

NORTH CAROLINA
14TH JUDICIAL DISTRICT
DURHAM COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
_____ -CVD- _____

_____	Plaintiff
-v-	
_____	Defendant

FINANCIAL AFFIDAVIT FOR:

- Plaintiff
- Defendant

TYPE OF SUPPORT SOUGHT:

- PSS / Alimony
- Child Support

PARTY FROM WHOM SUPPORT IS SOUGHT:

- Plaintiff
- Defendant

NUMBER OF MINOR CHILDREN _____

OTHER DEPENDENTS IN HOME _____

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

For all types of cases, please complete Part I, attach necessary documents, and have your signature notarized on page 2.

1. My name is: (Please Print) _____.
2. I am:
 - a. Self-employed doing _____ or,
 - b. Employed by:(First Job) _____ (Second job) _____
 - c. Employer's Address(es) _____

 - d. Employer's Telephone(s) _____

3. I receive the following **AVERAGE MONTHLY GROSS INCOME** (based on 4.33 weeks per month, or 2.165 bi-weekly periods per month) from the following sources:

<ol style="list-style-type: none"> a. Wage / Salary \$ _____ b. Bonuses \$ _____ c. Commissions \$ _____ d. Interest /Dividends / Investments \$ _____ 	<ol style="list-style-type: none"> e. Rent \$ _____ f. Business Profit \$ _____ g. Social Security \$ _____ h. Pension / Retirement \$ _____ i. Other \$ _____
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4. 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" of my IRS Form 1040 income tax return):

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____

PART II - CHILD SUPPORT INFORMATION - GUIDELINE CASES

For all Child Support Guideline Cases, please complete Part II, attach all documents and have your signature notarized on this page.

- 1. I have the following average MONTHLY expenses:
A. Court-ordered or Separation Agreement required child support for my children who are not living with me.
B. Responsibility for my biological or adopted children who live with me (calculated per NC Guidelines)
C. Gross monthly income of other parent responsible for children listed in A and B above.
D. Monthly work-related child care costs (100%)
E. Child(ren)'s portion of health insurance cost
F. Extraordinary expenses for child(ren) (Please itemize as defined on page 4 of the N.C. Guidelines)

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

I have attached to this document and therefore made a part of this document, copies of my PAY STUBS for the past two (2) months (or other official documentation of my income), and my latest FEDERAL TAX RETURN including all schedules with attached W-2's & 1099's.

STATE OF
COUNTY OF

VERIFICATION

Being first duly sworn, I depose and say that I have read the foregoing pages and I know the contents thereof and 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 _____, _____.

Notary Public
My Commission Expires: _____

PART III – SPOUSAL SUPPORT, NON-GUIDELINES OR DEVIATION FROM GUIDELINES

For all Spousal Support Cases, and all Non-Child Support Guideline Cases or Deviation of Child Support Cases, please complete Part III, attach documents, and have your signature notarized on pages 2 and 6.

A. INCOME:

My total GROSS MONTHLY INCOME IS: (From Part I) (Line 1) \$ _____

I have the following average monthly deductions from my gross income

- Federal income taxes \$ _____
- State income taxes \$ _____
- Social Security \$ _____
- Medicare \$ _____
- Medical insurance \$ _____
- Life Insurance \$ _____
- Retirement / 401(K) \$ _____
- Other \$ _____

TOTAL amount of average deductions (Line 10) \$ _____

My average MONTHLY NET INCOME IS: \$ _____

(Line 1 minus Line 10)

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

B. NEEDS AND EXPENSES

FIXED HOUSEHOLD EXPENSES					
(Average monthly needs and expenses)					
Expense and/or Need	Actual Expense	Anticipated Expense	Expense and/or Need	Actual Expense	Anticipated Expense
House payment / Rent			Telephone		
Property tax (if not included above)			House maintenance		
Homeowner's or Renter's insurance			Yard maintenance		
Electricity			Car payment		
Water			Gasoline		
Cable			Car repairs		
Garbage			Car insurance		
Other (specify)			Other (specify)		
TOTALS					
Sub Totals For All Actual And Anticipated Expenses				\$	\$

I have PRORATED the foregoing subtotal of fixed family expenses between the child(ren) and me as follows:

Total amount for self: \$ _____ (monthly)

Total amount for child(ren): \$ _____ (monthly)

Reason(s) for method of prorating: _____

INDIVIDUAL EXPENSES FOR SELF AND CHILDREN (Average monthly needs and expenses)		
ITEM	SELF	CHILDREN (For whom I am legally responsible)
1. Groceries & Household goods		
2. Religious Contributions		
3. Charitable Contributions		
4. School / Work lunches		
5. Medical Insurance (if not withheld from earnings)		
6. Uninsured medical dental expenses		
7. Uninsured prescription drugs		
8. Uninsured therapy		
9. Clothing		
10. Grooming (hair, etc.)		
11. Laundry / Dry cleaning		
12. Child care (work related)		
13. Child care (other, e.g. babysitting)		
14. Education (indicate nature of education in right margin)		
15. Allowances		
16. Activities (Y, sports, clubs, etc.)		
17. Entertainment / Recreation		
18. Meals out		
19. Major Holiday gifts (e.g. Christmas)		
20. Birthday gifts		
21. Subscriptions (newspapers, magazines)		
22. Life Insurance		
23. Car – other (registration, etc.)		
24. Other insurance (e.g. disability)		
25. Vacations		
26. Pets		
27. Tobacco / Alcohol		
28. Other (must be itemized)		
29. Other (must be itemized)		
30. Other (must be itemized)		
31. Other (must be itemized)		
TOTALS		

SUMMARY OF EXPENSES		
	SELF	CHILDREN
Prorated Fixed Household Expenses (From page 3)		
Individual Expenses (From chart above)		
TOTAL EXPENSES		

DEBT PAYMENTS				
Debt	Monthly Payment	Balance Due	Named Debtor (Joint, Husband or Wife)	Party making payment
Mortgage Loan				
Car Payment				
Car Payment				
Credit Cards (please itemize)				
Other debts (please itemize)				
TOTALS				

STATE OF _____
 COUNTY OF _____

VERIFICATION

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 Affiant

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

 Notary Public
 My Commission Expires: _____