



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

**MODIFICATION  
CHILD SUPPORT**

Due to the changing nature of the law, the forms and information contained in this packet may become outdated. Therefore, you should review and research statutes and rules of procedure referenced in the instructions to ensure that the forms are accurate and current.

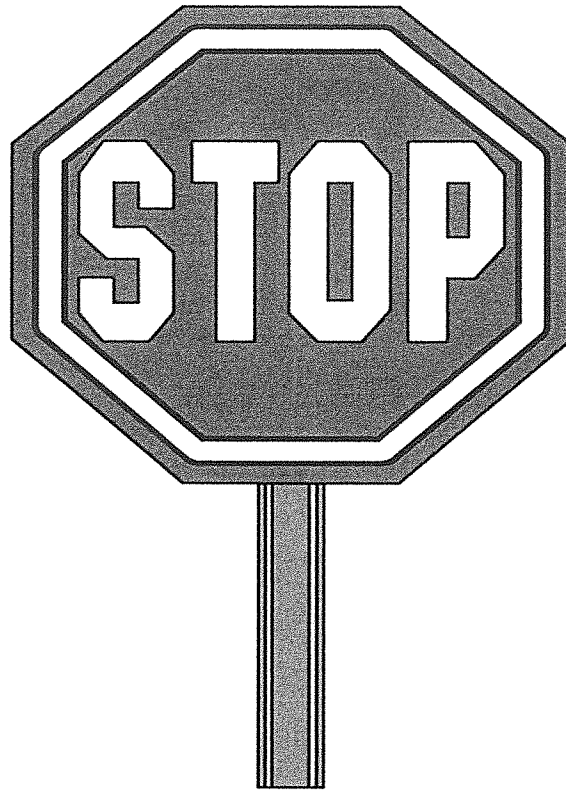
IN NO EVENT will the SelfServe Center, Clerk of Court or anyone contributing to the production of these forms, instructions, or guidelines be liable for any indirect or consequential damages resulting from use of the forms or information provided to you by the SelfServe Center.

IF THERE ARE ANY QUESTIONS in your mind concerning these forms, the use of these forms, or your legal rights, it is strongly recommended that you consult with or retain 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!**

**The Filing Fee for a Motion to Modify Child Support: \_\_\_\_\_**

**©1999 SelfServe Center**



**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 the best and safest environment 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 the proceedings. 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 terms.

## **What is Modification of Child Support?**

The packet available in the SelfServe Center allows a party to file **to change an existing child support order where there has been a substantial change in circumstance.**

## **Can or should I file to modify my Child Support order?**

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. For instance, you must have an existing child support order from North Carolina that you want to modify due to a substantial change in circumstance.

### What do I do first?

1. After you get your packet, **READ THE INSTRUCTIONS!** Then fill out the forms 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 modification of 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. Take your completed forms and 2 copies to the Civil Filing Department 832 E. Fourth Street, Suite 3725.
5. **All Child Support Enforcement cases, go to the Family Court Child Support window in the Civil Filing Department to obtain your hearing date. All family court cases go to room 3520 to obtain a hearing date.**
6. You must serve the Defendant with a copy of these documents via 1<sup>st</sup> class US mail at least 13 days before your modification hearing date.

### 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 contact 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**  
**Filling Out the Forms**

\*\*\*CHECKLIST\*\*\*

Complete the following documents:

- ❖ Domestic Civil Action Cover Sheet
  - ❖ Motion and Notice of Hearing for Modification of Child Support
  - ❖ Certificate of Service (on the back of the Motion and Notice of Hearing)
  - ❖ Affidavit as to the Status of Minor Child
  - ❖ Child Support Cover Sheet
  - ❖ Two (2) Financial Affidavits
  - ❖ Two (2) Verifications
- I. *Please* make sure to place your **existing case number** in the upper right-hand corner of each document.
- II. After completing the Financial Affidavit, you must have it notarized.

**STEP 2**  
**Photocopying the Documents**

**MAKE 2 COPIES OF EACH FORM.** Copies can be made for a fee in the Civil Filing Department, 832 E. Fourth St., Room 3725.

**STEP 3**  
**Filing the Documents**

Take these documents and 2 copies to the Civil Filing Department (Room 3725). The clerk will file them for you.

**STEP 4**  
**Obtaining Dates, Further Information, Etc.**

Once you have filed your documents with the Civil Filing Department, you should proceed to the Family Court Child Support desk (3725) if you make your payments to Raleigh.

If you pay directly to the individual, go to Family Court (3520 with the **Motion and Notice of Hearing** form to obtain a hearing date.

Family Court will provide you with a **Notice of Hearing**. The date and time of the hearing will also be included on the order. This notice needs to be filed in Civil Files, Room 3725, and served upon the Defendant.

**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.

**ATTENTION:** You must serve the Defendant/Defendant's attorney copies of the **Notice of Hearing and Financial Affidavit and Motion and Notice of Hearing.**

You may serve the Defendant by 1<sup>st</sup> Class US Mail. **The Defendant must have at least 13 days notice of the hearing; however, the court's calendar is prepared a month in advance and, depending on the court's schedule, it may be a one to two month wait for a hearing date. We recommend that you serve the documents on the day that you get your hearing scheduled to ensure proper and timely service of process.**

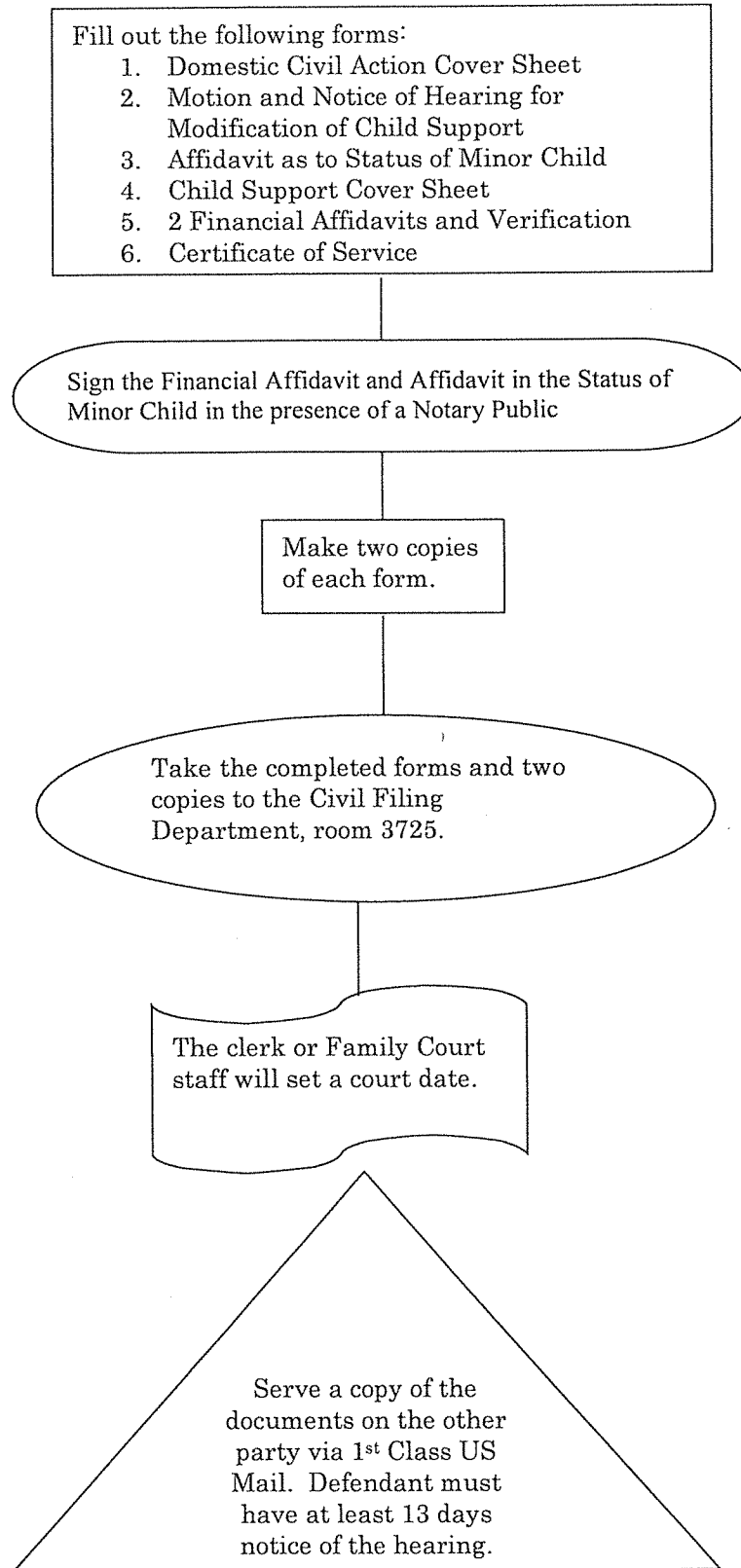
*For further clarification regarding service of process for written motions, see the North Carolina Rules of Court (State) Rule 5.*

**STEP 5**  
**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 Bar Lawyer Referral Service: (800) 662-7660*

## Steps for filing for Modification of Child Support



**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.

Cellular Telephone No.

Name Of Defendant 2

NC Attorney Bar No.    Attorney E-Mail Address

Initial Appearance in Case     Change of Address

Summons Submitted     Yes     No

Name Of Firm

Counsel for  
 All Plaintiffs     All Defendants     Only (List party(ies) represented)

FAX No.

**TYPE OF PLEADING**

**CLAIMS FOR RELIEF**

(check all that apply)

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

(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

Court File No.

IV-D Case No.

County

In The General Court Of Justice
District Court Division

Name And Address Of Plaintiff

Telephone Number (Optional)

VERSUS

Name And Address Of Defendant

Telephone Number (Optional)

MOTION AND NOTICE OF HEARING
FOR MODIFICATION OF
CHILD SUPPORT ORDER

G.S. 50-13.7; 50-13.10

MOTION

The undersigned moves that the Court modify the Order for Child Support now in effect in this action, and in support of this Motion states:

Form with fields: Date Of Current Child Support Order, Amount Of Current Child Support Obligation, Weekly, Monthly, Bi-weekly, Other (specify)

Since the current Order for Child Support was entered, circumstances have changed as follows:

Therefore, the undersigned requests that the Order for Child Support be modified as follows:

- 1. Increased
2. Decreased
3. Suspended
4. Terminated
5. Other:

Form with fields: Date, Name (Type Or Print), Signature

NOTE: On the date of the court hearing shown below, the party making this Motion should bring all financial information (wage stubs or other information showing the party's current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

Form with checkboxes: Plaintiff/Attorney, Defendant/Attorney, Other

NOTICE OF HEARING

NOTICE TO: [ ] PLAINTIFF [ ] DEFENDANT [ ] OTHER

You are notified to appear at the date, time and place shown below for a hearing on the above Motion And Notice Of Hearing For Modification Of Child Support Order. You should bring all financial information (wage stubs or other information showing your current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

Form with fields: Date of Hearing, Time Of Hearing, Date Of Notice

Form with fields: Place of Hearing, Signature, Deputy CSC, Assistant CSC, CSC, Plaintiff/Attorney, Defendant/Attorney, Other

CERTIFICATE OF SERVICE

I certify that I served the above Motion and Notice by:

delivering a copy personally to:

<i>Name Of Person With Whom Copy Left</i>	<i>Name Of Person With Whom Copy Left</i>
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depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:

<i>Name And Address</i>	<i>Name And Address</i>
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leaving a copy at the office of the attorney named below, with a partner or employee

<i>Name Of Attorney</i>	<i>Name Of Attorney</i>
<i>Party Represented</i>	<i>Party Represented</i>
<i>Person With Whom Copies Left</i>	<i>Person With Whom Copies Left</i>

<i>Date Of Service</i>	<i>Signature Of Person Who Served Motion And Notice</i>
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**STATE OF NORTH CAROLINA**

Court File No.

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

Name And Address Of Plaintiff

**AFFIDAVIT  
AS TO  
STATUS OF  
MINOR CHILD**

**VERSUS**

G.S. 50A-209

Name And Address Of Defendant

Name Of Minor Child

Date Of Birth

Birthplace

I, the undersigned affiant, being first duly sworn, say that during the past five (5) years the above named minor child has lived as follows:

Period Of Residence		Address	Name Of Person Lived With	Present Address Of Person
From	To			
	Present			

I further say that: (Check those that apply)

I have participated in litigation concerning the custody of the above named child.

Capacity As Participant

Name And Address Of Court

Date Of Child Custody Determination

Case No.

Details

I have information about a custody proceeding. Examples of custody proceeding include divorce, proceeding related to domestic violence, a protective order, termination of parental rights or adoption that is pending in a court of this or another state and could affect this proceeding.

Name And Address Of Court

Details

I know of a person as listed below, who has physical custody or claims to have custody or visitation rights with respect to the above named child.

Name And Address Of Person

- Physical Custody
- Claimed Custody
- Visitation Rights

**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Affiant

Deputy CSC

Assistant CSC

Clerk Of Superior Court

Name Of Affiant (Type Or Print)

Notary

Date Commission Expires

Relationship To Above Named Child

**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
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**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.)

(Over)

**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.	

STATE OF NORTH CAROLINA  
 COUNTY OF MECKLENBURG

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

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: \_\_\_\_\_

PLAINTIFF,  
 VS.  
 DEFENDANT.

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/ Investments	_____	H. Pension/Retirement	_____
		I. Other (itemize) <sup>3</sup>	_____
		MONTHLY GROSS INCOME: \$	_____

<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:

	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/ Investments	_____	H. Pension/Retirement	_____
		I. Other (itemize) <sup>3</sup>	_____
		MONTHLY GROSS INCOME: \$	_____

<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**