

STATE OF NORTH CAROLINA  
20TH JUDICIAL DISTRICT  
COUNTY OF UNION

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NUMBER: \_\_\_\_\_  
ASSIGNED JUDGE: \_\_\_\_\_

\_\_\_\_\_, )  
)  
Plaintiff, )  
VS )  
)  
\_\_\_\_\_, )  
)  
Defendant, )  
)  
)

AFFIDAVIT OF:  
 PLAINTIFF  
 DEFENDANT  
SEEKING SUPPORT  
 PSS / ALIMONY  
 CHILD SUPPORT  
FROM WHOM SUPPORT IS SOUGHT  
 PLAINTIFF  
 DEFENDANT

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**

COMPLETE PAGE 1, SIGN & NOTARIZE PAGE 3 IN ALL CASES

My name is:

My Social Security Number is:

I am:

- Employed by: (first job): \_\_\_\_\_  
Employer's Address(es): \_\_\_\_\_  
\_\_\_\_\_  
Employer's Telephone(s): \_\_\_\_\_
- Self-employed doing: \_\_\_\_\_.

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

A.	Wages / Salary		E.	Rent	
B.	Bonuses		F.	Business Profit	
C.	Commission		G.	Social Security	
D.	Interest / Dividends on Investments		H.	Pension / Retirement	
			I.	Other: <sup>1</sup> (Itemize):	
	SUBTOTAL			SUBTOTAL	
<b>GRAND TOTAL</b>					

1. ATTACHED HERETO AND MADE A PART HEREOF ARE:

- 1. COPIES OF MY PAY STUBS FOR THE PAST TWO (2) MONTHS (OR OTHER DOCUMENTATION OF MY INCOME),
- 2. MY LATEST FEDERAL TAX RETURN (INCLUDING ALL SCHEDULES), W-2'S & 1099'S.

2. 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" or my IRS Form 1040 income tax return):

	\$ _____
	\$ _____
	\$ _____
Total Expenses	\$ _____

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<sup>1</sup>“Other Income” includes, but is not limited to, severance pay, ownership or operation of business, partnership, trusts, annuities, capital gains, worker’s compensation benefits, unemployment insurance benefits, disability pay and insurance benefits, gifts, prizes and alimony or maintenance received from persons other than the parties to the instant action.

## PART II – CHILD SUPPORT INFORMATION – GUIDELINE CASES

COMPLETE IN CHILD SUPPORT CASES USING THE CHILD SUPPORT GUIDELINES

I have the following average MONTHLY expenses:

A. Child support required by Court Order or Separation Agreement for my children Who are not living with me:		
B Name (s) and date (s) of birth of children:		
C. Responsibility for my biological or adopted children who live with me		
D. Name (s) and date (s) of birth of biological children or adopted children who live with me:		
E. Gross monthly income of the other parent responsible for children listed in B above.		
F. Monthly work-related child care costs (100%)		
G. Child (ren)'s portion of health insurance cost:		
H. Extraordinary expenses for child (ren) (itemize) and list amounts:		
I. Number of nights the child (ren) spend with me each year:		

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IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

**VERIFICATION**

I, \_\_\_\_\_, first being duly sworn, depose and say that I am the  Plaintiff  Defendant named in the foregoing action; that I have read the foregoing and know the contents thereof and that the same is true of my own knowledge except as to those matters and things therein alleged upon information and belief and as to those, I believe to be true.

I certify that \_\_\_\_\_ personally appeared before me this day and

- I have personal knowledge of the identity of the principal(s)
- I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principle's photograph in the form of a driver's license
- A credible witness has sworn to the identity of the principal(s);

and acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me this the  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
(signature of Notary Public)  
Notary Public \_\_\_\_\_ (printed name of Notary Public)

My Commission Expires: \_\_\_\_\_

**IN CHILD SUPPORT CASES FOLLOWING CHILD SUPPORT GUIDELINES, STOP HERE**

### PART III

COMPLETE PART III IN SPOUSAL SUPPORT CASES AND IN NON-GUIDELINES OR DEVIATION CHILD SUPPORT CASES

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

A.	NET INCOME		
1.	My total <b>MONTHLY GROSS INCOME</b> (from Part I) is		

2. I have the following average monthly deductions from my gross income:			
Federal income taxes		Medical Insurance	
State income taxes		Life Insurance	
Social Security (FICA)		Retirement/401 (k)	
Medicare		Other: N/A	
COLUMN SUBTOTAL		COLUMN SUBTOTAL	
<b>TOTAL DEDUCTIONS:</b>			
<b>My average MONTHLY NET INCOME:</b>			

B. NEEDS AND EXPENSES

1. I have the following average monthly fixed needs and expenses:

	<b>Accustomed Standard of Living</b>	<b>Actual Expenses</b>		<b>Accustomed Standard of Living</b>	<b>Actual Expenses</b>
House pmt/rent			Telephone		
Property tax (excluded above)			House Maintenance		
Homeowner's/ renter's insurance			Yard Maintenance		
Electricity			Car Payment		
Heat (gas, etc)			Gasoline		
Water (WELL)			Car repairs		
Cable TV			Car insurance		
Other (specify)			Other		
<b>SUBTOTALS</b>			<b>SUBTOTALS</b>		

2. I HAVE PRORATED THE FOREGOING SUBTOTAL OF FAMILY EXPENSES BETWEEN THE CHILD (REN) AND ME AS FOLLOWS:	
Total amount for self:	
Total amount for child (ren):	
Reason (s) for method of prorating:	

## B. I HAVE THE FOLLOWING AVERAGE MONTHLY EXPENSES FOR ME AND MY CHILDREN:

ITEM	SELF	CHILDREN (for whom I am legally responsible)
Groceries & Household Goods		
Religious Contributions		
Charitable Contributions		
School / Work Lunches		
Medical Insurance (if not withheld from earnings)		
Uninsured medical / dental		
Uninsured prescription drugs		
Uninsured therapy		
Clothing		
Grooming (hair, etc.)		
Laundry / dry cleaning		
Child Care (work related)		
Child Care (indicate nature)		
Allowances		
Activities (Y, sports, clubs)		
Entertainment / Recreation		
Meals Out		
Christmas Gifts		
Birthday Gifts		
Subscriptions / newspapers / magazines		
Life Insurance (If not on prior schedules)		
Car Insurance (If not on prior schedules)		
Car - Other (registration, etc.)		
Other Insurance (disability, etc.)		
Vacations		
Pets		
Tobacco / Alcohol		
Other:		
Other:		
Other:		
<b>SUBTOTALS</b>		
<b>TOTAL</b>		

C. SUMMARY OF EXPENSES		
	SELF	CHILDREN
Household – prorated – from Section (1)		
Individual – from Section (2)		
<b>TOTALS:</b>		

D. I AM RESPONSIBLE FOR THE FOLLOWING DEBT PAYMENTS:				
Debt	Monthly Payment	Balance Due	Named Debtor Joint/Husband/Wife	Party making pmt.
Mortgage				
Car Payment				
Car Payment				
Credit Cards (Itemize)				
Other:				
Other:				
Other:				
<b>TOTALS</b>				

<b>Gross Monthly Income (Part A(1)).</b>		<b>BALANCE</b>
<b>Minus Monthly Deductions from Paycheck (Part A(2)).</b>		
<b>Minus Fixed Needs and Expenses (Part B(1)).</b>		
<b>Minus Average Monthly Fluctuating Expenses (Part B(B)).</b>		
<b>Total Need for PSS (for Dependent Spouses) / Ending Balance (for Supporting Spouses) / Balance of Monthly Income Minus Expenses.</b>		



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**VERIFICATION**

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I certify that \_\_\_\_\_ personally appeared before me this day and

- I have personal knowledge of the identity of the principal(s)
- I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principle's photograph in the form of a driver's license
- A credible witness has sworn to the identity of the principle(s);

and acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(signature of Notary Public)  
Notary Public \_\_\_\_\_(printed name of Notary Public)  
My Commission Expires:\_\_\_\_\_

**THE FOLLOWING DOCUMENTATION RULES APPLY TO ALL CHILD SUPPORT, POST-SEPARATION SUPPORT AND ALIMONY CASES.**

**As required by the Domestic Local Rules, I have given or will give the opposing party (BUT NOT THE COURT) THE FOLLOWING on or before the Wednesday of the week before the start of the term when m case is scheduled:**

- A. The full address(es) of all land in which I have any ownership interest, which are attached as Exhibit \_\_\_\_\_.**
- B. For the last three (3) months, proof of all my income, including, but not limited to, copies of all pay stubs, pay and expense vouchers, employee benefits statements, stock option statements, company, financial statements and tax returns and / or Form 1040, Schedule "C" (if I am self-employed or employed by a closely-held corporation), which are attached as Exhibit \_\_\_\_\_.**
- C. For the last three (3) months, statements showing all accounts in banks, credit unions, brokerage accounts, and all other financial institutions of which I have been an authorized signer, which are attached as Exhibit \_\_\_\_\_.**
- D. A listing of all outstanding debts with written documentation or account statements for each creditor showing the principal balance I now owe and the terms of payment, which are attached as Exhibit \_\_\_\_\_.**
- E. For the last two (2) years, all federal tax returns filed by me or for me, including all schedules and attachments (forms W-2, 1099, etc) together with all year-end tax documentation (Forms W-2, 1098, 1099, Requests for Extension, etc.) for the most recent tax year, if that return has not yet been filed. For self-employed individuals, attach copies of all business schedules, such as Schedule C, K, etc., which are attached as Exhibit \_\_\_\_\_.**
- F. For the last two (2) years, al personal financial statements I gave to anyone, anywhere, which are attached as Exhibit \_\_\_\_\_.**
- G. Copies of tuition schedules for work-related daycare for all children that are the subject of the action along with proof of payment of said tuition, to include receipts from the child care institution; for individuals who obtain work-related child care from non-institutional providers, please attach an affidavit from the child care provider that states the tuition and payments received, which are attached as Exhibit \_\_\_\_\_.**
- H. Proof of health insurance costs, including documentation from the health insurance provider documenting amount assessed for coverage along with a schedule of premiums for individual coverage, individual + spouse, individual + child, and family, which are attached as Exhibit \_\_\_\_\_.**