STATE OF NORTH CAROLINA IN THE GENERAL COURT OF JUSTICE

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT COURT DIVISION

 FILE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 , )

 Plaintiff, ) **AFFIDAVIT OF FINANCIAL STANDING**

V. ) **OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ) (Name)

 , )

 Defendant. )

The Affiant, having been first duly sworn as to the truthfulness and completeness of this Affidavit, deposes and says:

# PART I INCOME AND DEDUCTIONS

(To arrive at monthly figures, weekly income is multiplied by 4.333; every other week income is multiplied by 2.166; and twice monthly income is multiplied by 2)

|  |  |
| --- | --- |
| Gross Wages  |   |
| Overtime  |   |
| Commissions  |   |
| Bonuses  |   |
| Dividends  |   |
| Interest  |   |
| Social Security  |   |
| Pension or Retirement  |   |
| Business Profit  |   |
| Rent  |   |
| Other Income  |   |
| **TOTAL MONTHLY GROSS INCOME**  |  |

|  |  |
| --- | --- |
| Federal Income Taxes  |   |
| State Income Taxes  |   |
| Social Security Taxes  |   |
| Medicare Taxes  |   |
| Retirement  |   |
| Medical/Dental/Vision Ins.  |   |
| Life Insurance  |   |
| Other Deductions  |   |
| **TOTAL MONTHLY DEDUCTIONS**  |   |

|  |  |
| --- | --- |
| **MONTHLY NET INCOME**  |   |

I am paid **□** Weekly □ Every Other Week □ Twice a Month □ Monthly □ Other \_\_\_\_\_\_\_\_

I □ have □ have not received substantially the same income for the past 12 months.

Explain:

I am now employed at located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and have been employed there since .

If not employed, last regular job was at and I worked there until .

# PART II EXPENSES

The average monthly financial needs and expenses for the support of myself and child(ren) born to my marriage are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A.**  | **HOUSING**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Rent  |   |   |   |
| 2.  | Mortgage (Principal & Interest)  |   |   |   |
| 3.  | Second Mortgage or Equity Line  |   |   |   |
| 4.  | Real Estate Tax  |   |   |   |
| 5.  | HOA Fees  |   |   |   |
| 6.  | Home Insurance  |   |   |   |
| 7.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B.**  | **UTILITIES**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Electricity  |   |   |   |
| 2.  | Gas / Heating Oil  |   |   |   |
| 3.  | Telephone  |   |   |   |
| 4.  | Cell Phone  |   |   |   |
| 5.  | Water  |   |   |   |
| 6.  | Cable TV / Satellite  |   |   |   |
| 7.  | Internet  |   |   |   |
| 8.  | Trash  |   |   |   |
| 9.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C.**  | **HOUSEHOLD** **MAINTENANCE**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Repairs  |   |   |   |
| 2.  | Service Contracts  |   |   |   |
| 3.  | Garden & Yard Work  |   |   |   |
| 4.  | Housekeeper  |   |   |   |
| 5.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D.**  | **FOOD**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Food at home  |   |   |   |
| 2.  | Food away from home  |   |   |   |
| 3.  | School lunches  |   |   |   |
| 4.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E.**  | **CLOTHING / GROOMING**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Clothing  |   |   |   |
| 2.  | Dry Cleaning  |   |   |   |
| 3.  | Barber / Beautyshop  |   |   |   |
| 4.  | Personal Grooming Supplies & Expenses  |   |   |   |
| 5.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **F.**  | **TRANSPORTATION**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Gas  |   |   |   |
| 2.  | Repair, Maintenance & Inspections  |   |   |   |
| 3.  | Drivers License & Registrations  |   |   |   |
| 4.  | Auto Insurance  |   |   |   |
| 5.  | Auto Payments  |   |   |   |
| 6.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **G.**  | **HEALTH & MEDICAL**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Medical Insurance (do not list here if listed on deductions on Part I)  |   |   |   |
| 2.  | Dental Insurance (do not list here if listed on deductions on Part I)  |   |   |   |
| 3.  | Vision Insurance (do not list here if listed on deductions on Part I)  |   |   |   |
| 4.  | Life Insurance (do not list here if listed on deductions on Part I)  |   |   |   |
| 5.  | Disability Insurance (do not list here if listed on deductions on Part I)  |   |   |   |
| 6.  | Medicine & Prescription Drugs  |   |   |   |
| 7.  | Medical/ dental/vision expenses not covered by insurance including co-pays  |   |   |   |
| 8.  | Other (explain   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **H.**  | **CHILDREN’S EDUCATION /** **CHILD CARE**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Children’s Day Care  |   |   |   |
| 2.  | Private School Tuition  |   |   |   |
| 3.  | College Tuition  |   |   |   |
| 4.  | Children’s Allowance  |   |   |   |
| 5.  | School Supplies  |   |   |   |
| 6.  | Sports Activities  |   |   |   |
| 7.  | Lessons  |   |   |   |
| 8.  | Tutoring  |   |   |   |
| 9.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I.**  | **PERSONAL /** **ENTERTAINMENT**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Books, Magazines, Newspapers  |   |   |   |
| 2.  | Dues (professional & social)  |   |   |   |
| 3.  | Charities / Contributions  |   |   |   |
| 4.  | Recreation  |   |   |   |
| 5.  | Vacations / Trips  |   |   |   |
| 5.  | Special Occasion Gifts  |   |   |   |
| 6.  | Pets  |   |   |   |
| 7.  | Other (explain)  |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **J.**  | **OTHER**  | **YOURSELF**  | **CHILDREN**  | **TOTAL**  |
| 1.  | Alimony Obligations of Prior Marriage  |   |   |   |
| 2.  | Prior Child Support Obligations  |   |   |   |
| 3.  | Other (explain)   |   |   |   |
|   | **SUBTOTALS**  |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
|   | **YOURSELF**  | **CHILDREN**  | **TOTAL** **(yourself plus children)**  |
| **TOTAL MONTHLY** **EXPENSES**  (add subtotals of A thru J) |   |   |   |

# PART III DEBTS

To the best of my knowledge, the outstanding debts presently owed by this family are as follows:

\*Do not list any debts previously listed in Part II (Expenses) in this section

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CREDITOR’S** **NAME**  | **RESPONSIBLE** **PARTY** **(Husband, Wife** **or Joint)**  | **BALANCE** **DUE**  | **MONTHLY** **PAYMENT**  |
| 1.  |   |   |   |   |
| 2.  |   |   |   |   |
| 3.  |   |   |   |   |
| 4.  |   |   |   |   |
| 5.  |   |   |   |   |
| 6.  |   |   |   |   |
|   |   |   |   |   |
|   | **TOTAL DEBTS**  |  |   |   |

|  |  |
| --- | --- |
| **TOTAL MONTHLY EXPENSES and DEBTS** (add total monthly expenses for yourself & children and total monthly debts) |   |

# SCHEDULE IV Disclosure of Documents

**I have provided the opposing party copies of the documents listed below:**

This the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

 (Signature of Affiant)

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

NOTARY PUBLIC

 My Commission Expires:

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this day served the forgoing document on all the parties to this cause by:

 Depositing a copy thereof postage paid, in the United States mail to the attorney or party addressed as follows:

 Hand delivering a copy hereof to the attorney or party addressed as follows:

 Depositing a copy thereof with a nationally recognized courier service, for delivery, addressed to the attorney or party as follows:

 Telecopying a copy thereof to the attorney or party as follows:

This \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Affiant)