

North Carolina	File No.	
County of _____	Film No.	
_____ <i>Plaintiff,</i> v. _____ <i>Defendant.</i> <i>Date of Separation</i> _____	IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION FINANCIAL AFFIDAVIT OF <input type="checkbox"/> <i>Plaintiff</i> <input type="checkbox"/> <i>Defendant</i> <i>(The presiding judge may require this form to be completed.)</i>	
	Employer: _____	
	Employer Phone No. _____	
Employer's Address: _____		
I am paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		
Last Taxable Year Adjusted Gross Income:	\$ _____	
Current Monthly Gross Income before Deductions:	\$ _____	
Current Monthly Take-Home Pay after all Deductions:	\$ _____	
Detail of Monthly Gross Income	Date of Separation	Current
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)	\$ _____	\$ _____
Mandatory Monthly Deductions	Date of Separation	Current
Federal income tax	\$ _____	\$ _____
State income tax	\$ _____	\$ _____
Social Security taxes	\$ _____	\$ _____
Medicare taxes	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
Garnishment	\$ _____	\$ _____
Other	\$ _____	\$ _____
Voluntary Monthly Deductions		
Health insurance	\$ _____	\$ _____
Dental insurance	\$ _____	\$ _____
Vision insurance	\$ _____	\$ _____
Life insurance	\$ _____	\$ _____
Disability insurance	\$ _____	\$ _____
Medical spending account	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
Other	\$ _____	\$ _____

PART 2 INDIVIDUAL MONTHLY EXPENSES						
Expense	Date of Separation			Current date		
	Self	Children	Total	Self	Children	Total
Medical insurance premium	\$	\$	\$	\$	\$	\$
Dental/Vision insurance	\$	\$	\$	\$	\$	\$
Uninsured Medical expenses	\$	\$	\$	\$	\$	\$
Uninsured dental/orthodontics	\$	\$	\$	\$	\$	\$
Uninsured prescription/OTC meds.	\$	\$	\$	\$	\$	\$
Other uninsured medicals	\$	\$	\$	\$	\$	\$
Other insurance premiums	\$	\$	\$	\$	\$	\$
Work related child care	\$	\$	\$	\$	\$	\$
Summer camp	\$	\$	\$	\$	\$	\$
Cellular phone	\$	\$	\$	\$	\$	\$
Eating out	\$	\$	\$	\$	\$	\$
School lunches	\$	\$	\$	\$	\$	\$
Newspapers/magazines	\$	\$	\$	\$	\$	\$
Clothing and accessories	\$	\$	\$	\$	\$	\$
Personal upkeep	\$	\$	\$	\$	\$	\$
Laundry/Dry Cleaning	\$	\$	\$	\$	\$	\$
Education fees/supplies	\$	\$	\$	\$	\$	\$
Babysitting, misc. child care	\$	\$	\$	\$	\$	\$
Extracurricular activities	\$	\$	\$	\$	\$	\$
Church/charity donations	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
PART II - INDIVIDUAL MONTHLY EXPENSES TOTAL	\$	\$	\$	\$	\$	\$

PART II (Continued)

INDIVIDUAL MONTHLY EXPENSES

Expense	Date of Separation			Current date		
	Self	Children	Total	Self	Children	Total
Other Charitable contributions	\$	\$	\$	\$	\$	\$
Entertainment/Recreation	\$	\$	\$	\$	\$	\$
Club dues/assessments	\$	\$	\$	\$	\$	\$
Allowances for child(ren)	\$	\$	\$	\$	\$	\$
Annual vacation	\$	\$	\$	\$	\$	\$
Gifts (birthdays, holidays)	\$	\$	\$	\$	\$	\$
Child support for another child	\$	\$	\$	\$	\$	\$
Spousal support	\$	\$	\$	\$	\$	\$
Professional fees	\$	\$	\$	\$	\$	\$
School loans	\$	\$	\$	\$	\$	\$
Retirement	\$	\$	\$	\$	\$	\$
Investments	\$	\$	\$	\$	\$	\$
Savings	\$	\$	\$	\$	\$	\$
College fund	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
PART II, PAGE 2 TOTAL	\$	\$	\$	\$	\$	\$
PART II, PAGE 1 TOTAL	\$	\$	\$	\$	\$	\$
PART II TOTAL	\$	\$	\$	\$	\$	\$

