\$ \_\_\_\_\_ \$ \_\_\_\_ \$ \_\_\_\_ \$ \_\_\_\_

28 JUDIO	C OF NORTH CAROLINA CIAL DISTRICT Y OF	FORM # IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION CASE NUMBER
VS	Plaintiff, )  Plaintiff, )  , )	AFFIDAVIT OF:  [ ] PLAINTIFF  [ ] DEFENDANT  SEEKING SUPPORT  [ ] PSS / ALIMONY
	Defendant, ) )	[ ] CHILD SUPPORT FROM WHOM SUPPORT IS SOUGHT [ ] PSS / ALIMONY [ ] CHILD SUPPORT
and says	that the average monthly financial need nd expenses are, as follows:	rn as to the truthfulness and completeness of this affidavit, deposes is for the support of the children in this case and/or my MONTHLY  ICOME INFORMATION
COMPLE	ETE PAGE 1, SIGN & NOTARIZE PA	AGE 3 IN <u>ALL</u> CASES
1. My r	name is: (PRINT)	<del>.</del>
be m		on request and with the understanding and agreement that it will not used other than for a legitimate purpose in the preparation for or
3. I am:	:	
	Employed by: (first job) Employer's Address(es)	(second job)
	Employer's Telephone(s)	
	eive the following AVERAGE MONTI	

E. RentF. Business Profit

G. Social Security

I. Other (Itemize)

H. Pension/Retirement

\$ \_\_\_\_ \$ \_\_\_\_ \$ \_\_\_\_

\$ \_\_\_\_\_

A. Wages / Salary B. Bonuses

C. Commissions D. Interest/Dividends

Investments

## 5. ATTACHED HERETO AND MADE A PART HEREOF ARE

F. Extraordinary expenses for child (ren) (itemize):

- 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.

Total Expenses	\$ \$ \$
	\$ \$
	\$
Total Expenses	\$
PART II – CHILD SUPPORT INFORMATION -	
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 \$	
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:	
C. Gross monthly income of the other parent responsible for children list	ted in B above. \$
D. Monthly work-related child care costs (100%) \$  (attach verification)	
E. Child (ren)'s portion of health insurance cost: \$(attach verification)	

(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.				
Affian	t .			
Sworn to and subscribed before me this day of				
A Notary Public of				
IN CHILD SUPPORT CASES FOLLOWING CHILD SU	UPPORT 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 <b>MONTHLY</b>	GROSS INCOME (fro	om Part I) is \$	
2. I have the following a	verage monthly deductio	ns from my gross income:	
Federal income taxes State income taxes Social Security (FICA) Medicare	\$ \$ \$	Medical Insurance Life Insurance Retirement/401 (k) Other:	\$
	ТОТ	AL DEDUCTIONS:	\$
3. My average MONTHLY NET INCOME:		\$	
B. NEEDS AND EXPE	NSES		
		*SAL DEDUCTIONS:	\$

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	\$	\$
Cable TV	\$	\$	Car insurance	\$	\$
Other (specify)	\$	\$	Other (specify)	\$	\$

SURTOTAL: \$	2

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	or using this method:	
		·
B. I have the following average m	onthly expenses for me and	my children:
tem	Self	Children
		(for whom I am legally responsible)
Groceries & Household goods		legally responsible)
Religious Contributions		
Charitable Contributions		
School/work lunches		
Medical Insurance (if not		
withheld from earnings)		
Jninsured medical/dental		
Jninsured prescription drugs		
Jninsured therapy		
Clothing Grooming (hair, etc.)		
Laundry/ dry cleaning		
Child care (work related)		
Child care (indicate nature		
n far right column		
Allowances		
Activities (Y, sports, clubs)		
Entertainment/Recreation		
Meals Out		
Christmas Gifts		
Birthday Gifts		
Subscriptions (newspapers,		
nagazines) Life Insurance		
Car Insurance		
Car-other (registration, etc)		
Other insurance (disability, etc)		
Vacations		
Pets		
Tobacco/Alcohol		
Other (itemize):		
Subtatal	¢	¢
Subtotal	\$	\$
C. SUMMARY OF EXPENSES		
J. SOMMAKI OF EATENSES	SELE	CHII DREN

Household-prorated-from

	Φ		\$	
- ".	1 All I DEPEND			
I am responsible for	the following DEBT PA	YMENTS:		
Debt	Monthly Payment	Balance Due	Named Debtor Joint/Husband/Wife	Party making pmt.
Mortgage				
Car Payment				
Car Payment				
Credit Cards (Itemize)				
(100)				
Other Debts (Itemize)				
TOTALS:	\$	\$		

Section (1) Individual – from Section (2)

STATE OF NORTH CAROLINA COUNTY OF	VERIFICATION
	I have read the foregoing pages and I know the contents thereof; scept as to those matters and things stated upon information and elieve them to be true.
Sworn to and subscribe before me This day of	
A Notary Public of My Commission Expires:	