

NORTH CAROLINA
16TH JUDICIAL DISTRICT
DURHAM COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

_____-CVD-_____

_____, <p style="text-align: right;">Plaintiff,</p>	
-v-	
_____, <p style="text-align: right;">Defendant.</p>	

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

SUBJECT TO THIS MATTER: _____

The affiant, having been first duly sworn as to the truthfulness and completeness of this affidavit, deposes and says that the following information reflects the average monthly financial needs of the minor children in this case, and/or my individual financial needs:

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. I am:

- a. Full Time (30+ hours per week) Self-employed doing _____
- b. Part Time (less than 30 hours per week) Self-employed doing _____
- c. Employed by: _____
- d. Employer's Address: _____
- e. Employer's Telephone: _____
- f. Additional Employment/Income Sources: _____
- g. Additional Employer's Address: _____

2. 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:

- | | |
|---|---|
| a. Salary/Wages: \$ _____ | j. Rental Profit (before depreciation) \$ _____ |
| b. Bonus/Commission: \$ _____ | k. Retirement (SSI, 401k, pension, etc.) \$ _____ |
| c. Interest/Dividends/Invest.: \$ _____ | l. Annuity: \$ _____ |
| d. Self Employment Draws: \$ _____ | m. Unemployment Benefits and Ins: _____ |
| e. Business Profits: \$ _____ | n. Worker's Compensation: \$ _____ |
| f. Fringe Benefits Value*: \$ _____ | o. Disability Benefits and Ins: \$ _____ |
| g. Child Support Rec'd*: \$ _____ | p. Periodic Gifts: \$ _____ |
| h. Alimony From 3 rd Party: \$ _____ | q. Severance Benefits*: \$ _____ |
| i. Trust Benefits: \$ _____ | TOTAL FROM ALL SOURCES: \$ _____ |

*For children not subject to this action.

*Provide type and value of each fringe benefit: _____

*Provide the term of the severance benefit: _____

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 Court-ordered or Separation Agreement required child support for my children not subject to this action. \$ _____

2. I have the following responsibility for my biological and/or adopted children NOT subject to this action. (Calculated per NC Guidelines) \$ _____

LIST THE NAMES AND DATES OF BIRTH OF THE MINOR CHILDREN REFLECTED IN LINES 1 AND 2 ABOVE.

3. Gross monthly income of other parent responsible for children listed in 1 and 2 above as provided in the order or agreement for support, and if not provided in an order or agreement, as last known by you. \$ _____

4. The minor children subject to this action have the following monthly work-related child care:
 - Care Provider: _____
 - Care Provider Address: _____
 - Care Provider Phone Number: _____
 - Length of Contract Time for the Care: _____
 - Average Monthly Cost of the Care: _____

5. The minor children subject to this action have the following monthly health/dental/vision insurance:
 - Name of Policy: _____
 - Subscriber Name: _____
 - Subscriber ID#: _____
 - Type of Policy: _____
 - Monthly Cost of Coverage for Minor Children Only _____

6. The minor children subject to this action have the following extraordinary expenses:

	\$ _____
	\$ _____
	\$ _____

7. The minor children subject to this action spend the following number of overnights with me. _____

I certify that I have provided a copy of all financial documents required as part of the Durham County Local Rules disclosures for support cases to the opposing party with or prior to service of this Affidavit.

PART III – SPOUSAL SUPPORT AND NON-GUIDELINES CHILD SUPPORT

Use for all Spousal Support Cases and all Child Support Non-Guideline Cases or Deviation from Guidelines Cases, please complete Part III.

1. **GROSS MONTHLY INCOME:** Date of Separation \$ _____ Current \$ _____

2. **MANDATORY DEDUCTIONS:**

	DOS	Current
FICA		
State Income Tax		
Soc. Sec. Taxes		
Medicare Taxes		
Mandatory Retirement		
Garnishment		
Other Specify: _____		
Other Specify: _____		
Other Specify: _____		
TOTALS		

3. **VOLUNTARY DEDUCTIONS:**

	DOS	Current
Health Ins.		
Dental Ins.		
Life Ins.		
Other Insurance Specify: _____		
HSA		
Voluntary Retirement		
Other Specify: _____		
Other Specify: _____		
Other Specify: _____		
TOTALS		

4. **NET MONTHLY INCOME:** Date of Separation \$ _____ Current \$ _____

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

5. **NEEDS AND EXPENSES.**

HOUSEHOLD EXPENSES					
(Average monthly needs and expenses which you pay or for which you are contractually responsible)					
Expense and/or Need	DOS Expense	Current Expense	Expense and/or Need	DOS Expense	Current Expense
Rent or Mortgage Payment			Telephone (landline and cell)		
HOA Dues			House maintenance		
Real Estate tax (if not included in mtg)			Yard maintenance		
Rent or Home insurance (if not included in mtg)			Pest Control Service		
Electricity & Gas for Home			House cleaning Service		
Water			Car payment		
Cable/Satellite/Hulu/Netflix, etc.			Car insurance		
Garbage			Auto Fuel		
Internet			Auto Repairs/Maintenance		
Home Security Monitoring			Other (specify)		
Sub Totals For All DOS and Current Expenses				\$	\$

I have PRORATED two-thirds of the foregoing subtotal of fixed family expenses between the children and me as follows:

Total amount for self: \$ _____ (monthly)

Total amount for children: \$ _____ (monthly)

Reason(s) for method of prorating: _____

	INDIVIDUAL EXPENSES FOR SELF AND CHILDREN (Average monthly needs and expenses)
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ITEM	DOS SELF	CURRENT SELF	DOS MINOR CHILDREN	CURRENT MINOR CHILDREN
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 expenses				
7. Uninsured dental expenses				
8. Uninsured prescriptions				
9. Uninsured therapy				
10. Clothing				
11. Grooming (hair, etc.)				
12. Laundry / Dry cleaning				
13. Child care (work related)				
14. Child care (other, e.g. babysitting)*				
15. Education (indicate nature of education in right margin)				
16. Allowances for minor children				
17. Activities (Y, sports, clubs, etc.)				
18. Entertainment / Recreation				
19. Meals out				
20. Major Holiday gifts (e.g. Christmas)				
21. Birthday gifts				
22. Subscriptions (newspapers, magazines)				
23. Life Insurance				
24. Car – other (registration, etc.)				
25. Other insurance (e.g. disability)				
26. Vacations				
27. Pets				
28. Tobacco / Alcohol				
29. Child Support paid by me for another child (per order or contract)				
30. Spousal Support Obligation per order or contract				
31. Savings/Investments				
32. Other (must be itemized)				

33. Other (must be itemized)				
34. Other (must be itemized)				
TOTALS				

DEBT PAYMENTS (student loans, unsecured debts, credit cards, etc. not already accounted for herein)						
Creditor	Balance Due on DOS	DOS Monthly Payment	Current Balance	Current Monthly Payment	Named Debtor (Joint, Husband or Wife)	Party making pmt
TOTALS						

EXPENSE SUMMARY

	DOS Self	Current Self	DOS Minor Children (subject to this action)	Current Minor Children (subject to this action)
Household				
Individual				
Debt Payments				
TOTALS				

	Current Self	Current Minor Children	Anticipated Changes (Explain)
TOTAL Net Income			
TOTAL Expenses			
Excess/Deficit			

VERIFICATION

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

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.

Sworn to and subscribed before me
this _____ day of _____, 20__.

Notary Public Signature

Notary Public Printed Name

Identification Type _____

My Commission Expires: _____