STATE OF NORTH CAROLINA	IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION
COUNTY OF UNION	CVD ()
	AFFIDAVIT OF:
	PLAINTIFF
	DEFENDANT
PLAINTIFF,	SEEKING THE FOLLOWING SUPPORT:
	PSS/ALIMONY
VS.	CHILD SUPPORT
,	FROM WHOM THE FOLLOWING IS SOUGHT:
DEFENDANT.	PSS/ALIMONY
	CHILD SUPPORT
	Number of minor children:
	Other dependents in home:

I ne attiant, having been tirst duly sworn as to the truthtuiness and completeness of this attidavit, deposes and says that the average monthly financial needs for the support of the child (ren) in this case and the affiant's **MONTHLY** income and expenses are as follows:

	INCOME INF (COMPLETE IN (lost 4 digits and	NALL CASES)
1. My Social Security Number is: xxx-xxx- 2. Lam:	last 4 digits on) First Job	Second Job
Self-employed doing:	Flist Job	Second Job
Employed by:		
Employer's address(es):		
Employer's telephone(s):		
 I receive the following AVERAG weekly periods per month) from A. Wages/Salary B. Bonuses C. Commissions D. Interest/Dividends/ Investments 		acome ² urity etirement ize) ³
¹ Complete attached Rental Expe 2 Complete attached Business E 3		
capital gains, Workers Compens	ot limited to): severance pay, trus sation benefits, Unemployment Ir	nsurance benefits, disability pay,

capital gains, Workers Compensation benefits, Unemployment Insurance benefits, disability pay, insurance benefits, gifts, prizes and alimony and maintenance received from any person(s) not a party in this case.

PART II - CHILD SUPPORT INFORMAT	ON
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Complete PART II in ALL CHILD SUPPORT CASES

- 1. I have the following average **MONTHLY** expenses:
 - A. Court-ordered, Separation Agreement-required or otherwise regularly-paid child support for my children not living with me (and **not** part of this action): Name(s) of child(ren):
 - B. Responsibility for my other children who live with me (and *not* part of this action)(calculated per Guidelines): Name(s) and age(s) of other child(ren):

C. Monthly work-related child care costs (in *this* case)(100%) School year per week (42 weeks per school year): Summer per week (10 weeks per school year) Enter twelve month average in box at right >>>>> \$ D. Cost to cover child(ren) on my (or my spouse's) health insurance: E. Extraordinary expenses for child(ren) (itemize) (As defined and calculated in the Guidelines)

2. Number of nights the child(ren) spend with me each year

THE FOLLOWING DOCUMENTATION RULES APPLY TO ALL CHILD SUPPORT AND SPOUSAL SUPPORT CASES

As required by Local Domestic Rules , and/or , and , I have given or will give the opposing party (but not the court) the following so that it is received on or before 5:00 p.m. on the tenth (10th) calendar day before my case is scheduled for a hearing

- 1) For establishment and modification of child support for persons who are hourly or salaried employees (including those who may receive bonuses and commissions in addition to their salaried income):
 - (a) My pay-stubs for the three (3) months preceding the court date; and
 - (b) My pay-stubs showing all of my bonuses and commissions year-to-date; and
 - (c) Federal income tax returns filed by me or for me for the two (2) tax years preceding the court date, including all schedules and attachments, together with all year-end tax documentation (W-2 forms, 1098 forms, extension requests, etc.) for the most recent tax year if any tax return has yet to be filed; and
 - (d) Receipts for my work-related child-care costs for the three (3) months preceding the court date; and
 - (e) Documentation of the cost and the actual payment of the portion of my medical and dental insurance that covers the child(ren) who are the subject of this case.

2) For establishment of child support for all other persons (*i.e.* self-employed persons, business owners, professional practice partners, etc.) for all Motions to Modify Child Support, for all cases involving establishment and modification of Postseparation

- (a) The street address, city, and state of real property, wherever located, in which I have any interest; and
- (b) If not attached to a previously-filed affidavit, evidence of my gross income from all sources for the previous three (3) months, including, but not limited to: salaries, wages, commissions, bonuses, severance pay, pensions, interest, trust income, annuities, capital gains, Social Security benefits, Workers Compensation benefits, unemployment insurance benefits, disability pay, insurance benefits, gifts, prizes, alimony or maintenance received from persons other than the parties to the instant action: and
- (c) Evidence of the above-captioned income shall include, but not be limited to, the following: pay stubs, vouchers, employee benefit statements, stock option statements, company financial statements (if I am self-employed), company tax returns or Schedule "C" (if I am self-employed); and
- (d) Statements for the previous three (3) months evidencing all of my accounts in banks, credit unions, brokerage accounts and other financial institutions for which the I have been a signer; and
- (e) A listing of all of my outstanding debts, together with written documentation or account statements for each creditor indicating the principal balance currently owed and the payment terms; and
- (f) Federal tax returns filed by me or on my behalf, including all schedules and attachments (W-2 forms, 1099 forms, etc.) for the past two (2) years, together with all year-end tax documentation (W-2 forms, 1098 forms, 1099 forms, extension requests, etc.) for the most recent tax year in the event the tax return has yet to be filed; and
- (g) All personal financial statements I gave anyone, anywhere, during the previous two (2) years; and
- (h) Receipts for work-related child-care costs for the six (6) months preceding the court date; and *(Child Support only)
- (i) Documentation of the cost of, and the actual payment of, the portion of my medical and dental insurance that covers the child(ren) who are the subject of this case.*(Child Support only)

I UNDERSTAND THAT MY FAILURE TO PRODUCE ALL OF THE ABOVE DOCUMENTS TO MY OPPONENT WITHOUT JUST CAUSE MAY SUBJECT ME TO SANCTIONS (INCLUDING ATTORNEY'S FEES AND COSTS) IN THE DISCRETION OF THE PRESIDING JUDGE.

PART III

COMPLETE IN SPOUSAL SUPPORT CASES AND NON-GUIDELINES CHILD SUPPORT CASES ONLY

NOTE: One month equals 4.33 weeks (or 2.165 bi-weekly periods)

A. NET INCOME

My total MONTHLY GROSS INCOME (from Part I) is:		\$ -
I have the following average mont	hly deductions from my gross income:	
Federal income taxes	Medical insurance	
State income taxes	Life insurance	
Social Security (FICA)	Retirement/401-K	
Medicare	Other	
Other		
	TOTAL DEDUCTIONS:	\$ -
My average MONTH	ILY NET INCOME is:	\$ -

B. NEEDS AND EXPENSES

I have the following average *monthly* needs and expenses:

(1) SHARED FAMILY EXPENSE

House payment/rent		
(incl. property tax and insurance)	Internet Services	
Homeowner Dues	Home Security System	
Electricity	Telephone/Cell & Pager	
Heat (gas, etc.)	Home Food & Supplies	
Water	House & Yard maintenance	
Garbage	Car payment	
Cable TV	Gasoline	
Other	Other	
	SUBTOTAL: \$	-

I pro-rated the foregoing sub-total of family expenses between the child(ren) and myself as follows:

Total amount for self: Total amount for child(ren):

Reason(s) for method of pro-rating:

(2)
INDIVIDUAL MONTHLY EXPENSES

		Children	
	G 16	(for whom I am legally	NT /
Item	Self	responsible)	Notes
Religious Contributions			
Charitable Contributions			
School/work lunches			
Medical insurance			
(if not withheld from earnings)			
Uninsured medical/dental			
Uninsured prescription drugs			
Uninsured therapy			
(explain if time limited)			
Clothing			
Grooming (hair, etc.)			
Laundry/dry cleaning			
Child care (work-related)			
Child care (other)			
Education (indicate nature in			
notes column)			
Allowances			
Activities (Y, sports, clubs)			
Entertainment/Recreation			
Meals out			
Christmas gifts			
Birthday gifts			
Subscriptions (newspapers,			
magazines, etc.)			
Life insurance			
Car insurance			
Car- other (maintenance,			
registration, taxes, etc.)			
Other insurance (disability, etc.)			
Vacations		+ +	
Pets			
Home Furnishings (furniture,			
textiles, etc.)			
Other (itemize):			
Other (itemize):			
SUBTOTAL:	\$	- \$ -	

(3) SUMMARY OF EXPENSES

	Self		Children	
Family - Pro-rated - from Section (1)	\$	-	\$	-
Individual - from Section (2)	\$	-	\$	-
	\$	-	\$	-

C.

DEBT PAYMENTS (*Excluding* Mortgage, Home Equity and Car Loans)

Debt	Monthly Payment	Balance
Overdraft Protection:		
Credit Cards (itemize):		
Other Loans (itemize):		
TOTALS:	\$ -	\$ -

Gross Monthly Income (PartA(1))	\$0.00	BALANCE
Minus Monthly Deductions from Paycheck (Part A(2)	\$0.00	\$0.00
Minus Fixed Needs and Expenses (Part B(1))	\$0.00	\$0.00
Minus Average Fluctuating Needs and Expenses (Part B(B))	\$0.00	\$0.00
Minus Average Debt Payments (Part B(D))	\$0.00	\$0.00
Total Need for Support (for Dependent Spouse)/Ending Balance (for Supporting Spouse)/Balance of Monthly Income Minus Expenses		\$0.00

STATE OF NORTH CAROLINA

VERIFICATION

COUNTY OF UNION

Being first duly sworn, I depose and say that I have read the preceding pages, and that I know the contents thereof; that the contents are true to my knowledge, except as to those matters and things stated upon information and belief, and as to those matters and things, I believe them to be true.

Affiant

Sworn to and subscribed before me this _____ day of _____

A Notary Public of North Carolina My commission expires:

PULL APART AND SUBMIT ONLY PAGES 1 through 3 and THIS PAGE IN "Worksheet A" CASES. SUBMIT ALL PAGES IN "Worksheet B" cases, "Worksheet C" cases, Cases involving Deviation from the Child Support Guidelines, and SPOUSAL SUPPORT CASES

Worksheets for Rental and/or Business Operation (Required if you show income on Page 1 under "Rental Income" and/or "Business Income")

RENTAL INCOME (LINE "E," PAGE 1) DIRECTIONS: (1) List gross rental proceeds for the past twelve (12) months. Then, directly below (1), list by category and amount for the same period the **ANNUAL** expenses (but *not* accelerated depreciation) that are deductible on Schedule "E" of IRS Form 1040. (2) Total those expenses. (3) Then subtract the total expenses from the total proceeds. (4) Then divide by 12. Enter the result on Page 1, Line "E."

BUSINESS INCOME (LINE "F", PAGE 1) DIRECTIONS: Follow the above instructions using business proceeds and business deductions from Schedule "C" of IRS Form 1040. Enter the result on Page 1, Line "F."

RENTAL INCOME WORK	SHEET
ITEM	AMOUNT
(1) Gross ANNUAL rents	
ANNUAL expenses as follows:	
ANNUAL mortgage principal	
ANNUAL mortgage interest	
ANNUAL property taxes	
ANNUAL insurance	
ANNUAL repairs	
ANNUAL cleaning and maintenance	
ANNUAL management fees	
ANNUAL advertising	
ANNUAL legal & professional services	
ANNUAL utilities	
ANNUAL supplies	
ANNUAL auto & travel	
ANNUAL other (specify)	
(2) TOTAL of annual expenses	\$-
(3) SUBTRACT total annual expenses from total annual rents	\$-
(4) DIVIDE by 12. Enter result here and on Page 1, Line "E."	\$-

BUSINESS INCOME WORKSHEET

	AMOUNT
(1) Gross ANNUAL business	ANUOUNT
proceeds	
ANNUAL expenses as follows:	
ANNUAL salaries & wages paid	
ANNUAL repairs and maintenance	
ANNUAL advertising	
ANNUAL supplies	
ANNUAL taxes and licenses	
ANNUAL business travel	
ANNUAL business meals	
ANNUAL vehicle expenses	
ANNUAL employee benefits	
ANNUAL mortgages	
ANNUAL legal and professional services	
ANNUAL utilities	
ANNUAL vehicles, machinery and equipment	
ANNUAL other (specify)	
(2) TOTAL of annual expenses	\$ -
(3) SUBTRACT total annual	
expenses from total annual	
business proceeds	\$-
(4) DIVIDE by 12. Enter result here and on Page 1, Line "F."	\$-