



**26<sup>th</sup> Judicial District  
SelfServe Center**

**CHILD SUPPORT**

**DUE TO THE CHANGING NATURE OF THE LAW, the forms and instructions contained in this packet may become outdated. You should review and research statutes and rules of procedure referenced in the instructions to ensure that the forms are accurate and current.**

IN NO EVENT will the SelfServe Center Staff, Clerk of Court or anyone contributing to the production of these forms, instructions or guidelines be liable for any indirect or consequential damages resulting from use of the forms or information provided to you by the SelfServe Center.

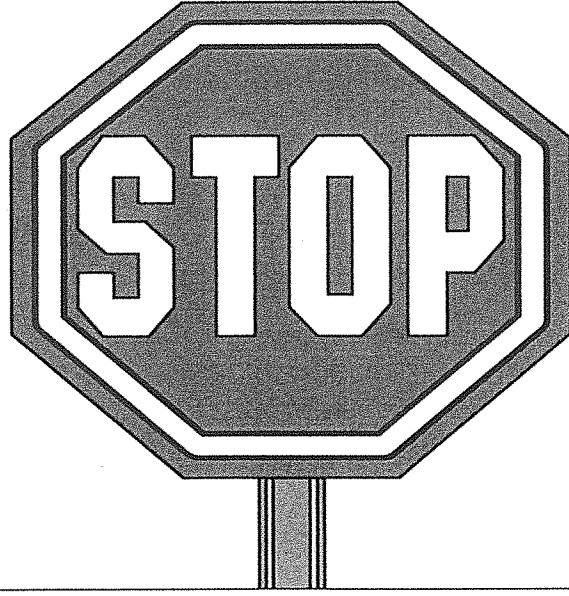
IF THERE ARE ANY QUESTIONS in your mind concerning these forms, or your legal rights, it is strongly recommended that you consult with an attorney.

USE THESE FORMS AT YOUR OWN RISK. THESE FORMS MAY OR MAY NOT BE APPROPRIATE IN YOUR PARTICULAR CASE. ANY DESIRED OUTCOME FROM THE USE OF THESE FORMS CANNOT BE PREDICTED OR GUARANTEED. IT IS STRONGLY RECOMMENDED THAT YOU SEEK LEGAL ADVICE!

**Filing Fees are regulated by the North Carolina General Assembly, and are subject to change. Please consult with the Staff of the Civil Filing Department or the SelfServe Center for the most up to date fees.**

**THE FILING FEE FOR THIS ACTION IS: \_\_\_\_\_**

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**PLEASE CAREFULLY READ THE FORMS AND  
INSTRUCTIONS CONTAINED IN THIS PACKET.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT WITH  
AN ATTORNEY.**

THESE ARE EDUCATIONAL FORMS DESIGNED TO  
ASSIST YOU, BUT YOU ARE REPRESENTING YOURSELF.  
PLEASE REVIEW AND FOLLOW THE DIRECTIONS TO  
IMPROVE YOUR PERFORMANCE IN YOUR CASE.  
FAILURE TO READ AND FOLLOW THE INSTRUCTIONS  
MAY ADVERSELY IMPACT YOUR CLAIM.

# INTRODUCTION

## **What is this?**

This packet of information is provided for individuals who wish to pursue a case without the assistance of an attorney. This is called a *pro se* or self represented case. If you are not sure that you want or need to go to court, please ask the SelfServe Center staff to direct you to phone numbers for lawyer referral services or the list of local attorneys willing to provide “unbundled services” (*willing to represent you for a limited portion of your case on an hourly fee basis*). Please note that this is a *process* that you will be going through. If things do not proceed as quickly as you hoped, please be patient. The goal is to provide what is best for the child. That is not a one step procedure.

## **How will it help me?**

If you do not plan to use an attorney, this packet will guide you through the process by providing the forms and filing instructions that you will need. Since you are representing yourself, it is YOUR responsibility to ensure that these are the correct and current forms for the nature of your case. Therefore, you should review and research *applicable laws* and *rules of procedure* that apply to your type of case. If you are not able to do this, you should talk with an attorney. If at any point during the process you become confused or wish to proceed with the help of an attorney, contact the Mecklenburg County Bar Lawyer Referral Service (704) 375-0120 or the North Carolina Bar Lawyer Referral Service (800) 662-7660. The SelfServe Center also maintains a list of attorneys willing to provide “unbundled services.”

## **What does this mean?**

Certain legal terms will be used throughout your proceeding. A complete legal glossary is available for your convenience in the SelfServe Center. If you still do not understand the term, consult a legal dictionary or the SelfServe Center staff. You may also want to consult the North Carolina Rules of Court and the website www.nccourts.org to review the local rules for Mecklenburg County. Staff CANNOT provide legal advice but can provide procedural information and definitions of legal terminology.

## **What is Child Support?**

The packet available in the SelfServe Center allows a party to file for **child support to care for a child**. This packet also contains the forms to file for child support to care for the child(ren). Please note that the forms assume that one parent is suing another. If you are a grandparent or other third party relative, please ask for the packet titled Non-parent Custody or Non-parent Custody and Child Support.

## **Can or should I file for Child Support?**

Please note that the SelfServe Center staff CANNOT provide legal advice. Therefore, we cannot tell you if you should file or what you should file, but we can tell you that you must meet certain criteria to be eligible. These forms should be used if there has never been any court proceeding or order regarding child support relating to the specific child in question. If a child support order has been entered in your case, you must use another set of forms to modify the existing order. Additionally, **THE CHILD MUST HAVE LIVED IN NORTH CAROLINA FOR THE 6 MONTHS PRECEDING FILING, OR SINCE BIRTH IF LESS THAN 6 MONTHS OLD.**

**Note:** If you have a Domestic Violence Protective Order, you may still use these forms to establish permanent support for your child(ren).

**Please Note for Support Cases:** These forms are used for cases of child support that fall within the established North Carolina Child Support Guidelines. If you want child support in excess of the Guidelines amount, you should consult with an attorney.

### **What do I do first?**

1. After you get your packet, **READ THE INSTRUCTIONS!** Then fill out the first five forms on the checklist by printing *neatly* in **black** ink. You may fill them out at home or at the courthouse. Please read the forms carefully as some have a “Verification” page. This means that they must be signed in the presence of a Notary Public. If the document does require this, do not sign until you are in front of a Notary. They can be likely found at banks, law firms, and insurance agencies. A few may also be found in the Yellow Pages. Notaries often charge a small fee and require you to show a picture ID for their services. Be sure you have your documents already notarized when you take them to the Clerk’s Office to file.
2. The SelfServe Center has a video available on filing for child support. It is suggested that you view it for procedural information.
3. After the forms are filled out and notarized, you must make 2 COPIES (one for yourself, one for the other party and the original for the file).
4. Please make sure that you have cash, card, or a money order to pay the filing fee associated with the action you are seeking to file. Personal checks are not accepted. If you want the Sheriff of Mecklenburg County to serve the documents on the Defendant, please bring an additional **\$30.00** (cash, card, cashier’s check, money order) made payable to the Sheriff’s office. If the Defendant lives outside of Mecklenburg County, pay the service of process fee to the Sheriff of the county where the Defendant resides. (Please refer to the “Service of Process” sheet in this packet for more information).
5. Take your completed forms, 2 copies and filing fee to the Civil Filing Department (Clerk’s Office) at 832 E. Fourth Street, Room 3725.

### **IMPORTANT REMINDERS BEFORE YOU BEGIN**

Your case involves complicated legal issues! This packet describes the general process, but it is impossible to cover everything that may affect your rights. If you get confused during the process, you should stop and seek advice from an attorney. The staff of the SelfServe Center, Clerk of Court, Judge, or the Trial Court Administrator’s Office **CANNOT GIVE YOU LEGAL ADVICE! PLEASE...** if you are thinking of contacting an attorney, do so as soon as possible. Unless there is an emergency, try to contact an attorney at least 30 days before your hearing. Waiting could decrease your chances of obtaining representation.

## STEP 1

### Review Your Documents

Review your forms to make sure that you have the necessary document to complete this Child Support Process.

- ❖ Domestic Civil Action Cover Sheet
- ❖ Civil Summons
- ❖ Cover Sheet for Child Support Cases Only
- ❖ Complaint for Child Support (Only)
- ❖ Verification
- ❖ Servicemembers Civil Relief Act Affidavit
- ❖ Affidavit of Financial Standing (Plaintiff)
- ❖ Affidavit of Financial Standing (Defendant)
- ❖ Affidavit of Service by Registered or Certified Mail (only used if you are mailing the documents to the Defendant by certified or registered mail)

Please note that the last page of the Verification of Complaint for Child Support and the Servicemembers Civil Relief Act Affidavit need to be signed in the presence of a Notary Public.

**\*NOTE:** The **Affidavit of Financial Standing** must also be notarized. [You must read and understand the North Carolina Child Support Guidelines (available in the SelfServe Center) prior to completing the **Affidavit of Financial Standing**]. These forms do not exceed the Child Support Guidelines amount. If you want child support in excess of the Guidelines amount, you should consult with a lawyer.

## STEP 2

### Filling out the Forms

- ❖ Domestic Civil Action Cover Sheet: Fill this out and set aside
- ❖ Civil Summons: Fill this out and set aside
- ❖ Complaint for Child Support: Fill this out and set aside
- ❖ Verification: Fill out **ONLY** in the presence of a notary public
- ❖ Servicemembers Civil Relief Act Affidavit: Fill out **ONLY** in the presence of a notary public
- ❖ Cover Sheet for Child Support Cases Only (pink sheet): Fill this out and set aside
- ❖ Affidavit of Financial Standing (Plaintiff): Fill this out and set aside
- ❖ Verification (Plaintiff): Fill out **ONLY** in the presence of a notary public
- ❖ Affidavit of Financial Standing (Defendant): Leave this form blank and set aside
- ❖ Affidavit of Service by Registered or Certified Mail: Only used if you are mailing the documents to the Defendant by certified or registered mail

### STEP 3

#### Photocopying the documents

Make 2 copies of the:

- ❖ Domestic Civil Action Cover Sheet
- ❖ Civil Summons
- ❖ Cover Sheet for Child Support Cases
- ❖ Complaint for Child Custody and Child Support
- ❖ Verification
- ❖ Servicemembers Affidavit
- ❖ Financial Affidavit (Plaintiff)
- ❖ Verification

Copies can be made for a fee in the Civil Files Office, Room 3342.

### STEP 4

#### Filing the Documents

**Filing:** Take your original documents and two copies, the Defendant's blank Financial Affidavit and Verification, the filing fee, and the \$30.00 Sheriff fee (if planning to serve by Sheriff), to the Civil Filing Department (832 E. Fourth St., Room 3725).

**Case Number:** At the time you file the documents named above, you will be assigned a case number. Please make a note of this case number as it should be placed in the **upper right hand corner** of all subsequent documents in the case.

### STEP 5

#### Service of Process

North Carolina General Statutes require that you give notice to the Defendant about the filing of your claim. This is known as "Service of Process." The correct way to serve the Defendant is determined by law. If the documents are not correctly served on the Defendant, the court will not hear your case.

**PLEASE READ THIS SECTION VERY CAREFULLY.**

**If you have concerns or are confused, consult with an attorney immediately!**

In order for your case to be binding against the Defendant, he/she must be given notice of the case, or *served* in a manner that is recognized by the court. **PLEASE NOTE that service of process must be *completed successfully* for your case to proceed and avoid dismissal.** This means that if you have the Sheriff serve the documents, **IT IS YOUR RESPONSIBILITY** to follow up and make sure service was completed. If you serve by certified or registered mail, **YOU MUST** file the **Affidavit of Service of Process by Registered or Certified Mail** found in your packet along with the **green return-receipt card** you receive in the mail. The forms

needed for *Service of Process* and the procedures you must follow are complex and will vary. In order to learn which steps to take next, review the following and choose the correct forms and procedures for your case:

### Available Methods for Service of Process:

- I. **Service of Process by the Sheriff:** If the Defendant lives in North Carolina and will not accept service of process, you will need to pay a **\$30.00** service fee per party served to the Sheriff in the county where he/she resides to serve the papers.
  - a. **If Defendant lives in Mecklenburg County:**
    - i. Take the **Domestic Civil Action Cover Sheet, Summons, Complaint for Child Support, Servicemember Affidavit, Plaintiff's Financial Affidavit**, a blank copy of the Affidavit of Financial Standing (Defendant), and **Notice of Hearing** to the Clerk's Office, Room 3725, when you file for child support. The summons should include the most recent address of the Defendant and any other information that will help the Sheriff's office locate him/her. These will be stamped and filed by the clerk. The Clerk's office *may* deliver the documents to the Sheriff for you. *Sometimes*, you must take the stamped documents (Summons and Complaint) and the **\$30.00** payment to the Sheriff (700 East Fourth St. Charlotte, NC 28202). In either case, be sure to keep a copy of these documents.
    - ii. After delivering these documents to the Sheriff, he/she will keep a copy of the summons detailing how the Complaint and Summons were delivered to the Defendant. The Sheriff's deputy will then file this information with the clerk of court.
    - iii. In order to find out if the Sheriff was successful or unsuccessful in attempting to serve the Defendant, you must check *in person* with the Clerk of Court (Room 3725). You may also call the Mecklenburg Sheriff's Office at 704-336-2543 to determine if service was successful.
  - b. **If Defendant DOES NOT live in Mecklenburg County:**
    - i. If the Defendant does not live in Mecklenburg County, you must mail or deliver the Summons and Complaint to the Sheriff in the county where he/she is located. The Summons should include the most recent address of the Defendant and any other information that will help the Sheriff's office locate him/her. You should include a certified check or money order for the fee for service made payable to the Sheriff *of that county*. *Contact the Sheriff's office in the county where the Defendant is located to determine the fees and process associated with service of process.*
    - ii. If you wish to send your paperwork to the Sheriff's office to be served, you should send it by certified mail return receipt requested to provide evidence that your service request was received.

- iii. In order to find out if the Sheriff was successful or unsuccessful in attempting to serve the Defendant, you must check *in person* with the clerk of court (Room 3725). You may also be able to contact the Sheriff's office over the phone to confirm whether or not service was successful.

## II. Service of Process by Certified or Registered Mail

- a. Service of Process by registered or certified mail can be completed on a Defendant who reside either or outside of the state, but within the United States, by mailing a copy of the **Domestic Civil Action Cover Sheet, Summons, Complaint for Child Support, Servicemember Affidavit, Plaintiff's Financial Affidavit**, a blank copy of Affidavit of Financial Standing (Defendant), and **Notice of Hearing**. These documents must be sent by registered or certified mail, return receipt requested, addressed to the Defendant and delivered to his/her address (or the address of the location where he/she can be contacted by mail). A postal worker can help you fill out the necessary forms required for registered or certified mailing. **If you choose this type of service, you must file the *Affidavit of Service of Process by Certified or Registered Mail* when you receive the signed return receipt (the "green card"). You must attach the original return receipt to your affidavit.**
- b. **The Affidavit of Service must be taken to a notary public and signed in their presence.**
- c. Please consult with an attorney if the Defendant is in the military or lives in another country.

## III. Service of Process by Publication: You Do NOT Know Where the Defendant Is: (THIS SHOULD BE YOUR LAST RESORT)

- a. If you do not know where the Defendant is located, you will need to serve him/her by "publication." If you know where the Defendant is or can find out his/her address, this process should not be used. Publication is a complex process using the newspaper to run notice of the divorce. You should speak to an attorney regarding this type of service. You can find a list of available attorneys and their fees at the SelfServe office (Room 3350).

## STEP 6

### **Obtaining dates further information, etc.**

Once you have filed your documents with the Civil Filing Department, 3725, and served them on the Defendant, you will then need to go in person to the Family Court Office (Room 3520) to obtain a **Notice of Hearing**. The notice needs to be filed in the Civil Filing Department, 3725, and served upon the Defendant. The temporary child support date will be 45 days from the date of filing, to allow time for proper service.

PLEASE MAKE SURE THAT YOUR CORRECT MAILING ADDRESS IS IN THE FILE, AS WELL AS THE CORRECT ADDRESS FOR THE DEFENDANT. Please also note that if your



case is referred to Mediation, your claim may be resolved there. If a signed parenting agreement is reached in mediation, you will not need to be given a hearing date.

## **STEP 7**

### **Attendance**

Be sure to attend all scheduled court events on time and dress appropriately (as if you were going to a job interview). This is very important.

*Lawyer Referral Services:*

*Mecklenburg County Bar Lawyer Referral Service: (704) 375-0120 or  
[www.meckbar.org](http://www.meckbar.org)*

*North Carolina Lawyer Referral Service: (800) 662-7660*

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice  
District Court Division

Name And Address Of Plaintiff 1

Name And Address Of Plaintiff 2

DOMESTIC  
CIVIL ACTION COVER SHEET  
 INITIAL FILING  SUBSEQUENT FILING

Rule 5(b), Rules of Practice For Superior and District Courts

VERSUS

Jury Demanded In Pleading?  No  Yes

Name Of Defendant 1

Name And Address Of Attorney Or Party, If Not Represented (complete for initial appearance or change of address)

Summons Submitted  Yes  No

Telephone No.

Cell Telephone No.

Name Of Defendant 2

NC Attorney Bar No.

Attorney E-Mail Address

Summons Submitted  Yes  No

Initial Appearance in Case

Change of Address

Counsel for

Name Of Firm

All Plaintiffs;  All Defendants  Only (List party(ies) represented)

FAX No.

TYPE OF PLEADING

CLAIMS FOR RELIEF FOR:

(check all that apply)

- Amended Answer/Reply (AMND-Response)
- Amended Complaint (AMND)
- Answer/Reply (ANSW-Response)
- Complaint (COMP)
- Confession Of Judgment (CNFJ)
- Contemp (CNTP) Assess Motions Fee
- Continue (CNTN) Assess Motions Fee
- Compel (CMPL) Assess Motions Fee
- Counterclaim vs. (CTCL) Assess Counterclaim Costs
- Extend Time For An Answer (MEOT-Response) Assess Motion Fee
- Modification Of Alimony (MALI) Assess Motions Fee
- Modification Of Custody (MCUS) Assess Motions Fee
- Modification Of Support in non-IV-D cases (MSUP) Assess Motions Fee
- Modification Of Visitation (MVIS) Assess Motions Fee
- Rule 12 Motion In Lieu Of Answer (MDLA) Assess Motions Fee
- Sanctions (SANC) Assess Motions Fee
- Show Cause (SHOW) Assess Motions Fee
- Transfer (TRFR) Assess Motion Fee
- Vacate/Modify Judgment or Order (VCMD) Assess Motions Fee
- Other (OTHR): (Use codes from Motions Coversheet AOC-CV-752 or specify)

(check all that apply)

- Alimony (ALIM)
- Annulment (ANUL)
- Child Support (CSUP)
- Custody (CUST)
- Divorce (DIVR)
- Divorce From Bed And Board (DIVB)
- Domestic Violence (DOME)
- Equitable Distribution (EQU)
- Medical Coverage (MEDC)
- Paternity (PATR)
- Possession Of Personal Property (POPP)
- Post Separation Support (PSSU)
- Reimbursement For Public Assistance (RPPA)
- Visitation (VIST)
- Other: (specify and list separately)

Date

Signature Of Attorney/Party

NOTE: All filings in civil actions shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings in civil actions, the filing party must include a Domestic (AOC-CV-750) Motions (AOC-CV-752) or Court Action (AOC-CV-753) cover sheet.

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

Name Of Plaintiff
Address
City, State, Zip

CIVIL SUMMONS
ALIAS AND PLURIES SUMMONS (ASSESS FEE)

G.S. 1A-1, Rules 3 and 4

VERSUS
Name Of Defendant(s)

Date Original Summons Issued

Date(s) Subsequent Summons(es) Issued

To Each Of The Defendant(s) Named Below:

Name And Address Of Defendant 1

Name And Address Of Defendant 2



IMPORTANT! You have been sued! These papers are legal documents, DO NOT throw these papers out!
You have to respond within 30 days. You may want to talk with a lawyer about your case as soon as possible, and, if needed, speak with someone who reads English and can translate these papers!
¡IMPORTANTE! ¡Se ha entablado un proceso civil en su contra! Estos papeles son documentos legales. ¡NO TIRE estos papeles!
Tiene que contestar a más tardar en 30 días. ¡Puede querer consultar con un abogado lo antes posible acerca de su caso y, de ser necesario, hablar con alguien que lea inglés y que pueda traducir estos documentos!

A Civil Action Has Been Commenced Against You!

You are notified to appear and answer the complaint of the plaintiff as follows:

- 1. Serve a copy of your written answer to the complaint upon the plaintiff or plaintiff's attorney within thirty (30) days after you have been served. You may serve your answer by delivering a copy to the plaintiff or by mailing it to the plaintiff's last known address, and
2. File the original of the written answer with the Clerk of Superior Court of the county named above.

If you fail to answer the complaint, the plaintiff will apply to the Court for the relief demanded in the complaint.

Name And Address Of Plaintiff's Attorney (if none, Address Of Plaintiff)

Date Issued Time AM PM

Signature

Deputy CSC Assistant CSC Clerk Of Superior Court

ENDORSEMENT (ASSESS FEE)

This Summons was originally issued on the date indicated above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is extended sixty (60) days.

Date Of Endorsement Time AM PM

Signature

Deputy CSC Assistant CSC Clerk Of Superior Court

NOTE TO PARTIES: Many counties have MANDATORY ARBITRATION programs in which most cases where the amount in controversy is \$25,000 or less are heard by an arbitrator before a trial. The parties will be notified if this case is assigned for mandatory arbitration, and, if so, what procedure is to be followed.

(Over)

**RETURN OF SERVICE**

I certify that this Summons and a copy of the complaint were received and served as follows:

**DEFENDANT 1**

|             |  |                   |
|-------------|--|-------------------|
| Date Served | Time Served<br><input type="checkbox"/> AM <input type="checkbox"/> PM | Name Of Defendant |
|-------------|--|-------------------|

- By delivering to the defendant named above a copy of the summons and complaint.
- By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.
- As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

Other manner of service (specify)

Defendant WAS NOT served for the following reason:

**DEFENDANT 2**

|             |  |                   |
|-------------|--|-------------------|
| Date Served | Time Served<br><input type="checkbox"/> AM <input type="checkbox"/> PM | Name Of Defendant |
|-------------|--|-------------------|

- By delivering to the defendant named above a copy of the summons and complaint.
- By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.
- As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

Other manner of service (specify)

Defendant WAS NOT served for the following reason:

|                        |   |
|------------------------|---|
| Service Fee Paid<br>\$ | Signature Of Deputy Sheriff Making Return |
| Date Received          | Name Of Sheriff (type or print)           |
| Date Of Return         | County Of Sheriff                         |

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice

Name And Address Of Plaintiff

VERSUS

Name And Address Of Defendant

SERVICEMEMBERS CIVIL RELIEF ACT  
AFFIDAVIT

50 U.S.C. 3901 to 4043

NOTE: Though this form may be used in a Chapter 45 Foreclosure action, it is not a substitute for the certification that may be required by G.S. 45-21.12A.

AFFIDAVIT

I, the undersigned Affiant, under penalty of perjury declare the following to be true:

1. As of the current date: (check one of the following)

- a. I have personal knowledge that the defendant named above is in military service.\*
- b. I have personal knowledge that the defendant named above is not in military service.\*
- c. I am unable to determine whether the defendant named above is in military service.\*

2. (check one of the following)

- a. I used the Servicemembers Civil Relief Act Website (<https://scra.dmdc.osd.mil/>) to determine the defendant's military status.
  - The results from my use of that website are attached.

(NOTE: The Servicemembers Civil Relief Act Website is a website maintained by the Department of Defense (DoD). If DoD security certificates are not installed on your computer, you may experience security alerts from your internet browser when you attempt to access the website. DoD security certificates were automatically added to the computers of all Judicial Branch users, such that these users should not expect security alerts to appear with this website after July of 2015. As of June 22, 2016, the Servicemembers Civil Relief Act Website includes the following advice: "Most web browsers don't come with the DoD certificates already installed. The best and most secure solution is for the user to install all of the DoD's public certificates in their web browser.")

- b. I have not used the Servicemembers Civil Relief Act Website and the following facts support my statement as to the defendant's military service: (State how you know the defendant is not in the military. Be specific.)

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\*NOTE: The term "military service" includes the following: active duty service as a member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; service as a member of the National Guard under a call to active service authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days for purposes of responding to a national emergency; active service as a commissioned officer of the Public Health Service or of the National Oceanic and Atmospheric Administration; any period of service during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. 50 U.S.C. 3911(2).

Date

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Signature Of Affiant

Date

Name Of Affiant (type or print)

Signature Of Person Authorized To Administer Oaths

- Deputy CSC
- Assistant CSC
- Clerk Of Superior Court
- Magistrate

Date My Commission Expires

SEAL

Notary

NOTE TO COURT: Do not proceed to enter judgment in a non-criminal case in which the defendant has not made an appearance until a Servicemembers Civil Relief Act affidavit (whether on this form or not) has been filed, and if it appears that the defendant is in military service, do not proceed to enter judgment until such time that you have appointed an attorney to represent him or her.

(Over)

## Information About Servicemembers Civil Relief Act Affidavits

### 1. Plaintiff to file affidavit

In any civil action or proceeding, including any child custody proceeding, in which the defendant does not make an appearance, the court, before entering judgment for the plaintiff, shall require the plaintiff to file with the court an affidavit—

- (A) stating whether or not the defendant is in military service and showing necessary facts to support the affidavit; or
- (B) if the plaintiff is unable to determine whether or not the defendant is in military service, stating that the plaintiff is unable to determine whether or not the defendant is in military service.

50 U.S.C. 3931(b)(1).

### 2. Appointment of attorney to represent defendant in military service

If in a civil action or proceeding in which the defendant does not make an appearance it appears that the defendant is in military service, the court may not enter a judgment until after the court appoints an attorney to represent the defendant. If an attorney appointed to represent a service member cannot locate the service member, actions by the attorney in the case shall not waive any defense of the service member or otherwise bind the service member. 50 U.S.C. 3931(b)(2). State funds are not available to pay attorneys appointed pursuant to the Servicemembers Civil Relief Act. To comply with the federal Violence Against Women Act and in consideration of G.S. 50B-2(a), 50C-2(b), and 50D-2(b), plaintiffs in Chapter 50B, Chapter 50C, and Chapter 50D proceedings should not be required to pay the costs of attorneys appointed pursuant to the Servicemembers Civil Relief Act. Plaintiffs in other types of actions and proceedings may be required to pay the costs of attorneys appointed pursuant to the Servicemembers Civil Relief Act. The allowance or disallowance of the ordering of costs will require a case-specific analysis.

### 3. Defendant's military status not ascertained by affidavit

If based upon the affidavits filed in such an action, the court is unable to determine whether the defendant is in military service, the court, before entering judgment, may require the plaintiff to file a bond in an amount approved by the court. If the defendant is later found to be in military service, the bond shall be available to indemnify the defendant against any loss or damage the defendant may suffer by reason of any judgment for the plaintiff against the defendant, should the judgment be set aside in whole or in part. The bond shall remain in effect until expiration of the time for appeal and setting aside of a judgment under applicable Federal or State law or regulation or under any applicable ordinance of a political subdivision of a State. The court may issue such orders or enter such judgments as the court determines necessary to protect the rights of the defendant under this Act. 50 U.S.C. 3931(b)(3).

### 4. Satisfaction of requirement for affidavit

The requirement for an affidavit above may be satisfied by a statement, declaration, verification, or certificate, in writing, subscribed and certified or declared to be true under penalty of perjury. 50 U.S.C. 3931(b)(4). The presiding judicial official will determine whether the submitted affidavit is sufficient.

### 5. Penalty for making or using false affidavit

A person who makes or uses an affidavit permitted under 50 U.S.C. 3931(b) (or a statement, declaration, verification, or certificate as authorized under 50 U.S.C. 3931(b)(4)) knowing it to be false, shall be fined as provided in title 18, United States Code, or imprisoned for not more than one year, or both. 50 U.S.C. 3931(c).

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
\_\_\_\_\_-CVD-\_\_\_\_\_( )

\_\_\_\_\_, )  
Plaintiff, )  
v. )  
\_\_\_\_\_, )  
Defendant. )

COMPLAINT FOR CHILD SUPPORT

Plaintiff, complaining of defendant, alleges and says:

PARTIES, JURISDICTION AND VENUE

1. Plaintiff is a citizen and resident of \_\_\_\_\_.  
(County and State)
2. Plaintiff's address is \_\_\_\_\_.
3. Defendant is a citizen and resident of \_\_\_\_\_.  
(County and State)
4. Defendant's address is \_\_\_\_\_.
5. Defendant's relationship to child: \_\_\_\_\_.  
(Mother, Father, etc.)
6. The name(s), age(s) and birth date(s) of the child or children at issue in this case is/are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Explain your standing to bring this civil action (e.g., I am the mother/father/other relative of the child/children):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. That during the past five years (or since birth if the child is less than five years old), the (child) (children) have lived with:

Name of child \_\_\_\_\_, birth date \_\_\_\_\_, birthplace \_\_\_\_\_.

| PERIOD         | ADDRESS | PERSON LIVED WITH | PRESENT ADDRESS |
|----------------|---------|-------------------|-----------------|
| ___ to present | _____   | _____             | _____           |
| ___ to _____   | _____   | _____             | _____           |
| ___ to _____   | _____   | _____             | _____           |

Name of child \_\_\_\_\_, birth date \_\_\_\_\_, birthplace \_\_\_\_\_.

| PERIOD       | ADDRESS | PERSON LIVED WITH | PRESENT ADDRESS |
|--------------|---------|-------------------|-----------------|
| ___ to _____ | _____   | _____             | _____           |
| ___ to _____ | _____   | _____             | _____           |
| ___ to _____ | _____   | _____             | _____           |

(If there are more than two children, insert additional sheets.)

9. That I (have) (have not) participated as a (party) (witness) (other capacity) in litigation concerning the custody of the minor child in (this) (another) State, viz.

\_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.  
 (if answer is affirmative, give details, stating capacity, name and address of court.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. That I (have) (do not have) information of any custody proceeding concerning a child mentioned above pending in a Court of this or any other State.

(If answer is affirmative, give details) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. That I (know) (do not know) of a person who has physical custody of the child viz.

\_\_\_\_\_, or  
 (Name) (Address)  
 claims to have custody or visitation rights with respect to the child, viz.:

\_\_\_\_\_  
 (Name) (Address)



12. The District Court of Mecklenburg County has personal jurisdiction over the parties and subject matter jurisdiction (including jurisdiction under the Uniform Child Custody Jurisdiction Act) to decide the claim(s) and render a custody determination in this action.

13. Venue of this action is pro in Mecklenburg County, North Carolina.

CHILD SUPPORT CLAIMS

14. The aforesaid minor child/children is/are in need of support and maintenance for his/her/their health, education and welfare.

15. Defendant is an able-bodied man/woman regularly and gainfully employed, or capable of gainful employment, and is capable of providing support for the aforesaid minor child/children.

16. Plaintiff is entitled to have and recover child support from and of the defendant.

17. Attached hereto as Exhibit B, and incorporated by reference as if fully set forth herein, is Plaintiff's Affidavit of Financial Standing setting forth his/her needs and the needs of the child/children as required by the Local Rules of Court.

PRAYER FOR RELIEF

WHEREFORE, plaintiff prays the Court for relief as follows:

1. \_\_\_\_\_ That defendant be ordered to pay reasonable child support.
2. \_\_\_\_\_ That defendant be taxed with the costs of this action.
3. \_\_\_\_\_ That plaintiff have and recover such other and further relief as the court may deem just and proper.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*(Signature of Plaintiff)*

ADDRESS AND TELEPHONE NUMBER OF PLAINTIFF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NORTH CAROLINA )  
 )  
COUNTY OF MECKLENBURG )

**VERIFICATION**

I, \_\_\_\_\_, being first duly sworn, deposes and  
*(plaintiff insert your name here)*

says that he/she is the Plaintiff in this matter, that he/she has read and understood this  
COMPLAINT and knows the contents to be true of his/her own personal  
knowledge, except for those matters and things set forth upon information and  
belief, and as to those matters and things, he/she believes them to be true.

\_\_\_\_\_  
(Sign in the Presence of the Notary Public)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_.

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

Name Of Plaintiff(s)

VERSUS

Name Of Defendant

AFFIDAVIT OF SERVICE OF PROCESS BY

- REGISTERED MAIL
CERTIFIED MAIL
DESIGNATED DELIVERY SERVICE

G.S. 1-75.10(a)(5), (a)(6); 1A-1, Rule 4(j)(2)

I, the undersigned, did mail by registered mail (return receipt requested), certified mail (return receipt requested), designated delivery service (delivery receipt requested), a copy of the summons and complaint and other document(s) (list)

in the above captioned action to (name of person to be served) addressed as follows:

Further, that copies of the summons and complaint and the above listed other document(s) (check, if applicable) were in fact received by the defendant on (date of receipt), as evidenced by the attached original receipt. (Attach original receipt or electronic proof of signature confirmation to this affidavit.)

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Signature Of Plaintiff/Attorney

Date

Signature Of Person Authorized To Administer Oaths

Name (type or print)

Title Of Person Authorized To Administer Oaths

Notary

Date My Commission Expires

SEAL

County Where Notarized

**STATE OF NORTH CAROLINA**

Court File No.

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

Name Of Plaintiff

Name Of Defendant

**COVER SHEET  
FOR CHILD SUPPORT CASES  
(NON-IV-D ONLY)**

G.S. 50-13.4(h)

- New Child Support Proceeding
- Motion for Modification of Child Support Order
- New or Modified Child Support Order

**INSTRUCTIONS**

**INSTRUCTIONS TO PARTIES OR ATTORNEYS:**

Unless a complete and current form is on file in this case, this form, along with a *Certification Of Identity For Child Support Cases* form (AOC-CV-645), a domestic civil action cover sheet, motion cover sheet, or order cover sheet when required, must be completed in **non-IV-D child support cases only** and filed with the Clerk of Superior Court if:

- you are filing a **pleading seeking child support** (including complaints, answers, or motions in civil actions for domestic violence, divorce, or child custody that include a request for child support), **OR**
- you are filing a **motion to modify an existing child support order**, **OR**
- you are submitting a **proposed court order (including a voluntary support agreement) establishing or modifying child support**.
- DHHS is redirecting a IV-D case. **NOTE: For redirects, the local IV-D office should complete this form and file with the Clerk.**

**INSTRUCTIONS TO CLERK:**

File this form in the court record for all child support cases. After a child support order is entered or modified:

- If support is not paid directly to the obligee, enter this information in the clerk's Support Enforcement System.
- If support is paid directly to the obligee (private case), send a copy of this form to the local IV-D office.

**PARTY REQUESTING OR RECEIVING CHILD SUPPORT (Custodial Parent or Obligee)**

|  |                       |           |                    |
|--|-----------------------|-----------|--------------------|
| First Name   | Middle Or Maiden Name | Last Name | Suffix (Jr., Etc.) |
| Mailing Address (Include P.O. Box Or Street No., Name, City, State And Zip)              |                       | Sex       | DOB                |
|  |                       |           | Race               |
| <input type="checkbox"/> Check this box if this person is at risk for domestic violence. |                       |           |                    |

**PARTY FROM WHOM SUPPORT IS REQUESTED OR ORDERED (Non-Custodial Parent or Obligor)**

|  |                       |           |                    |
|--|-----------------------|-----------|--------------------|
| First Name   | Middle Or Maiden Name | Last Name | Suffix (Jr., Etc.) |
| Mailing Address (Include P.O. Box Or Street No., Name, City, State And Zip)              |                       | Sex       | DOB                |
|  |                       |           | Race               |
| <input type="checkbox"/> Check this box if this person is at risk for domestic violence. |                       |           |                    |

**OTHER OR ADDITIONAL PARTICIPANT IN CHILD SUPPORT PROCEEDING**

- Custodial Parent    Non-Custodial Parent Or Obligor    Putative Father    Other (specify) \_\_\_\_\_

|  |                       |           |                    |
|--|-----------------------|-----------|--------------------|
| First Name   | Middle Or Maiden Name | Last Name | Suffix (Jr., Etc.) |
| Mailing Address (Include P.O. Box Or Street No., Name, City, State And Zip)              |                       | Sex       | DOB                |
|  |                       |           | Race               |
| <input type="checkbox"/> Check this box if this person is at risk for domestic violence. |                       |           |                    |

**NOTE: List child(ren) for whom support is requested or ordered on reverse side.**

|                                |  |      |
|--------------------------------|--|------|
| Name Of Person Completing Form | Telephone Number Of Person Completing Form | Date |
|--------------------------------|--|------|

**NOTE: All filings in civil actions shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the North Carolina Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings, the filing party must either include a Child Support (AOC-CV-640), Motion (AOC-CV-752), or Court Action (AOC-CV-753) cover sheet.**

(NOTE: This form may be used in both civil and criminal cases.)

**CHILD(REN) FOR WHOM SUPPORT IS REQUESTED OR ORDERED**

|            |     |                        |  |                    |
|------------|-----|------------------------|--|--------------------|
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |
| First Name |     | Middle Name Or Initial | Last Name  | Suffix (Jr., Etc.) |
| Sex        | DOB | Race                   | <input type="checkbox"/> Check this box if this child is at risk of child abuse. |                    |

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

As required by Local Domestic Rule 8.4 and 10.4, at or before 5:00 p.m. on Wednesday of the week before the start of the term when my case is scheduled, I have given or will give the opposing party (but not the court) the following so that it is received by the deadline:

- 1 For establishment (but *not* 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 six (6) 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.) and for all Motions to Modify Child Support:
  - (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
- (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.

**THE DOCUMENTATION REQUIRED FOR ALL PSS AND ALIMONY CASES SHALL BE AS SPECIFIED IN #2 ABOVE(captioned "For establishment of child support for all other persons"), EXCLUDING SUBPARAGRAPHS (h) AND (i) ABOVE, PURSUANT TO LOCAL DOMESTIC RULE 10.4.**

**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.**

STATE OF NORTH CAROLINA  
 COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE  
 DISTRICT COURT DIVISION  
 \_\_\_ CVD \_\_\_\_\_ (\_\_\_)

PLAINTIFF,  
 VS.  
 DEFENDANT.

AFFIDAVIT OF:  
 \_\_\_\_\_ PLAINTIFF  
 \_\_\_\_\_ DEFENDANT  
 SEEKING THE FOLLOWING SUPPORT:  
 \_\_\_\_\_ PSS/ALIMONY  
 \_\_\_\_\_ CHILD SUPPORT  
 FROM WHOM THE FOLLOWING IS SOUGHT:  
 \_\_\_\_\_ PSS/ALIMONY  
 \_\_\_\_\_ CHILD SUPPORT  
 Number of minor children: \_\_\_\_\_  
 Other dependents in home: \_\_\_\_\_

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 child (ren) in this case and the affiant's **MONTHLY** income and expenses are as follows:

**INCOME INFORMATION**  
 (COMPLETE IN ALL CASES)

1. My Social Security Number is: xxx-xxx-\_\_\_\_\_ (last 4 digits only)

2. I am:

|                          | First Job | Second Job |
|--------------------------|-----------|------------|
| ___ Self-employed doing: |           |            |
| ___ Employed by:         |           |            |
| Employer's address(es):  |           |            |
| Employer's telephone(s): |           |            |

3. 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 Income <sup>1</sup>     | _____      |
| B. Bonuses                            | _____ | F. Business Income <sup>2</sup> | _____      |
| C. Commissions                        | _____ | G. Social Security              | _____      |
| D. Interest/Dividends/<br>Investments | _____ | H. Pension/Retirement           | _____      |
|                                       |       | I. Other (itemize) <sup>3</sup> | _____      |
|                                       |       | <b>MONTHLY GROSS INCOME:</b>    | \$ _____ - |

<sup>1</sup> Complete attached **Rental Expense Worksheet**. Enter result on Line "E."

<sup>2</sup> Complete attached **Business Expense Worksheet**. Enter result on Line "F."

<sup>3</sup> Other Income includes (but is not limited to): severance pay, trust income, annuity income, 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 INFORMATION**  
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 \_\_\_\_\_

STATE OF NORTH CAROLINA

VERIFICATION

COUNTY OF MECKLENBURG

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**

STATE OF NORTH CAROLINA  
 COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE  
 DISTRICT COURT DIVISION  
 \_\_\_ CVD \_\_\_ (\_\_\_)

PLAINTIFF,  
 VS.  
 DEFENDANT.

AFFIDAVIT OF:  
 \_\_\_\_\_ PLAINTIFF  
 \_\_\_\_\_ DEFENDANT  
 SEEKING THE FOLLOWING SUPPORT:  
 \_\_\_\_\_ PSS/ALIMONY  
 \_\_\_\_\_ CHILD SUPPORT  
 FROM WHOM THE FOLLOWING IS SOUGHT:  
 \_\_\_\_\_ PSS/ALIMONY  
 \_\_\_\_\_ CHILD SUPPORT  
 Number of minor children: \_\_\_\_\_  
 Other dependents in home: \_\_\_\_\_

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 child (ren) in this case and the affiant's **MONTHLY** income and expenses are as follows:

**INCOME INFORMATION**  
 (COMPLETE IN ALL CASES)

1. My Social Security Number is: xxx-xxx-

\_\_\_\_\_ (last 4 digits only)

2. I am:

\_\_\_ Self-employed doing:

\_\_\_ Employed by:

Employer's address(es):

Employer's telephone(s):

| First Job | Second Job |
|-----------|------------|
|           |            |
|           |            |
|           |            |
|           |            |
|           |            |

3. 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 Income <sup>1</sup>     | _____      |
| B. Bonuses                            | _____ | F. Business Income <sup>2</sup> | _____      |
| C. Commissions                        | _____ | G. Social Security              | _____      |
| D. Interest/Dividends/<br>Investments | _____ | H. Pension/Retirement           | _____      |
|                                       |       | I. Other (itemize) <sup>3</sup> | _____      |
|                                       |       | <b>MONTHLY GROSS INCOME:</b>    | \$ _____ - |

<sup>1</sup> Complete attached **Rental Expense Worksheet**. Enter result on Line "E."

<sup>2</sup> Complete attached **Business Expense Worksheet**. Enter result on Line "F."

<sup>3</sup> Other Income includes (but is not limited to): severance pay, trust income, annuity income, 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 INFORMATION**  
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 \_\_\_\_\_

STATE OF NORTH CAROLINA

VERIFICATION

COUNTY OF MECKLENBURG

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**