

Post Separation/Alimony Financial Affidavit

<p>STATE OF NORTH CAROLINA <input type="checkbox"/> Moore County <input type="checkbox"/> Hoke County</p>	<p>In The General Court of Justice District Court Division Family Court</p>		
<p>Plaintiff:</p>	<p>File No.</p>		
<p>VERSUS</p>	<p>POST SEPARATION SUPPORT/ALIMONY FINANCIAL AFFIDAVIT</p>		
<p>Defendant:</p>			
<p>The Undersigned <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant, having been first duly sworn as to the truthfulness and completeness of this Affidavit, deposes and says:</p>			
<p>My average monthly financial needs and my average monthly income, for the time period of _____ through _____, are as follows:</p>			
<p>A. Individual Needs</p>	<p>Self</p>	<p>Child(ren)</p>	<p>Total</p>
1. Groceries & Household Goods			
2. Food (School/Work lunches)			
3. Clothing			
4. Personal Care (includes laundry, dry cleaning, cosmetics, grooming)			
5. Recreation/Entertainment			
6. Activities (Sports, Clubs)			
7. Medical & Dental Insurance (if NOT withheld from earnings)			
8. Uninsured Medical & Dental expenses			
9. Child care			
10. Educational expenses (includes school supplies)			
11. Donations, dues & charity			
12. Magazines, newspapers, books, etc.			
13. Gifts – birthday, wedding, anniversaries, funeral			
14. Car – gas & maintenance			
15. Other (Itemize)			
16.			
17.			
18.			
19.			
20.			
21. Total Individual Needs (add lines 1-20) Also put totals on line 52			
<p>B. Fixed Expenses: How much do you allocate for:</p>	<p>Self</p>	<p>Child(ren)</p>	<p>Total</p>
22. Rent or house payment			
23. Property tax (excluded above)			

24. Homeowner's or Renter's insurance			
	Self	Child(ren)	Total
25. Household maintenance and repair			
26. Yard Maintenance			
27. Electricity			
28. Water			
29. Heat (gas, fuel oil, etc.)			
30. Telephone			
31. Car payment			
32. Car insurance			
33. Other: (Itemize)			
34.			
35.			
36.			
37.			
38. Total Fixed Expenses (add lines 22-37) Also put totals on line 53			
C. Debt Payments (Itemize)			
To Whom Owed		Balance	Monthly Payments
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			
51. Total Debt Payments (add lines 39-50) Also put totals on line 54			
	Self	Child(ren)	Total
52. Total Individual Needs (line 21)			
53. Total Fixed Expenses (line 38)			
54. Total Debt payments (line 51)		No debt payments can be allocated to children.	

55. Total Monthly Needs (add lines 52-54) Also put total in summary box			
D. Income			
56. Wages			
57. Overtime			
58. Commissions			
59. Bonuses			
60. Interest			
61. Dividends			
62. Trust Fund			
63. Social Security			
64. Pension or Military Retirement			
65. Business Profit			
66. Federal Income Tax Refund (previous year divided by 12)			
67. State Income Tax Refund (previous year divided by 12)			
68. Other			
69.			
70.			
71. Gross Income (add lines 56 thru 70) Also put in summary box			
Deductions:			
72. Federal Income Tax (deducted from paycheck)			
73. State Income Tax (deducted from paycheck)			
74. FICA (deducted from paycheck)			
75. Medical Insurance (deducted from paycheck)			
76. Dental Insurance (deducted from paycheck)			
77. Vision Insurance (deducted from paycheck)			
78. Retirement (deducted from paycheck)			
79. Federal Income Tax (not deducted from paycheck but directly paid to IRS - previous year divided by 12)			
80. State Income Tax (not deducted from paycheck but directly paid to the state - previous year divided by 12)			
81. Other			
82. Total Deductions (add lines 72-81)			
83. Net Income (subtract line 82 from line 71) Also put in summary box			
84. I am employed at _____			
85. I have been employed there since: _____ (date). If not now employed, my last regular job was at: _____ and I worked there until: _____ (date).			

86. I have have not received substantially the same income for the past 12 months. If not substantially the same, explain the reason for the change. _____

87. I do do not have a second job. If you do have a second job:
 Employer: _____
 Rate of pay: _____ Total monthly income from second job: _____

Attach: (1) pay stubs (or other proof of income for previous 30 days) and (2) most recent w2 or 1099 form.

Monthly Summary				
Total Needs Self (line 55)	Total Needs Children (line 55)	Total Needs Self + Children (line 55)	Gross Income* (line 71)	Net Income* (line 83)

* Does not include figures included in line 87 regarding additional jobs.

<i>Signature of Affiant</i>	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Date
(Seal)		
SWORN AND SUBSCRIBED BEFORE ME THIS DATE		
<i>Notary Public</i>		
<i>My Commission Expires</i>		