

1572353

Judicial District 15B

FILED

Orange and Chatham Counties AUG 10 PM 12:00

ORANGE CO., C.S.C.

LOCAL Rules

MD

Governing

Post Separation Support

Purpose: To streamline PSS litigation by creating standardized affidavits and other related forms and to provide the Court with information regarding the parties' current financial information, in a suggested post-separation support (PSS) amount consistent with statutory factors.

A. Definitions

1. PSS refers to post separation support as defined by N.C. G.S. Sec. 50-16.1A(4)
2. Petitioner refers to the party seeking post separation support
3. Respondent refers to the party from whom post separation support is sought
4. The term "15B PSS affidavit and worksheet" refers to the attached affidavit (Form PSS-1) and worksheet (Form PSS-2)
5. The term "15B PSS Order" form refers to the attached form (Form PSS-3) for court orders awarding or denying a PSS claim.
6. The "PSS formula" is the mathematical equation that produces a "suggested PSS amount." The PSS formula is: $[(SS-DS) \times 30.25] - (DS \times .03)$. Where "SS" = supporting spouse's Adjusted Gross Income and "DS" = dependent spouse's Adjusted Gross Income.
7. "Suggested PSS Amount" is a value which represents the average spousal support amounts in actual comparable cases in this district. The suggested amount of PSS is not a presumptive or guideline amount, and is intended only for informational purposes.

B. Post Separation Support Hearings

1. By agreement of the parties or under the direction of the Court, post-separation support may be determined out of session by submission of the PSS Affidavit (PSS-1).
2. Where PSS is to be determined by hearing, the 15B PSS affidavit (PSS-1) must be completed by both parties and served on the opposing party at least three (3) days before a scheduled hearing for post-separation support; The 15B PSS affidavit (PSS-1) shall also be filed with the court at least one business day prior to the hearing.

C. Instructions for PSS Forms

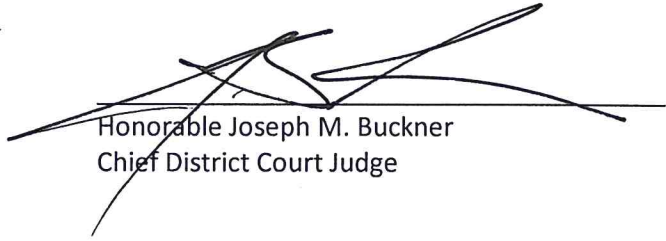
6.18.2015

1. Instructions for filling out the 15B PSS affidavit (Form PSS-1)
 - a. "Monthly gross income" is defined in accordance with the current definition of gross income in the NC Child Support Guidelines.
 - b. "Adjusted monthly gross income" is defined as monthly gross income plus or minus monthly child support paid or received for any child, and plus or minus monthly spousal support paid or received due to a previous spouse.
 - c. Net monthly income is defined as monthly gross income minus income tax and social security tax
 - d. Monthly expenses should only include amounts paid by the party completing the affidavit.
 - e. The affidavit must be notarized on page 1.

2. Instructions for filling out the 15B PSS worksheet (Form PSS-2)
 - a. The worksheet is intended to be prepared by the Court for informational purposes only. Nothing herein requires the Court to award the suggested PSS monthly amount.
 - b. The Court must find that the Respondent is a supporting spouse and the Petitioner is a dependent spouse as defined in N.C.G.S. Sec. 50-16.1A before using the worksheet to determine the suggested PSS monthly amount.
 - c. If the Dependent spouse earns more than \$16,666.66 per month, the formula for the suggested monthly amount of PSS is inapplicable.
 - d. In completing the worksheet,
 - i. Line one (1) refers to the supporting spouse's adjusted gross income based on the supporting spouse's PSS affidavit, line 3 on Form PSS -1.
 - ii. Line two (2) refers to the dependent spouse's adjusted gross income based on the dependent's spouse's PSS affidavit, line 3 on Form PSS-1
 - iii. Line three (3) of the worksheet is the supporting spouse's adjusted gross income minus the dependent spouses adjusted gross income.
 - iv. Line four (4) is the difference between the adjusted gross income's multiplied by 30.25%
 - v. Line five (5) is 3% of the dependent spouse's adjusted gross income.
 - vi. The resulting number on Line 6 is the suggested PSS amount.

3. Instructions for filling out 15B Order for Post Separation Support (Form PSS-3)
 - a. The order is intended to be filled out by or at the direction of the Court based upon the statutory factors and evidence presented.
 - b. Nothing herein requires the Court to use Form PSS-3 when awarding or denying a claim for PSS.

Adopted this 10 day of August, 2015



Honorable Joseph M. Buckner
Chief District Court Judge

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE GENERAL COURT OF

JUSTICE

DISTRICT COURT DIVISION

___ CVD ___

_____,

Plaintiff,

v.

_____,

Defendant.

POST-SEPARATION SUPPORT
AFFIDAVIT OF:

PLAINTIFF

DEFENDANT

**POST-SEPARATION SUPPORT AFFIDAVIT
(District 15B Local Form PSS-1)**

The undersigned affiant, after being duly sworn, says that the information provided below is true, accurate, and complete to the best of his or her knowledge as of the date of the signing of this affidavit. The affiant also certifies that the values listed herein are estimated in good faith and subject to further discovery.

 Plaintiff / Defendant

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Signature: _____

Notary Name: _____

Commission Expires: _____

1. GROSS INCOME

1a. Gross Annual Income \$ _____

1b. Gross Monthly Income *[Line 1a divided by 12 months]* \$ _____

2. ADJUSTMENTS TO GROSS INCOME

2a. Monthly Child Support Paid *[For any child]* \$ _____

2b. Monthly Spousal Support Paid *[To previous spouse(s)]* \$ _____

2c. **Total Monthly Reductions** *[Add Lines 2a and 2b]* \$ _____

2d. Monthly Child Support Received *[For any child]* \$ _____

- 2e. Monthly Spousal Support Received *[From previous spouse(s)]* \$ _____
- 2f. **Total Monthly Additions** *[Add Lines 2d and 2e]* \$ _____
3. **ADJUSTED MONTHLY GROSS** *[Subtract Line 2c from 1b, and add Line 2f]* \$ _____
4. **MONTHLY DEDUCTIONS FROM INCOME**
- 4a. Social Security Tax Payments \$ _____
- 4b. Income Tax Payments \$ _____
- 4c. Total Monthly Deductions *[Add Lines 4a and 4b]* \$ _____
5. **NET MONTHLY INCOME** *[Subtract Line 4c from Line 3]* \$ _____
6. **MONTHLY EXPENSES** *[Include only those expenses actually paid by you. Do not include amounts for which you receive credit under an existing child support order]*
- 6a. Childcare Expenses \$ _____
- 6b. Expenses for Children's Extracurricular Activities \$ _____
- 6c. Health Insurance Premiums for Children \$ _____
- 6d. Your Health Insurance Premiums \$ _____
- 6e. Recurring Medical Expenses for Your Dependents \$ _____
- 6f. Recurring Medical Expenses for Yourself \$ _____
- 6g. Monthly Rent or Mortgage Payment \$ _____
- 6h. Other Payments on Marital Debts \$ _____

7. **MARRIAGE INFORMATION**

- 7a. Date of Marriage _____ / _____ / _____
- 7b. Date of Separation _____ / _____ / _____
- 7c. Did actions by the other party reduce or eliminate your ability to support yourself or your family? Yes No
- 7d. Are you subject to any physical or mental disability which reduces or eliminates your ability to support yourself or your family? Yes No

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF

COUNTY OF _____

JUSTICE
DISTRICT COURT DIVISION
___ CVD _____

_____,

Plaintiff,

v.

_____,

Defendant.

POST-SEPARATION
SUPPORT WORKSHEET

(Form PSS-2)

**POST-SEPARATION SUPPORT WORKSHEET
(District 15B Local Form PSS-2)**

For the purposes of this post-separation support worksheet, _____
(Plaintiff/Defendant) is the supporting spouse as defined in N.C.G.S. § 50-16.1A(5), and
_____ (Plaintiff/Defendant) is the dependent spouse as defined in N.C.G.S.
§ 50-16.1A(2).

SUGGESTED MONTHLY PSS AMOUNT

1.	Supporting Spouse's Adjusted Gross Monthly Income <i>[From Line 3 of Supporting Spouse's PSS Affidavit (Form 15B-PSS-1)]</i>	\$ _____
2.	Dependent Spouse's Adjusted Gross Monthly Income ¹ <i>[From Line 3 of Dependent Spouse's PSS Affidavit (Form 15B-PSS-1)]</i>	\$ _____
3.	Difference Between Adjusted Gross Monthly Incomes <i>[Subtract Line 2 from Line 1]</i>	\$ _____
4.	30.25% of Difference Between Adjusted Gross Monthly Incomes <i>[Multiply Line 3 by 0.3025]</i>	\$ _____
5.	3.00% of Dependent Spouse's Adjusted Gross Monthly Income <i>[Multiply Line 2 by 0.03]</i>	\$ _____
6.	Suggested Monthly PSS Amount <i>[Subtract Line 5 from Line 4]</i>	\$ _____

¹ These guidelines do not apply if this amount exceeds \$16,666.66