

STATE OF NORTH CAROLINA
 20A JUDICIAL DISTRICT
 COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
 DISTRICT COURT DIVISION
 CASE NUMBER _____

_____,)
)
 Plaintiff,)
 VS)
)
 _____,)
)
 Defendant,)
)
)
)

AFFIDAVIT OF:
 PLAINTIFF
 DEFENDANT
 SEEKING SUPPORT
 PSS / ALIMONY
 CHILD SUPPORT
 FROM WHOM SUPPORT IS SOUGHT
 PSS / ALIMONY
 CHILD SUPPORT

The affiant, having been first duly sworn as to the truthfulness and completeness of this affidavit, deposes and says that the average monthly financial needs for the support of the children in this case and/or my MONTHLY income and expenses are, as follows:

PART I – INCOME INFORMATION

COMPLETE PAGE 1, SIGN & NOTARIZE PAGE 3 IN ALL CASES

1. My name is: (PRINT) _____.
2. My Social Security Number is available upon request and with the understanding and agreement that it will not be made part of the court file or released or used other than for a legitimate purpose in the preparation for or trial of this cause.
3. I am:
 - Employed by: (first job) _____ (second job) _____.
 Employer's Address(es) _____

 Employer's Telephone(s) _____
 - Self-employed doing: _____.
4. I receive the following AVERAGE MONTHLY GROSS INCOME (based on 4.33 weeks or 2.165 bi-weekly periods per month) from the following sources:

A. Wages / Salary	\$ _____	E. Rent	\$ _____
B. Bonuses	\$ _____	F. Business Profit	\$ _____
C. Commissions	\$ _____	G. Social Security	\$ _____
D. Interest/Dividends	\$ _____	H. Pension/Retirement	\$ _____
Investments	\$ _____	I. Other (Itemize)	\$ _____
5. ATTACHED HERETO AND MADE A PART HEREOF ARE
 - A. COPIES OF MY PAY STUBS FOR THE PAST TWO (2) MONTHS (OR OTHER DOCUMENTATION OF MY INCOME),
 - B. MY LATEST FEDERAL TAX RETURN (INCLUDING ALL SCHEDULES), W-2'S & 1099'S.

6. I have the following average MONTHLY expenses in connection with my business profit and/or rental income (including only expenses [and not depreciation] that are deductible on Schedule "C" and/or "E" or my IRS Form 1040 income tax return):

	\$ _____
	\$ _____
	\$ _____
Total Expenses	\$ _____

PART II – CHILD SUPPORT INFORMATION – GUIDELINE CASES

COMPLETE IN CHILD SUPPORT CASES USING THE CHILD SUPPORT GUIDELINES

1. I have the following average MONTHLY expenses:

A. Child support required by Court Order or Separation Agreement for my children \$ _____
 Who are not living with me:
 Name (s) and date (s) of birth of children:
 i: _____
 ii: _____
 iii: _____
 iv: _____

B. Responsibility for my biological or adopted children who live with me (Calculated per Guidelines):
 Name (s) and date (s) of birth of children:
 i: _____
 ii: _____
 iii: _____
 iv: _____

C. Gross monthly income of the other parent responsible for children listed in B above. \$ _____

D. Monthly work-related child care costs (100%) (attach verification) \$ _____

E. Child (ren)'s portion of health insurance cost: (attach verification) \$ _____

F. Extraordinary expenses for child (ren) (itemize): (As defined on Page 4 of the Guidelines)
 _____ \$ _____
 _____ \$ _____

2. Number of nights the child (ren) spend with me each year _____

STATE OF NORTH CAROLINA
 COUNTY OF _____

VERIFICATION

Being first duly sworn, I depose and say that I have read the foregoing pages and I know the contents thereof; that the contents are true to my knowledge, except as to those matters and things stated upon information and belief, and as to those matters and things, I believe them to be true.

 Affiant

Sworn to and subscribed before me this _____ day of _____, _____.

 A Notary Public of _____

My Commission Expires _____

IN CHILD SUPPORT CASES FOLLOWING CHILD SUPPORT GUIDELINES, STOP HERE

PART III

COMPLETE PART III IN SPOUSAL SUPPORT CASES AND IN NON-GUIDELINES OR DEVIATION CHILD SUPPORT CASES

NOTE: One month equals 4.33 weeks (or 2.165 bi-weekly periods)

A. NET INCOME

1. My total **MONTHLY GROSS INCOME** (from Part I) is \$ _____

2. I have the following average monthly deductions from my gross income:

Federal income taxes	\$ _____	Medical Insurance	\$ _____
State income taxes	\$ _____	Life Insurance	\$ _____
Social Security (FICA)	\$ _____	Retirement/401 (k)	\$ _____
Medicare	\$ _____	Other: _____	\$ _____

TOTAL DEDUCTIONS: \$ _____

3. My average **MONTHLY NET INCOME:** \$ _____

B. NEEDS AND EXPENSES

1. I have the following average monthly fixed needs and expenses:

	Actual Expense	Anticipated Expense		Actual Expense	Anticipated Expense
House pmt/rent	\$ _____	\$ _____	Telephone	\$ _____	\$ _____
Property tax (excluded above)	\$ _____	\$ _____	House Maintenance	\$ _____	\$ _____
Homeowner's/ renter's insurance	\$ _____	\$ _____	Yard Maintenance	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	Car Payment	\$ _____	\$ _____
Heat (gas, etc)	\$ _____	\$ _____	Gasoline	\$ _____	\$ _____
Water	\$ _____	\$ _____	Car repairs	\$ _____	\$ _____

	Actual Expense	Anticipated Expense		Actual Expense	Anticipated Expense
Cable TV	\$	\$	Car insurance	\$	\$
Other (specify)	\$	\$	Other (specify)	\$	\$

SUBTOTAL: \$ _____ \$ _____

2. I have prorated the foregoing subtotal of family expenses between the child (ren) and me as follows:

Total amount for self: \$ _____

Total amount for child (ren): \$ _____

Method of prorating and reasons for using this method:

_____.

B. I have the following average monthly expenses for me and my children:

Item	Self	Children (for whom I am legally responsible)
Groceries & Household goods	_____	_____
Religious Contributions	_____	_____
Charitable Contributions	_____	_____
School/work lunches	_____	_____
Medical Insurance (if not withheld from earnings)	_____	_____
Uninsured medical/dental	_____	_____
Uninsured prescription drugs	_____	_____
Uninsured therapy	_____	_____
Clothing	_____	_____
Grooming (hair, etc.)	_____	_____
Laundry/ dry cleaning	_____	_____
Child care (work related)	_____	_____
Child care (indicate nature in far right column)	_____	_____
Allowances	_____	_____
Activities (Y, sports, clubs)	_____	_____
Entertainment/Recreation	_____	_____
Meals Out	_____	_____
Christmas Gifts	_____	_____
Birthday Gifts	_____	_____
Subscriptions (newspapers, magazines)	_____	_____
Life Insurance	_____	_____
Car Insurance	_____	_____
Car-other (registration, etc)	_____	_____
Other insurance (disability, etc)	_____	_____
Vacations	_____	_____
Pets	_____	_____
Tobacco/Alcohol	_____	_____
Other (itemize):	_____	_____
_____	_____	_____
Subtotal	\$ _____	\$ _____

C. SUMMARY OF EXPENSES

	SELF	CHILDREN
Household – prorated – from Section (1)	\$ _____	\$ _____
Individual – from Section (2)	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

D. I am responsible for the following DEBT PAYMENTS:

Debt	Monthly Payment	Balance Due	Named Debtor Joint/Husband/Wife	Party making pmt.
Mortgage				
Car Payment				
Car Payment				
Credit Cards (Itemize)				
Other Debts (Itemize)				
TOTALS:	\$ _____	\$ _____		

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Affiant

Sworn to and subscribe before me

This ____ day of _____, _____.

A Notary Public of _____

My Commission Expires: _____