

**NORTH CAROLINA
28th JUDICIAL DISTRICT
BUNCOMBE COUNTY**

**IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____**

Plaintiff – DOB: _____

vs.

Defendant – DOB: _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

FINANCIAL AFFIDAVIT OF:

- Plaintiff
- Defendant

PARTY SEEKING SUPPORT

- Plaintiff
- Defendant

SUPPORT SOUGHT FROM

- Post Separation
- Alimony
- Child Support *

THE UNDERSIGNED, having been first truly sworn as to the truthfulness and completeness of this affidavit, deposes and says:

The names and ages of the children currently residing with me, or which may come to reside with me for which support is sought:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

*** If this case is for Guideline Child support only, COMPLETE ONLY PART 1, sign and have notarized.**

PART 1: INCOME

A. I am paid weekly; every other week; twice monthly; monthly; other
I have gross monthly income from all sources as follows:

INCOME	MONTHLY AMOUNT
Wages	
Overtime	
Commissions	
Bonus	
Interest	
Dividends	
Trust fund	
Social Security benefits	
Pension, Disability or Retirement income	
Business profit	
Rental Income	
Child support & alimony	
Other:	
TOTAL GROSS INCOME	

My present place of employment is at _____. If not employed, my last regular job was at _____ and I worked there until _____.

I have ; have not ; received substantially the same income for the past 12 months. If not substantially the same, explain the reason for the change

Monthly costs for work related childcare costs \$_____

Monthly costs for the children's health insurance premiums \$_____

My other pre-existing child support payments for other children are \$_____

Monthly extraordinary expenses for the children, if any \$_____

Since the date of my separation from my spouse, I have provided support in the total sum of \$_____ for my minor child(ren) living with my spouse and support in the sum of \$_____ for my spouse.

To the best of my knowledge, information and belief, my spouse earns \$_____ monthly. When I last knew exactly what my spouse's income was, he or she earned \$_____ monthly in _____(month), _____(year).

A copy of my latest payroll stub or voucher is attached hereto.

STOP HERE

IF THE ONLY ISSUE IN THIS CASE IS GUIDELINE CHILD SUPPORT

PART 2: ADDITIONAL INCOME

A. If your expenses listed in PART 3 (below) exceed your income, where did you receive the additional income to make up the difference? State the amounts, the dates and from whom you received those funds.

AMOUNT	DATE	FROM WHOM RECEIVED

PART 3: REAL ESTATE AND OTHER ASSETS

A. I own real estate individually with an approximate gross value of \$_____ and with a mortgage balance of \$_____.

B. My spouse and I own real estate together, having an approximate gross value of \$_____ with a mortgage balance of \$_____.

C. I own vehicles individually having an approximate gross value of \$_____, with an approximate debt remaining of \$_____.

D. My spouse and I own vehicles having an approximate gross value of \$_____, with an approximate debt remaining of \$_____.

E. I own other assets individually (including cash) totaling \$_____ and I have other debts individually totaling \$_____.

F. I own other assets with my spouse (including cash) totaling \$_____ and we have other joint debts totaling \$_____.

PART 4: EXPENSES FOR CHILDREN AND/OR SELF

A. The amounts listed as follows are the average monthly amounts of expenses, needs and anticipated expenses for my support and/or the support of our children who live with me now or who may come to live with me. **(Do not include items deducted from your paycheck)**

ACTUAL/ANTICIPATED INDIVIDUAL NEEDS & EXPENSES	SELF		CHILDREN		NOTES
	ACTUAL	ANTICIP.	ACTUAL	ANTICIP.	
Food at home					
Food away from home (school , work, etc)					
Clothing – purchase					
Clothing – laundry & dry cleaning					
Cosmetic, shampoo, personal care					
Tobacco and alcohol					
Medical insurance					
Dental Insurance					
Uninsured Doctor bills					
Uninsured appliances (e.g. glasses)					
Uninsured hospital bills					
Uninsured prescription drugs					
Uninsured over the counter drugs					
Uninsured dental bills					
Uninsured orthodontic bills					
Other uninsured expenses					
Child care – day care					
Baby sitters					
Educational expenses – tuition					
Educational expenses – supplies & books					
Educational expenses – insurance					
Educational expenses – fees					
Educational expenses – pictures					
Educational expenses – lunches					
Haircuts					
Child support paid regularly					
Vacations					
Memberships					
Admissions (e.g. movies, sports, etc)					
Professional dues and licenses					
Children’s allowance					

Children's activities and lessons					
Birthday gifts					
Christmas gifts					
Special gifts					
Other gifts					
Church donations					
Other donations					
Insurance: life, disability, accident					
Other:					
TOTAL INDIVIDUAL					

B. FIIXED MONTHLY EXPENSES

SHELTER	ACTUAL	ANTICIPATED	NOTES
Rent			
House payment			
Taxes			
Insurance			
Other:			
TOTAL SHELTER			

UTILITIES	ACTUAL	ANTICIPATED	NOTES
Electricity			
Water and sewer			
Cable TV			
Heat			
Telephone			
Other			
TOTAL UTILITIES			

TRANSPORTATION	ACTUAL	ANTICIPATED	NOTES
Car payments			
Gasoline			
Maintenance and repairs			
Insurance			
Registration			
TOTAL TRANSPORTATION			

OTHER FIXED EXPENSES	ACTUAL	ANTICIPATED	NOTES

TOTAL OTHER FIXED EXPENSES			

TOTAL OF ALL FIXED MONTHLY EXPENSES \$ _____

PERCENTAGE OF FIXED EXPENSES APPLIED TO CHILDREN AND SELF:

Self % _____ = \$ _____

Children % _____ = \$ _____

C. MONTHLY PAYMENTS ON DEBTS (not deducted from paycheck)

Please list debts to bank or credit cards, stores, finance companies or any other indebtedness.

DEBTS NAME OF CREDITOR	Monthly Payment	\$ Amount in Arrears	Named Debtor Joint, H / W	Party Making Payment	Balance Due on Account
TOTAL MO. DEBTS					

D. PAYROLL DECDUCTIONS: # of exemptions on the W4 tax form (including me) _____.

I have regular itemized monthly deductions from gross income as follows:

MONTHLY DEDUCTIONS	MONTHLY AMOUNT
Federal income taxes	
State income taxes	
Social Security	
Retirement	
Dental insurance	
Car payments	
United Way	
Medical insurance	
Life, disability, accident insurance	
Credit Union	
Debt payment	
Child support	
Other deductions:	
TOTAL	

My total monthly net income (gross income less deductions) is \$ _____

AFFIDAVIT OF COMPLETENESS AND UNDERSTANDING

I do not have any income or employment other than that listed in this affidavit. True and accurate copies of the latest personal State and Federal Income tax returns which I have filed, are attached to this affidavit, together with a copy of my latest payroll stub or voucher. True and accurate copies of all financial statements submitted by me to any lending institution in the past two years are attached to this affidavit. I have read my answers to this affidavit and before signing it, I have allowed my attorney to read it. I have also asked my attorney to explain any parts of this affidavit that I do not understand before signing it. I understand that the Rules of Court require me to completely and honestly answer all parts of this affidavit and that it will be used in Court. I also understand that there are many sanctions, which the Court may impose on me for failing to complete this affidavit, and I have discussed them with my attorney.

Plaintiff/Defendant

Sworn and subscribed before me the ____ day of _____, 20____.

Notary Public _____ My commission expires: _____