

FORM #8

NORTH CAROLINA

COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

File No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff  
v.  
\_\_\_\_\_  
Defendant

**AFFIDAVIT OF  
INCOME & EXPENSES**  
OF THE  
 PLAINTIFF  DEFENDANT  
(FORM CMR-220)

The undersigned Affiant, having been first duly sworn as to the truthfulness and completeness of this affidavit, states that the average monthly financial needs for the support of the child(ren) in this cause and the Affiant's MONTHLY income and expenses are as follows:

**PART I – INCOME INFORMATION**

I am paid  weekly  every other week  twice monthly  monthly  other \_\_\_\_\_

|                                   |   |
|-----------------------------------|---|
| <i>My full legal name is</i><br>- | <i>My Social Security Number is:</i><br>- |
|-----------------------------------|---|

|   | <i>First Job</i> | <i>Second Job</i> |
|---|------------------|-------------------|
| <input type="checkbox"/> I am Self Employed doing | -                | -                 |
| <input type="checkbox"/> I am Employed by         | -                | -                 |
| Employer's Address(es)                            | -                | -                 |
| Employer's telephone number(s)                    | -                | -                 |

|   |      |                                       |      |
|---|------|---------------------------------------|------|
| I receive the following AVERAGE MONTHLY GROSS INCOME<br>(based on 52/12 weeks or 26/12 bi-weekly periods per month) from the following sources: |      |                                       |      |
| A. Wages/Salary   | \$ + | E. Rent (net) <sup>1</sup>            | \$ + |
| B. Bonuses  | \$ + | F. Business Profit (net) <sup>2</sup> | \$ + |
| C. Commissions  | \$ + | G. Social Security                    | \$ + |
| D. Interests/Dividends/<br>Investments  | \$ + | H. Pension/Retirement                 | \$ + |
|   |      | I. Other (Itemize) <sup>3</sup>       | \$ + |
| <b>TOTAL MONTHLY GROSS INCOME</b>   |      | \$ +                                  |      |

**PART II – CHILD SUPPORT INFORMATION**

<sup>1</sup> Complete attached Rental Expense Worksheet. Enter result on Line E.

<sup>2</sup> Complete attached Business Expense Worksheet. Enter result on Line F.

<sup>3</sup> Other income includes (but it not limited to): Severance pay, trust income, annuity income, capital gains, Workers Compensation benefits, Unemployment benefits, disability pay, insurance benefits, gifts, prizes and alimony and maintenance received from any person (s) not a party in this case.

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I have the following average MONTHLY expenses:

- A. Court-ordered or Separation Agreement-required child support for my children not living with me **(and not part of this action)**: \$ \_\_\_\_\_ -  
 Name(s) of other child(ren) **(not part of this action)**:  
 \_\_\_\_\_
- B. Responsibility for my other children who live with me **(and not part of this action)** (calculated per Guidelines): \$ \_\_\_\_\_ -
- C. Gross monthly income of other responsible parent **(in other case)**: \$ \_\_\_\_\_ -
- D. Monthly work related child care costs (in this case) (100%) \$ \_\_\_\_\_ -
  - School year per week (42 weeks per school year) \$ \_\_\_\_\_ -
  - Summer per week (10 weeks per school year) \$ \_\_\_\_\_ -
- E. Child(ren)'s portion of my (or my spouse's (who is not part of this action)) health insurance cost: \$ \_\_\_\_\_ -
- F. Extraordinary expenses for child(ren) (itemize) (As defined on Page 4 of the Guidelines) \$ \_\_\_\_\_ -

Number of nights the child(ren) (in this action) spend with me each year \_\_\_\_\_

**I have given prior to or contemporaneously herewith the opposing party (but not the court) the following:**

1. For persons who are hourly or salaried employees (including those who may receive bonuses and commissions in addition to their salaried income):
  - (a) My pay-stubs for the three (3) previous months and evidence or verification of all other income ;
  - (b) My pay-stubs showing all of my bonuses and commissions year-to-date;
  - (c) For the previous two (2) years, all federal income tax returns filed by me or for me, including all schedules and attachments, together with all year-end tax documentation (W-2 forms, 1098 forms, extension requests, etc.) for the most recent tax year if any tax return has yet to be filed;
  - (d) Evidence or verification of my work-related child-care costs for the three (3) previous months; and
  - (e) Documentation of the cost and the actual payment of the portion of my medical and dental insurance that covers the child(ren) who are the subject of this case.
2. For all other persons (i.e. self-employed persons, business owners, professional practice partners, etc.):
  - (a) The street address, city, and state of real property, wherever located, in which I have any interest; and
  - (b) For the previous three (3) months, evidence and verification of all gross income from all sources, including, but not limited to: salaries, wages, commissions, bonuses, severance pay, pensions, interest, trust income, annuities, capital gains, Social Security benefits, Workers Compensation benefits, unemployment insurance benefits, disability pay, insurance benefits, gifts, prizes, alimony or maintenance received from persons other than the parties to the instant action. Such evidence or verification shall include, but not limited to, pay stubs, vouchers, employee benefit statements, stock option statements, company financial statements (if I am self-employed), company tax returns or Schedule "C" (if I am self-employed); and
  - (c) For the previous three (3) months, statements showing all accounts in banks, credit unions, brokerage accounts and other financial institutions for which I have been a signer;
  - (d) A listing of all of my outstanding debts, together with written documentation or account statements for each creditor indicating the principal balance currently owed and the payment terms; and
  - (e) For the previous two (2) years, all federal tax returns filed by me or for me, including all schedules and attachments, together with all year-end tax documentation (W-2 forms, 1098 forms, extension requests, etc.) for the most recent tax year if any tax return has yet to be filed;
  - (f) All personal financial statements I gave anyone, anywhere, during the previous two (2) years;
  - (g) Receipts for work-related child-care costs for the six (6) months preceding the court date; and
  - (h) Documentation of the cost of, and the actual payment of, the portion of my medical and dental insurance that covers the child(ren) who are the subject of this case.

**THE DOCUMENTATION REQUIRED FOR ALL PSS AND ALIMONY CASES SHALL BE AS SPECIFIED IN #2 ABOVE(captioned "For all other persons"), EXCLUDING SUBPARAGRAPHS (g) AND (h) ABOVE, PURSUANT TO CASE MANAGEMENT RULE 24.02.**

**I UNDERSTAND THAT MY FAILURE TO PRODUCE ALL OF THE ABOVE DOCUMENTS TO MY OPPONENT WITHOUT JUST CAUSE MAY SUBJECT ME TO SANCTIONS (INCLUDING ATTORNEY'S FEES AND COSTS) IN THE DISCRETION OF THE PRESIDING JUDGE.**

**STOP HERE – FOR ALL GUIDELINE CHILD SUPPORT CASES**

**CONTINUE TO PART III FOR ALL NON-GUIDELINE CHILD SUPPORT CASES & POST SEPARATION-SUPPORT AND ALIMONY CASES**



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PART III –

**ONLY FOR POST-SEPARATION SUPPORT, ALIMONY, & NON-GUIDELINE CHILD SUPPORT CASES**

**SECTION A – NET INCOME**

My total **MONTHLY GROSS INCOME** (from Part I) is: \$ + \_\_\_\_\_

I have the following average monthly deductions from my gross income:

|                        |      |  |                          |      |
|------------------------|------|--|--------------------------|------|
| Federal Income taxes   | \$ - |  | Medical Insurance        | \$ - |
| State Income taxes     | \$ - |  | Dental Insurance         | \$ - |
| Social Security (FICA) | \$ - |  | Vision Insurance         | \$ - |
| Medicare               | \$ - |  | Disability Insurance     | \$ - |
| Retirement/401(k)      | \$ - |  | Medical spending account | \$ - |
| Other: -               | \$ - |  | Other: -                 | \$ - |
| Other: -               | \$ - |  | Other: -                 | \$ - |

**TOTAL DEDUCTIONS** \$ - \_\_\_\_\_

My average **MONTHLY NET INCOME** is \$ - \_\_\_\_\_

**SECTION B – NEEDS AND EXPENSES**

**(2) SHARED FAMILY EXPENSES**

I have the following average *monthly* needs and expenses:

|  |      |  |                        |      |
|--|------|--|------------------------|------|
| House payment/ rent (incl. property tax & insurance – homeowners or renters) | \$ - |  | House maintenance      | \$ - |
| Home Equity line payment   | \$ - |  | Yard maintenance       | \$ - |
| Electricity  | \$ - |  | Pest control service   | \$ - |
| Heat (gas, etc)  | \$ - |  | House cleaning service | \$ - |
| Water  | \$ - |  | Home security system   | \$ - |
| Cable/Satellite TV   | \$ - |  | Home food & supplies   | \$ - |
| Internet   | \$ - |  | Car Payment            | \$ - |
| Telephone(s)/Pagers  | \$ - |  | Gasoline               | \$ - |
| Garbage  | \$ - |  |                        |      |

**SUBTOTAL** \$ - \_\_\_\_\_

I pro-rated the foregoing sub-total of family expenses between the child(ren) and myself as follows:

|                              |      |  |  |  |   |
|------------------------------|------|--|--|--|---|
| Total amount for self:       | \$ - |  |  |  | % |
| Total amount for child(ren): | \$ - |  |  |  | % |

Reason(s) for method of pro-rating: -

**(2) INDIVIDUAL EXPENSES**

| Item   | Self        | Children (I am legally responsible for) | Notes |
|--|-------------|---|-------|
| Religious Contributions                              | \$ -        | \$ -                                    | -     |
| Charitable Contributions                             | \$ -        | \$ -                                    | -     |
| School/work lunches                                  | \$ -        | \$ -                                    | -     |
| Meals out  | \$ -        | \$ -                                    | -     |
| Grooming (hair, etc.)                                | \$ -        | \$ -                                    | -     |
| Laundry/dry cleaning                                 | \$ -        | \$ -                                    | -     |
| Clothing   | \$ -        | \$ -                                    | -     |
| Home Furnishings (furniture, textiles, etc.)         | \$ -        | \$ -                                    | -     |
| Pets   | \$ -        | \$ -                                    | -     |
| Child care (work-related)                            | \$ -        | \$ -                                    | -     |
| Child care (other)                                   | \$ -        | \$ -                                    | -     |
| Education (indicate nature in notes column)          | \$ -        | \$ -                                    | -     |
| Allowances for children                              | \$ -        | \$ -                                    | -     |
| Activities (Y, sports, clubs)                        | \$ -        | \$ -                                    | -     |
| Dues (prof., social, school)                         | \$ -        | \$ -                                    | -     |
| Entertainment/Recreation                             | \$ -        | \$ -                                    | -     |
| Major Holiday gifts (e.g. Christmas gifts)           | \$ -        | \$ -                                    | -     |
| Birthday gifts                                       | \$ -        | \$ -                                    | -     |
| Subscriptions (newspapers, magazines, etc.)          | \$ -        | \$ -                                    | -     |
| Uninsured medical/dental                             | \$ -        | \$ -                                    | -     |
| Uninsured prescription drugs                         | \$ -        | \$ -                                    | -     |
| Uninsured therapy (Explain if time limited)          | \$ -        | \$ -                                    | -     |
| Medical insurance (if not withheld from earnings)    | \$ -        | \$ -                                    | -     |
| Car - other (maintenance, registration, taxes, etc.) | \$ -        | \$ -                                    | -     |
| Car insurance  | \$ -        | \$ -                                    | -     |
| Life insurance                                       | \$ -        | \$ -                                    | -     |
| Other insurance (disability, etc.)                   | \$ -        | \$ -                                    | -     |
| Vacations  | \$ -        | \$ -                                    | -     |
| Retirement & investment                              | \$ -        | \$ -                                    | -     |
| Savings  | \$ -        | \$ -                                    | -     |
| College Fund   | \$ -        | \$ -                                    | -     |
| Other (itemize):                                     | \$ -        | \$ -                                    | -     |
|  | \$ -        | \$ -                                    | -     |
| <b>SUBTOTAL</b>                                      | <b>\$ -</b> | <b>\$ -</b>                             |       |

**(3) DEBT PAYMENTS**  
*(not otherwise listed in this Affidavit)*

| Debt                                | Monthly Payment | Balance     |
|-------------------------------------|-----------------|-------------|
| Overdraft Protection                | \$ -            | \$ -        |
| <i>Credit Cards (itemize below)</i> |                 |             |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
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| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| <i>Other Loans (itemize below)</i>  |                 |             |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| -                                   | \$ -            | \$ -        |
| <b>TOTAL</b>                        | <b>\$ -</b>     | <b>\$ -</b> |

**SECTION D - SUMMARY**

|                                       | Self | Children |
|---------------------------------------|------|----------|
| Family – Pro-rated (from Section (1)) | \$ - | \$ -     |
| Individual (from Section (2))         | \$ - | \$ -     |
| Debt Payments (from Section (3))      | \$ - | \$ -     |

**TOTALS**

\$ -

\$ -

**Worksheets for Rental and/or Business Operation**

(Required if you show income on Page 1 under Rental Income or Business Income)

**RENTAL INCOME (LINE "E," PAGE 1) DIRECTIONS:** (1) List gross rental proceeds for the past twelve (12) months. Then, directly below (1), list by category and amount for the same period the ANNUAL expenses (but not accelerated depreciation) that are deductible on Schedule "E" of IRS Form 1040. (2) Total those expenses. (3) Then subtract the total expenses from the total proceeds. (4) Then divide by 12. Enter the result on Page 1, Line "E."

**BUSINESS INCOME (LINE "F", PAGE 1) DIRECTIONS:** Follow the above instructions using business proceeds and business deductions from Schedule "C" of IRS Form 1040. Enter the result on Page 1, Line "F."

**RENTAL INCOME WORKSHEET**

| Item  | Amount      |
|---|-------------|
| (1) Gross ANNUAL Rent   | \$ -        |
| <b>Annual Expenses as follows</b>                                 |             |
| ANNUAL mortgage principal   | \$ -        |
| ANNUAL mortgage interest  | \$ -        |
| ANNUAL property taxes   | \$ -        |
| ANNUAL insurance  | \$ -        |
| ANNUAL repairs  | \$ -        |
| ANNUAL cleaning and maintenance                                   | \$ -        |
| ANNUAL management fees  | \$ -        |
| ANNUAL advertising fees   | \$ -        |
| ANNUAL legal & professional services                              | \$ -        |
| ANNUAL utilities  | \$ -        |
| ANNUAL supplies   | \$ -        |
| ANNUAL auto & travel  | \$ -        |
| ANNUAL other (specify)  | \$ -        |
| -   | \$ -        |
| -   | \$ -        |
| -   | \$ -        |
| -   | \$ -        |
| <b>(2) TOTAL of ANNUAL EXPENSES</b>                               | <b>\$ -</b> |
| <b>(3) SUBTRACT total annual expenses from total annual rents</b> | <b>\$ -</b> |
| <b>(4) DIVIDE by 12. Enter result here and on Page 1, Line E</b>  | <b>\$ -</b> |

**BUSINESS INCOME WORKSHEET**

| Item  | Amount      |
|---|-------------|
| (1) Gross ANNUAL Business proceeds  | \$ -        |
| <b>ANNUAL expenses as follows</b>   |             |
| ANNUAL salaries & wages paid  | \$ -        |
| ANNUAL repairs & maintenance  | \$ -        |
| ANNUAL advertising  | \$ -        |
| ANNUAL supplies   | \$ -        |
| ANNUAL taxes and licenses   | \$ -        |
| ANNUAL business travel  | \$ -        |
| ANNUAL business meals   | \$ -        |
| ANNUAL vehicle expense  | \$ -        |
| ANNUAL employee benefits  | \$ -        |
| ANNUAL mortgages  | \$ -        |
| ANNUAL legal & professional services  | \$ -        |
| ANNUAL utilities  | \$ -        |
| ANNUAL vehicles, machinery, and equipment                                     | \$ -        |
| ANNUAL other (specify)  | \$ -        |
| -   | \$ -        |
| -   | \$ -        |
| -   | \$ -        |
| -   | \$ -        |
| <b>(2) TOTAL of ANNUAL EXPENSES</b>   | <b>\$ -</b> |
| <b>(3) SUBTRACT total annual expenses from total annual business proceeds</b> | <b>\$ -</b> |
| <b>(4) DIVIDE by 12. Enter result here and on Page 1, Line E</b>              | <b>\$ -</b> |

**NORTH CAROLINA**  
**COUNTY OF** \_\_\_\_\_

**VERIFICATION**

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

\_\_\_\_\_(SEAL)  
Affiant

I certify that the following person personally appeared before me this day, and  I have personal knowledge of the identity of said person  I have seen satisfactory evidence of said person's identity, by a current state or federal photo identification and having signed and sworn to (or affirmed) before me this day, said person acknowledged to me that foregoing document was voluntarily signed for the purpose stated therein and in the capacity indicated: (name of Affiant)\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
Printed Name of Notary Public: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE

NORTH CAROLINA

COUNTY OF \_\_\_\_\_

DISTRICT COURT DIVISION

File No. \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff  
 v.  
 \_\_\_\_\_  
 Defendant

**CERTIFICATE OF SERVICE**  
 AFFIDAVIT OF  
 INCOME & EXPENSES  
 OF THE  
 PLAINTIFF     DEFENDANT  
 (FORM CMR-220)

I hereby certify that pursuant to the Civil Case Management Rules for the District Court of the 18th Judicial District the Affidavit of Income & Expenses and documents required to be served on the opposing party pursuant to Rule 23.02 and/or Rule 24.02, but not filed with the Court, to the extent such documents are in the possession of Plaintiff Defendant, have been served upon the Plaintiff Defendant by forwarding a copy thereof by first-class mail, postage prepaid, addressed as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Plaintiff            Attorney for Plaintiff  
Defendant            Attorney for Defendant