

NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

_____ **COUNTY**

DISTRICT COURT DIVISION

FILE NO _____

Plaintiff

vs.

Defendant

AFFIDAVIT OF:

Plaintiff

Defendant

SEEKING SUPPORT

Post Separation

Alimony

Child Support

FROM WHOM SUPPORT IS SOUGHT

Post Separation

Alimony

Child Support

THE UNDERSIGNED, having been first duly sworn as to the truthfulness and completeness of this affidavit, deposes and says

PART 1: EXPENSES AND NEEDS FOR CHILDREN AND/OR SELF

A. Listed are the names and ages of the children currently residing with me or which may come to reside with me for which support is sought:

Name _____	Age _____

B. The amounts listed as follows are the average monthly amounts of expenses and needs for my support and/or the support of our children who live with me now or who may come to live with me.

(Do not include items deducted from your paycheck)

INDIVIDUAL NEEDS & EXPENSES	SELF	CHILDREN	TOTAL
Food at home			
Food away from home (school , work,etc)			
Clothing – purchase			
Clothing – laundry & dry cleaning			
Cosmetic, shampoo, personal care			
Tobacco and alcohol			
Medical insurance			
Dental Insurance			

INDIVIDUAL NEEDS & EXPENSES	SELF	CHILDREN	TOTAL
<i>(Continued)</i>			
Uninsured Doctor bills			
Uninsured appliances (e.g. glasses)			
Uninsured hospital bills			
Uninsured prescription drugs			
Uninsured over the counter drugs			
Uninsured dental bills			
Uninsured orthodontic bills			
Other uninsured expenses			
Child care – day care			
Baby sitters			
Educational expenses – tuition			
Educational expenses – supplies & books			
Educational expenses – insurance			
Educational expenses – fees			
Educational expenses – pictures			
Educational expenses – lunches			
Haircuts			
Child support paid regularly			
Vacations			
Memberships			
Admissions (e.g. movies, sports, etc)			
Professional dues and licenses			
Children’s allowance			
Children’s activities and lessons			
Birthday gifts			
Christmas gifts			
Special gifts			
Other gifts			
Church donations			
Other donations			
Insurance: life, disability, accident			
Other:			
TOTAL			

A. FIXED MONTHLY EXPENSES

SHELTER	
Rent	
House payment	
Taxes	
Insurance	
Other:	
TOTAL SHELTER	

UTILITIES	
Electricity	
Water and sewer	
Cable TV	
Heat	
Telephone	
Other	
TOTAL UTILITIES	

TRANSPORTATION	
Car payments	
Gasoline	
Maintenance and repairs	
Insurance	
Registration	
TOTAL TRANSPORTATION	

OTHER FIXED EXPENSES	
TOTAL OTHER FIXED EXPENSES	

B. I have regular itemized monthly deductions from gross income as follows:

MONTHLY DEDUCTIONS	MONTHLY AMOUNT
Federal income taxes	
State income taxes	
Social Security	
Retirement	
Dental insurance	
Car payments	
United Way	
Medical insurance	
Life, disability, accident insurance	
Credit Union	
Debt payment	
Child support	
Other deductions:	
TOTAL	

C. My total net income (gross income less deductions) is \$ _____

D. 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:

E. For tax purposes, I claim _____ exemptions on the W4 forms (including myself).

F. That I do not have any income or employment other than that listed in this affidavit.

G. That true and accurate copies of the latest personal State and Federal Income tax returns which I have filed are attached to this affidavit, together with a copy of my latest payroll stub or voucher.

H. That true and accurate copies of all financial statements submitted by me to any lending institution in the past two years are attached to this affidavit.

I. That since the date of my separation from my spouse, I have provided support in the total sum of \$ _____ for my minor child(ren) living with my spouse and support in the sum of \$ _____ for my spouse.

J. That my present place of employment is at _____ . If not employed, my last regular job was at _____ and I worked there until _____ .

PART 3: ADDITIONAL INCOME

A. If your expenditures exceed your income, where did you receive the additional income to make up the difference? State the amounts, the dates and from whom you received those funds

AMOUNT	DATE	FROM WHOM RECEIVED

PART 4: REAL ESTATE

- A. I own real estate individually with an approximate gross value of \$ _____ and with a mortgage balance of \$ _____.
- B. My spouse and I own real estate together, having an approximate gross value of \$ _____ with a mortgage balance of \$ _____.
- C. I own vehicles individually having an approximate gross value of \$ _____, with an approximate debt remaining of \$ _____.
- D. My spouse and I own vehicles having an approximate gross value of \$ _____, with an approximate debt remaining of \$ _____.
- E. I own other assets individually (including cash) totaling \$ _____ and I have other debts individually totaling \$ _____.
- F. I own other assets with my spouse (including cash) totaling \$ _____ and we have other joint debts totaling \$ _____.

PART 5: SPOUSE’S EARNINGS

To the best of my knowledge, information and belief, my spouse earns \$ _____ monthly. When I last knew exactly what my spouse’s income was, he or she earned \$ _____ monthly in _____ (month), _____ (year).

PART 6: COMPLETENESS AND UNDERSTANDING

I have read my answers to this affidavit and before signing it, I have allowed my attorney to read it. I have also asked my attorney to explain any parts of this affidavit that I do not understand before signing it. I understand that the Rules of Court require me to completely and honestly answer all parts of this affidavit and that it will be used in Court. I also understand that there are many sanctions which the Court may impose on me for failing to complete this affidavit, and I have discussed them with my attorney.

AFFIANT

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

Notary Public

My commission expires: _____