

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

File No. \_\_\_\_\_  
IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

**AFFIDAVIT OF FINANCIAL STANDING  
OF PARTY SEEKING SUPPORT**

**AND/OR**

**AFFIDAVIT OF FINANCIAL NEEDS OR  
MINOR CHILD(REN)**

The undersigned affiant, having been first duly sworn as to the truthfulness and completeness of this Affidavit, deposes and says:

1. That my average monthly financial needs (*the monthly total should be fairly allocated among those living in the household unless otherwise specifically ascertainable*) while living separate and apart from the opposing party are as follows:

<b>NATURE OF EXPENSE PAID OR PAYABLE BY AFFIANT</b>	<b>*SELF</b>	<b>* ( ) NO. OF MINOR CHILDREN</b>	<b>*ADULT CHILDREN AND OTHERS LIVING IN HOUSEHOLD</b>	<b>*MONTHLY TOTAL</b>
* Round off to nearest dollar.				
Rent ( <i>or house payment</i> )	_____	_____	_____	_____
Household maintenance or repairs	_____	_____	_____	_____
Household supplies	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Heating (fuel oil)	_____	_____	_____	_____
Water	_____	_____	_____	_____
Electricity	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Gas for home	_____	_____	_____	_____
Automobile payment	_____	_____	_____	_____
Automobile maintenance	_____	_____	_____	_____
Automobile gasoline	_____	_____	_____	_____
Other transportation costs	_____	_____	_____	_____
Food at home	_____	_____	_____	_____
Food away from home ( <i>including school lunches</i> )	_____	_____	_____	_____

NATURE OF EXPENSE PAID OR PAYABLE BY AFFIANT	*SELF	*( ) NO. OF MINOR CHILDREN	*ADULT CHILDREN AND OTHERS LIVING IN HOUSEHOLD	*MONTHLY TOTAL
* Round off to nearest dollar.				
Clothing <i>(purchase)</i>	_____	_____	_____	_____
Personal care <i>(grooming, laundry, dry cleaning, etc.)</i>	_____	_____	_____	_____
Extracurricular activities <i>(recreation, entertainment, sports)</i>	_____	_____	_____	_____
Medical expenses <i>(including doctors, hospital, dentist, drugs) not paid by insurance</i>	_____	_____	_____	_____
Educational expenses <i>(including school supplies, fees, tuition)</i>	_____	_____	_____	_____
Reading materials	_____	_____	_____	_____
Tobacco and alcohol	_____	_____	_____	_____
Club dues and expenses	_____	_____	_____	_____
Cable TV	_____	_____	_____	_____
Insurance:				
Hospitalization and medical	_____	_____	_____	_____
Automobile	_____	_____	_____	_____
Life	_____	_____	_____	_____
Other <i>(itemize)</i>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Church pledge <i>(including Sunday School)</i>	_____	_____	_____	_____
Gifts	_____	_____	_____	_____
			<b>**TOTAL BALANCE DUE (DEBTS)</b>	
Debt payment	_____	_____	_____	_____
MasterCard	_____	_____	_____	_____
VISA	_____	_____	_____	_____
Checkloan	_____	_____	_____	_____
Credit Union Reserve	_____	_____	_____	_____

NATURE OF EXPENSE PAID OR PAYABLE BY AFFIANT	*SELF	* ( ) NO. OF MINOR CHILDREN	*ADULT CHILDREN AND OTHERS LIVING IN HOUSEHOLD	*MONTHLY TOTAL
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\* Round off to nearest dollar.

**Debt payment continued**

Other (Finance companies, banks, department stores)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL MONTHLY (Self)** ..... \$ \_\_\_\_\_

**TOTAL MONTHLY (Minor Child(ren))** ..... \$ \_\_\_\_\_  
 (A total for adult children *et al* column is not required.)

**TOTAL BALANCE DUE (Debts)** ..... \$ \_\_\_\_\_  
 (A total for Monthly Total column is not required.)

2. That the minor children for which expenses and needs are shown  are  are not residing with this affiant.

3. That the names and ages of the minor child(ren) are:.

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

4. That the affiant needs from the opposing party for the support of the minor child(ren) the sum of \$ \_\_\_\_\_ monthly allocated on a pro rata basis of \$ \_\_\_\_\_ weekly. (Based on 52 weeks rather than just four-week months.) (Applicable in alimony cases)

5. That the affiant needs for her own support from the opposing party the sum of \$ \_\_\_\_\_ monthly allocated on a pro rata basis of \$ \_\_\_\_\_ weekly.  
*(Based on 52 weeks rather than just four-week months.) (Applicable in alimony cases)*

This the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_

Affiant

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_