STATE OF NORTH CAROLINA	L .		Court File No.		
	In The General Court Of Justice District Court Division				
Name Of Plaintiff			COVER FOR CHILD SUI (NON-IV-	PPORT CAS	ES
lame Of Defendant			,	,	G.S. 50-13.4(h
		Motion for	d Support Proceeding Modification of Child odified Child Support		
	INSTRU	ICTIONS			
<ul> <li>Unless a complete and current form is on file in th form (AOC-CV-645), a domestic civil action cover in non-IV-D child support cases only and filed w</li> <li>you are filing a pleading seeking child suppor divorce, or child custody that include a request</li> <li>you are filing a motion to modify an existing</li> <li>you are submitting a proposed court order (in</li> <li>DHHS is redirecting a IV-D case. NOTE: For redirecting the court record for all child support</li> <li>if support is not paid directly to the obligee, ent</li> <li>if support is paid directly to the obligee (private</li> </ul>	sheet, motion cove vith the Clerk of Su ort (including comp for child support), child support ord ncluding a volunt directs, the local IV-D ort cases. After a ch er this information	er sheet, or or uperior Court i plaints, answer <b>OR</b> der, OR ary support a D office should of hild support or in the clerk's	der cover sheet when f: s, or motions in civil a <b>greement) establish</b> complete this form and file der is entered or modi Support Enforcement	required, must be ctions for domest <b>ing or modifying</b> e with the Clerk. ified: System.	e completed ic violence,
PARTY REQUESTING OR R		•			
First Name Middle Or M			Last Name	it of okingeo,	Suffix (Jr., Etc.)
Mailing Address (include PO Box or Street No., Name, City, State, and Zip)			Sex	Race	
		-	Check this box if this p	erson is at risk for dor	nestic violence.
PARTY FROM WHOM SUPPORT I				I Parent or Obl	· ·
irst Name Middle Or M	alden Name	ľ	Last Name		Suffix (Jr., Etc.)
Mailing Address (include PO Box or Street No., Name, City, State, and Zip)			Sex	Race	
		-	Check this box if this person is at risk for domestic violence.		nestic violence.
OTHER OR ADDITION					
Custodial Parent Non-Custodial Parent		Putative Fa			
First Name Middle Or M	•		Last Name		Suffix (Jr., Etc.)
Mailing Address (include PO Box or Street No., Name, City, State, and Zip)			Sex	Race	
		Check this box if this p	is person is at risk for domestic violence.		
NOTE: List child(ren) f	for whom support	t is requested	l or ordered on rever	se side.	
Name Of Person Completing Form		Signature Of Per	son Completing Form	Date	
<b>NOTE:</b> All paper filings in civil actions shall include as the first North Carolina Administrative Office of the Courts. If not includ required cover sheet, and grant the party no more than five da (AOC-CV-640), Motion (AOC-CV-752), or Court Action (AOC-C	ed, the Clerk of Superio ys to file the cover shee	or Court shall file th	ne document(s), notify the pa	arty that the filing does	not include the
(NOTE: 7/ AOC-CV-640, Rev. 1/22 © 2022 Administrative Office of the Courts	his form may be used (O	<i>d in both civil an</i> ver)	d criminal cases.)		

CHILD(REN) FOR WHOM SUPPORT IS REQUESTED OR ORDERED					
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		
First Name	Middle Name Or Initial	Last Name	Suffix (Jr., Etc.)		
Sex	Race	Check this box if this child is	Check this box if this child is at risk of child abuse.		