

STATE OF NORTH CAROLINA
_____ County

File Number

In The General Court Of Justice
District Court Division

Name of Plaintiff(s)

**FINANCIAL AFFIDAVIT
OF**
 Plaintiff Defendant

VERSUS

Name of Defendant(s)

For Use in
 CSUP PSSU ALIM

_____, being first duly sworn, deposes and says:

1. That my gross monthly income and deductions, childcare costs, health insurance, pre-existing child support and extraordinary expenses are set forth on Exhibit "A" attached hereto.
2. That our combined pre-Date of Separation (DOS) expenses and my average monthly living expenses after DOS are set forth on Exhibit "B" attached hereto.
3. That my monthly debt obligation is set forth on Exhibit "C" attached hereto.
4. That lists of Plaintiff's and Defendant's separate assets are set forth on Exhibit "D" attached hereto.
5. 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. I have read my answers to this affidavit and before signing; I have allowed my attorney, if represented, to read it. I have also asked my attorney, if represented, 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 sanctions which the court may impose on me for failing to complete this affidavit and I have discussed them with my attorney, if represented.

This the _____ day of _____, 20____.

Plaintiff Defendant

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

Notary Public (signature)

Notary Public (printed name) (SEAL)
My commission expires: _____

**EXHIBIT A
MONTHLY INCOME AND DEDUCTIONS**

GROSS MONTHLY INCOME	
Salary/Wages (+ bonuses, commissions, overtime, tips, etc.) Employed by:	
Pensions and Retirement	
Social Security Disability	
Disability and Unemployment Benefits	
Public Asst., AFDC Payments, Food Stamps, etc.	
Rents	
Child Support Payments	
Dividends and Interest	
Income from all other sources (<i>specify</i>)	
Other:	
Other:	
Other:	
TOTAL GROSS MONTHLY INCOME	\$
DEDUCTIONS FROM GROSS MONTHLY INCOME	
Federal Income Taxes	
State Income Taxes	
Social Security	
Medicare	
Medical Insurance	
Pension or Retirement Fund	
Other:	
Other:	
Other:	
TOTAL DEDUCTIONS FROM GROSS MONTHLY INCOME	\$
NET MONTHLY INCOME	
Monthly costs for work related childcare costs	\$
Monthly costs for child(ren)'s health insurance premiums	\$
Pre-existing child support payments for other children	\$
Monthly extraordinary expenses for the child(ren), if any	\$
A parent's financial responsibility for his/her natural/adopted children who currently reside with the parent (other than children for whom child support is being determined in the pending action) is (a) equal to the basic child support obligation for these children based on the parent's income if the other parent of these children does not live with the parent and children; or (b) one-half of the basic child support obligation for these children based on the combined incomes of both of the parents of these children if the other parent of these children lives with the parent and children.	\$

*******STOP HERE*******

IF THE ONLY ISSUE IN THIS CASE IS GUIDELINE CHILD SUPPORT
CONTINUE FOR DEVIATION FROM GUIDELINE CHILD SUPPORT, POST-SEPARATION
SUPPORT AND/OR ALIMONY

**EXHIBIT B
MONTHLY LIVING EXPENSES**

	Pre-DOS Living Expenses	Current Financial Needs
Rent or Mortgage		
Electricity		
Natural Gas		
Water		
Telephone/Mobile Phone		
Cablevision/Satellite/Streaming Services		
Internet		
Homeowner's/Renter's Insurance		
Home Maintenance		
Real Property/Personal Tax		
Professional License/Continuing Education		
Groceries		
Dining Out		
Child Care/After School Care		
School Supplies		
Music Lessons/Performing Arts		
Individual/Team Sports Participation		
Other Extracurricular		
Health Club/Gym		
Medical Insurance		
Uninsured Medical		
Dental Insurance		
Uninsured Dental		
Life Insurance		
Car Payment		
Car Insurance		
Car Maintenance		
Gasoline		
Clothing		
Laundry/Cleaning		
Personal Care		
Charitable Donations		
Pet		
Other:		
Monthly Debt Obligation (See Exhibit C)		
TOTAL MONTHLY LIVING EXPENSES	\$	\$

