household supplies (groceries)		
Pets (insurance, vet, food, kennel)		
Other: _____		
<b>GRAND TOTALS FOR PART 1:</b>		

**Part 2**  
**Individual Monthly Expenses**

Expense	Date of Separation			Current		
	Date: _____			Date: _____		
	Self	Children	Total	Self	Children	Total
Insurance premium (Medical)						
Insurance premium (Dental/Vision)						
Insurance premium (Life, Disability, etc)						
Uninsured Medical expenses (co-pays, deductibles)						
Uninsured Dental & Orthodontic expense						
Uninsured Prescription and OTC drugs & medication						
Other uninsured medical expenses (e.g. optical)						
Other insurance premiums (life, disability, etc.)						
Work-related child care expense, including summer camps						
Cellular/digital mobile telephone						
Eating Out						
School Lunches						
Newspapers, Magazines						
Clothing, accessories						
Personal Upkeep (barber, hair stylist)						
Laundry, Dry Cleaning						
Dues (professional, social, school)						
Church donations						
Other charitable contributions						
Entertainment & Recreation						
Club dues & assessments						
Annual vacation						

**PART 2 CONTINUED**

Expense	Date of Separation			Current		
	Date: _____			Date: _____		
	Self	Children	Total	Self	Children	Total
Gifts (Holidays, birthdays)						
Child support for another child						
Spousal support for another spouse						
Professional fees (CPA, etc.)						
School Loans						
Retirement & investment						
Savings						
School Lunches						
Children Education (tuition, fees, supplies)						
Work-related child care expense, including summer camps						
Babysitting, child care, summer camp (not included above)						
Extracurricular Activities for Children (piano, sports, etc.)						
Allowances for Children						
College Fund						
Other: _____						
Other: _____						
<b>GRAND TOTALS FOR PART 2:</b>						

**Part 3  
Debts**

Creditor	Balance due on DOS	Monthly Payment	Current Balance due	Monthly Payment
<b>GRAND TOTALS FOR PART 3:</b>				

**Part 4  
Summary**

Plaintiff's or  Defendant's Contentions:

Current monthly net income after all deductions:	
<b>Minus</b> regular recurring fixed monthly expense (Part 1):	-
<b>Minus</b> individual monthly expenses (Part 2):	-
<b>Minus</b> debts (Part 3):	-
<b>Equals</b> Net Disposable Income:	=

**Verification**

I certify that aforementioned is true, complete and accurate to the best of my ability.

\_\_\_\_\_  
Affiant

\_\_\_\_\_ County, North Carolina

I certify that \_\_\_\_\_ personally appeared before me this day, and acknowledged to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_, Notary Public  
(Notary's printed name)

My Commission Expires: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of this Financial Affidavit has been served in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to:

By hand delivery to:

Other: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff                       Attorney for Plaintiff  
 Defendant                       Attorney for Defendant