

STATE OF NORTH CAROLINA	File No. CVD
COUNTY OF CUMBERLAND	IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION
Name Plaintiff	POST SEPARATION SUPPORT AFFIDAVIT <i>Cumberland County Domestic Rule 11.8</i>
VERSUS	
Name Defendant	
Name of Domestic Case Manager	

LOCAL RULES REQUIRE THAT THIS AFFIDAVIT BE COMPLETED PRIOR TO THE HEARING AND PRESENTED TO THE COURT.

The Plaintiff Defendant named above hereby certifies under oath that the information provided below is true, accurate, and complete.

I. STATUS OF CHILDREN

1. Are there children of the parties? Yes No
If yes, list their name(s) and birthdate(s).

Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB

2. Is there a Temporary Custody Order or Agreement? Yes No
If yes, provide a brief summary of the parenting arrangement.

3. Do you have other children not of the parties? Yes No
If yes, list their name(s) and birthdate(s).

Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB

A. Do you have primary physical custody of these children?

Yes No

B. Do you pay or receive support payments for these children?

Yes No

- If yes, include the amount in **Section VI. Current Monthly Income**, below.

If no, provide brief explanation below.

II. PERSONAL INFORMATION

Your Present Age

Your Current Education Level

Indicate any special training you have received below.

III. WORK HISTORY

List your work history below starting with your most current job. Explain periods of unemployment.

Employment Dates	Employer Name & Address	Salary	Job Description

IV. CHILD CARE

Provide childcare information for "Children of the Parties" in Section A, below.

A	Name of Normal Daycare Center/ Babysitter	Address	Average Monthly Expense \$
			 <i>(Also include in Section VIII below)</i>

Provide childcare information for "Children Not of the Parties" in Section B, below.

B	Name of Normal Daycare Center/ Babysitter	Address	Average Monthly Expense \$
			 <i>(Also include in Section VIII below)</i>

V. ASSETS

List below a summary of all liquid assets in your control.

Value of Stock, Bonds, etc. \$	Saving Account Balance \$	Value of all Remaining Liquid/Cash Assets \$

VI. CURRENT MONTHLY INCOME			
Indicate below your current income on a calculated monthly average.			AMOUNT
1. EMPLOYMENT GROSS INCOME <i>(Include commissions, bonuses, overtime, etc.)</i>		<i>Hourly Salary Rate</i>	<i>Average Number of Hours Worked Monthly</i>
		\$	\$
2. OTHER INCOME		Column A	
	Support Received <i>(Parties' Children)</i>	\$	
	Support Received <i>(Other Children)</i>	\$	
	Retirement Income	\$	
	Disability Income	\$	
	AFDC	\$	
	Food Stamps	\$	
	Other <i>(List)</i>	\$	
	Other <i>(List)</i>	\$	
3. TOTAL OTHER INCOME	<i>(Total of Column 2-A above)</i>		\$
TOTAL GROSS INCOME		<i>(Total of #1 and #3 above)</i>	\$
4. PAYROLL DEDUCTIONS		Column A	
	Federal Tax	\$	
	Social Security	\$	
	Medicare	\$	
	State Tax	\$	
	Health Insurance <i>(Only by Payroll Deduction)</i>	\$	
	Retirement	\$	
	Other <i>(List)</i>	\$	
	Other <i>(List)</i>	\$	
5. TOTAL PAYROLL DEDUCTIONS	<i>(Total of Column 4-A above)</i>		\$
6. CHILD SUPPORT PAID <i>(Parties' Children)</i>			\$
7. CHILD SUPPORT PAID <i>(Other Children)</i>			\$
TOTAL DEDUCTIONS		<i>(Total of #5, #6 and #7 above)</i>	\$
TOTAL NET INCOME		<i>(Total Gross Income minus Total Deductions above)</i>	\$
<i>(Indicate under Section IX. Summary on Page 6 below.)</i>			
8.	Have you experienced a recent increase or decrease in your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you anticipate any change in your income in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes to #8 or #9 above, provide brief explanation below.</i>			

VII. CURRENT MONTHLY LIVING EXPENSES

List below your **CURRENT** average monthly living expenses. Explain any recent or anticipated changes.

Itemized Regular Monthly Living Expenses		Self	Children	Total
SHELTER	Rent or Mortgage Payment	\$	\$	\$
	Home Tax, Insurance, etc.	\$	\$	\$
	Maintenance	\$	\$	\$
UTILITIES	Electricity	\$	\$	\$
	Heat <i>(gas, oil)</i>	\$	\$	\$
	Sewer	\$	\$	\$
	Trash	\$	\$	\$
	Telephone	\$	\$	\$
FOOD	At Home	\$	\$	\$
	Away from Home	\$	\$	\$
	School Meals for Children	\$	\$	\$
MEDICAL	<i>(Doctors, Dentist, Drugs, Hospital)</i>	\$	\$	\$
TRANSPORTATION	Car Payment <i>(For car you drive)</i>	\$	\$	\$
	Other Car Payment <i>(Explain)</i>	\$	\$	\$
	Gas	\$	\$	\$
	Auto Repair, Maintenance	\$	\$	\$
	Other costs <i>(Bus, Taxi, etc.)</i>	\$	\$	\$
	Car Insurance	\$	\$	\$
OTHER INSURANCE	Life Insurance	\$	\$	\$
	Medical Insurance	\$	\$	\$
	Other <i>(List)</i>	\$	\$	\$
GROOMING		\$	\$	\$
CLOTHING		\$	\$	\$
LAUNDRY & DRY CLEANING		\$	\$	\$
RECREATION & ENTERTAINMENT	Cable Television	\$	\$	\$
	Subscriptions	\$	\$	\$
	Memberships	\$	\$	\$
	Internet Access Fee	\$	\$	\$
	Other <i>(List)</i>	\$	\$	\$
	Other <i>(List)</i>	\$	\$	\$
EDUCATION	For Yourself	\$	\$	\$
	For Your Children	\$	\$	\$
CHILD CARE	<i>(Daycare, Babysitting)</i>	\$	\$	\$
GIFTS	<i>(YOU GIVE)</i>	\$	\$	\$
	Subtotal of Items Listed above <i>(Continued on next Page)</i>	\$	\$	\$

	Subtotal of Items From Previous Page <i>(Continued on previous Page)</i>	\$	\$	\$
Itemized Regular Monthly Living Expenses (Continued)		Self	Children	Total
DONATIONS <i>(YOU MAKE)</i>		\$	\$	\$
OTHER <i>(List)</i>		\$	\$	\$
OTHER <i>(List)</i>		\$	\$	\$
OTHER <i>(List)</i>		\$	\$	\$
OTHER <i>(List)</i>		\$	\$	\$
OTHER <i>(List)</i>		\$	\$	\$
TOTAL EXPENSES		\$	\$	\$
TOTAL MONTHLY LIVING EXPENSES <i>(Indicate under Section IX. Summary on Page 6 below.)</i>				\$

VIII. DEBTS				
Itemize Marital Debts You Are Paying	Balance At "DOS"	Current Balance	Monthly Payment	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Itemize Other Debts You Are Paying				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL	\$	\$	\$	
TOTAL MONTHLY DEBT PAYMENT <i>(Indicate under Section IX. Summary on Page 6 below.)</i>				\$

IX. SUMMARY			
		Column A	Column B
TOTAL NET INCOME	(Section VI above)	\$	
TOTAL MONTHLY LIVING EXPENSES	(Section VII above)		\$
TOTAL MONTHLY DEBT PAYMENT	(Section VIII above)		\$
TOTAL		\$	\$
1. If <i>Column A Total</i> is greater than <i>Column B Total</i> , enter difference here		(+) \$	
2. If <i>Column B Total</i> is greater than <i>Column A Total</i> , enter difference here		(-) \$	

X. OTHER PARTY'S FINANCES

Provide a brief summary of any income other than *Regular Payroll Income* that you contend the opposing party receives.

SWORN AFFIDAVIT

I hereby certify that having been duly sworn upon my oath, do hereby depose and state that all information contained in this Post Separation Support Affidavit is true and accurate to the best of my information and belief.

Date	Signature of Party
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant

SWORN TO AND SUBSCRIBED BEFORE ME

This the _____ day of _____, 20_____.

Notary Public

(Notary Seal)

My Commission Expires: _____