

NORTH CAROLINA  
 COUNTY OF ROWAN

IN THE GENERAL COURT OF JUSTICE  
 DISTRICT COURT DIVISION  
 FILE NO. \_\_\_\_\_

\_\_\_\_\_, )  
 Plaintiff, )  
 )  
 vs. )  
 )  
 \_\_\_\_\_, )  
 Defendant. )

**FINANCIAL AFFIDAVIT  
 OF  
 PLAINTIFF  DEFENDANT  
 Date Completed \_\_\_\_\_**

Employer: \_\_\_\_\_ Employer telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

I am paid:  weekly,  every other week,  twice monthly,  monthly,  
 other (explain) \_\_\_\_\_

Last Taxable Year Adjusted Gross Income <sup>1</sup> :		
Current Monthly Gross Income before Deductions:		
Current Monthly Take-home Pay after all Deductions:		
<b>Detail of Monthly Gross Income</b>	<b>Date of Separation</b>	<b>Current</b>
Monthly Gross Wages:		
Investment income, interest, dividends:		
Bonus, commissions:		
Alimony received:		
Child Support received:		
Other (overtime, social security, disability, car allowance, shift pay, vacation/holiday pay):		
<b>Mandatory Monthly Deductions</b>	<b>Date of Separation</b>	<b>Current</b>
Federal income tax:		
State income tax:		
Social Security taxes:		
Medicare taxes:		
Retirement:		
Garnishment:		
Other:		
<b>Voluntary Monthly Deductions</b>	<b>Date of Separation</b>	<b>Current</b>
Health Insurance:		
Dental Insurance:		
Vision Insurance:		
Life Insurance:		
Disability Insurance:		
Medical Spending Account:		
Retirement:		
Other:		

Part 1  
Regular Recurring Monthly Expenses

Expense	Date of Separation Date: _____	Current Date: _____
Rent or Mortgage Payment		
Renters/Homeowners Insurance		
Taxes not included in mortgage		
Routine house & appliance repair/maintenance		
Electricity		
Gas, home heating fuel, oil		
Garbage		
Cable, digital television		
Telephone		
Internet service		
Yard maintenance		
Home security system		
House cleaning service		
Pest control services		
Automobile payment		
Auto insurance		
Gasoline (auto)		
Auto repair/maintenance, registration, taxes		
Food and household supplies		
Pets (insurance, vet, food, kennel)		
Other		
<b>GRAND TOTALS FOR PART 1:</b>		

Part 2  
Individual Monthly Expenses

Expense	Date of Separation Date: _____	Current Date: _____
Medical Insurance premium		
Dental/Vision Insurance premium		
Uninsured Medical expenses (co-pays, deductibles)		
Uninsured Dental & Orthodontic expense		
Uninsured Prescription & OTC drugs & medication		
Other uninsured medical expenses (e.g. optical)		
Other insurance premiums (life, disability, etc.)		
Work-related child care expense, including summer camps		
Cellular/digital mobile telephone		
Eating out		
School lunches		
Newspapers, magazines		
Clothing, accessories		
Personal upkeep (barber, hair stylist)		
Laundry, dry cleaning		
Education (tuition, fees, supplies)		
Babysitting, child care, summer camp (not included above)		
Dues (professional, social, school)		
Extracurricular (piano, sports, dance, etc.)		
Church donations		
Other charitable contributions		
Entertainment & recreation		
Club dues & assessments		
Allowances for children		
Annual vacation		
Gifts (holidays, birthdays)		
Child support for another child		
Spousal support for another spouse		
Professional fees (CPA, etc.)		
School loans		
Retirement & investment		
Savings		
College fund		
Other:		
<b>GRAND TOTAL FOR PART 2:</b>		



VERIFICATION

I certify that the aforementioned is true, complete and accurate to the best of my ability.

\_\_\_\_\_  
Affiant

NORTH CAROLINA  
ROWAN COUNTY

I certify that \_\_\_\_\_ personally appeared before me this day, and acknowledged to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

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

\_\_\_\_\_, Notary Public  
(Notary's printed name)

My commission expires: