FORM # 8

STATE OF NORTH CAROLINA
28 JUDICIAL DISTRICT
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
CASE NUMBER _____

_____, Plaintiff, VS _____, Defendant,	AFFIDAVIT OF: [ ] PLAINTIFF [ ] DEFENDANT SEEKING SUPPORT [ ] PSS / ALIMONY [ ] CHILD SUPPORT FROM WHOM SUPPORT IS SOUGHT [ ] PSS / ALIMONY [ ] CHILD SUPPORT

The affiant, having been first duly sworn as to the truthfulness and completeness of this affidavit, deposes and says that the average monthly financial needs for the support of the children in this case and/or my MONTHLY income and expenses are, as follows:

PART I – INCOME INFORMATION

COMPLETE PAGE 1, SIGN & NOTARIZE PAGE 3 IN ALL CASES

1. My name is: (PRINT) _____.

2. My Social Security Number is available upon request and with the understanding and agreement that it will not be made part of the court file or released or used other than for a legitimate purpose in the preparation for or trial of this cause.

3. I am:

   ____ Employed by: (first job) _____ (second job) _____.
   Employer's Address(es) _____
   _____
   Employer's Telephone(s) _____
   ____ Self-employed doing: _____.

4. I receive the following AVERAGE MONTHLY GROSS INCOME
   (based on 4.33 weeks or 2.165 bi-weekly periods per month) from the following sources:

A. Wages / Salary	$ _____	E. Rent	$ _____
B. Bonuses	$ _____	F. Business Profit	$ _____
C. Commissions	$ _____	G. Social Security	$ _____
D. Interest/Dividends Investments	$ _____	H. Pension/Retirement	$ _____
		I. Other (Itemize)	$ _____

5. **ATTACHED HERETO AND MADE A PART HEREOF ARE**

A. **COPIES OF MY PAY STUBS FOR THE PAST TWO (2) MONTHS (OR OTHER DOCUMENTATION OF MY INCOME),**
B. **MY LATEST FEDERAL TAX RETURN (INCLUDING ALL SCHEDULES), W-2'S & 1099'S.**

6. I have the following average MONTHLY expenses in connection with my business profit and/or rental income (including *only* expenses [and *not* depreciation] that are deductible on Schedule "C" and/or "E" or my IRS Form 1040 income tax return):

_____ $_____
_____ $_____
_____ $_____

Total Expenses $_____

PART II – CHILD SUPPORT INFORMATION – GUIDELINE CASES

COMPLETE IN CHILD SUPPORT CASES USING THE CHILD SUPPORT GUIDELINES

1. I have the following average MONTHLY expenses:

A. Child support required by Court Order or Separation Agreement for my children $_____
Who are not living with me:
Name (s) and date (s) of birth of children:

i: _____ _____
ii: _____ _____
iii: _____ _____
iv: _____ _____

B. Responsibility for my biological or adopted children who live with me (Calculated per Guidelines):
Name (s) and date (s) of birth of children:

i: _____ _____
ii: _____ _____
iii: _____ _____
iv: _____ _____

C. Gross monthly income of the other parent responsible for children listed in B above. $_____

D. Monthly work-related child care costs (100%) $_____
(attach verification)

E. Child (ren)'s portion of health insurance cost: $_____
(attach verification)

F. Extraordinary expenses for child (ren) (itemize):

(As defined on Page 4 of the Guidelines)

_____ $_____

_____ $_____

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

STATE OF NORTH CAROLINA
COUNTY OF _____ **VERIFICATION**

Being first duly sworn, I depose and say that I have read the foregoing pages and 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 _____
My Commission Expires _____

IN CHILD SUPPORT CASES FOLLOWING CHILD SUPPORT GUIDELINES, STOP HERE

PART III

COMPLETE PART III IN SPOUSAL SUPPORT CASES AND IN NON-GUIDELINES OR DEVIATION CHILD SUPPORT CASES

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

A. NET INCOME

1. My total **MONTHLY GROSS INCOME** (from Part I) is $_____

2. I have the following average monthly deductions from my gross income:

Federal income taxes	$_____	Medical Insurance	$_____
State income taxes	$_____	Life Insurance	$_____
Social Security (FICA)	$_____	Retirement/401 (k)	$_____
Medicare	$_____	Other:_____	$_____

TOTAL DEDUCTIONS: $_____

3. My average MONTHLY NET INCOME: $_____

B. NEEDS AND EXPENSES

1. I have the following average monthly fixed needs and expenses:

	Actual Expense	Anticipated Expense		Actual Expense	Anticipated Expense
House pmt/rent	$	$	Telephone	$	$
Property tax (excluded above)	$	$	House Maintenance	$	$
Homeowner's/ renter's insurance	$	$	Yard Maintenance	$	$
Electricity	$	$	Car Payment	$	$
Heat (gas, etc)	$	$	Gasoline	$	$
Water	$	$	Car repairs	$	$
Cable TV	$	$	Car insurance	$	$
Other (specify)	$	$	Other (specify)	$	$

SUBTOTAL: $_____ $_____

2. I have prorated the foregoing subtotal of family expenses between the child (ren) and me as follows:

Total amount for self: $_____

Total amount for child (ren): $_____

Method of prorating and reasons for using this method:

_____

_____

_____.

B. I have the following average monthly expenses for me and my children:

Item	Self	Children (for whom I am legally responsible)
Groceries & Household goods		
Religious Contributions		
Charitable Contributions		
School/work lunches		
Medical Insurance (if not withheld from earnings)		
Uninsured medical/dental		
Uninsured prescription drugs		
Uninsured therapy		
Clothing		
Grooming (hair, etc.)		
Laundry/ dry cleaning		
Child care (work related)		
Child care (indicate nature in far right column		
Allowances		
Activities (Y, sports, clubs)		
Entertainment/Recreation		
Meals Out		
Christmas Gifts		
Birthday Gifts		
Subscriptions (newspapers, magazines)		
Life Insurance		
Car Insurance		
Car-other (registration, etc)		
Other insurance (disability, etc)		
Vacations		
Pets		
Tobacco/Alcohol		
Other (itemize):		
_____		
_____		
_____		
Subtotal	$_____	$ _____

C. SUMMARY OF EXPENSES

	SELF	CHILDREN
Household – prorated – from		

Section (1)	$_____	$_____
Individual – from Section (2)	$_____	$_____
TOTALS:	$_____	$_____

D. I am responsible for the following DEBT PAYMENTS:

Debt	Monthly Payment	Balance Due	Named Debtor Joint/Husband/Wife	Party making pmt.
Mortgage				
Car Payment				
Car Payment				
Credit Cards (Itemize)				
Other Debts (Itemize)				
TOTALS:	**$_____**	**$_____**		

STATE OF NORTH CAROLINA
COUNTY OF _____ **VERIFICATION**

Being first duly sworn, I depose and say that I have read the foregoing pages and 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 subscribe before me
This _____ day of _____, _____.

_____
A Notary Public of _____
My Commission Expires: _____