

STATE OF NORTH CAROLINA
 COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE
 DISTRICT COURT DIVISION
 -CvD-

AFFIDAVIT OF:

Plaintiff,

____ PLAINTIFF
 ____ DEFENDANT

V.

SEEKING SUPPORT:

____ PSS/ALIMONY
 ____ CHILD SUPPORT

Defendant.

FROM WHOM SUPPORT IS SOUGHT:

____ PSS/ALIMONY
 ____ CHILD SUPPORT

Number of minor children: _____

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/or my MONTHLY income and expenses are as follows:

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

1. My Social Security Number is:

XXX-XX-_____ (last 4 digits only)

2. I am:

____ Self-employed doing:
 ____ Employed by:
 ____ Employer's address(es):

	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. Rental income ¹ _____ |
| B. Bonuses _____ | F. Business income ² _____ |
| C. Commissions _____ | G. Social Security _____ |
| D. Interest/Dividends/Investment _____ | H. Pension/Retirement _____ |
| | I. Other (itemize) ³ _____ |
| | TOTAL GROSS INCOME: _____ \$0.00 |

- 1 Complete attached **Rental Expense Worksheet**. Enter result on Line "E."
 2 Complete attached **Business Expense Worksheet**. Enter result on Line "F."
 3 **"Other"** 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 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 other children:

_____	_____
_____	_____
_____	_____
_____	_____

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. Gross monthly income of other responsible parent used in "B " above (in **other** case):

D. Work-related childcare costs (in **this** case)(100%)

School year per month: _____

Summer per month: _____

Enter twelve month average in box at right >>>>>>

E. Cost to cover child(ren) on my (or my spouse's) health insurance:

F. Extraordinary expenses for child(ren) (itemize)
(As defined and calculated in the Guidelines)

_____	_____
_____	_____

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

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

As required by Local Domestic Rules 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 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, 1099 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 the 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 my accounts in banks, credit unions, brokerage accounts and other financial institutions for which I have been a signer; and
 - e. A listing of all my outstanding debts, together with written documentation or account statements for each creditor indicating the principal balance currently owed and the payment terms; and

DOCUMENTATION RULES (continued)

- 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 the 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 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 THE ABOVE DOCUMENTS TO MY OPPONENT WITHOUT JUST CAUSE MAY SUBJECT ME TO SANCTIONS (INCLUDING ATTORNEY'S FEES AND COSTS) IN THE DISCRETION OF THE PRESIDING JUDGE.

PART III

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

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

**A.
NET INCOME**

My total **MONTHLY GROSS INCOME (from Part I)** is: 0.00

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

Federal income taxes	\$	Medical insurance	\$
State income taxes	\$	Life insurance	\$
Social Security (FICA)	\$	Retirement/401(k)	\$
Medicare	\$	Other	\$

TOTAL DEDUCTIONS: \$0.00

My average **MONTHLY NET INCOME** is: _____

**B.
NEEDS AND EXPENSES**

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

**(1)
SHARED FAMILY EXPENSE**

House payment/rent <small>(incl. property tax and insurance)</small>	\$	Home Security System	\$
Homeowner Dues	\$	Telephone/Cell & Pager	\$
Electricity	\$	Home Food & Supplies	\$
Heat (gas, etc.)	\$	House & Yard Maintenance	\$
Water	\$	Car Payment	\$
Garbage	\$	Gasoline	\$
Cable TV	\$		
Internet Service	\$		

SUBTOTAL: \$ 0.00

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

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

Reason(s) for method of pro-rating:

(2)
INDIVIDUAL MONTHLY EXPENSES

Item	Self	Children (for whom I am legally responsible)	Notes
Religious Contributions			
Charitable Contributions			
School/work lunches			
Medical insurance (if not withheld from earnings)			
Uninsured medical/dental			
Uninsured prescriptions			
Uninsured therapy (Explain if time limited)			
Clothing			
Grooming (hair, etc.)			
Laundry/dry cleaning			
Child care (work-related)			
Child care (other)			
Education (indicate nature in notes column)			
Allowances			
Activities (Y, sports, clubs)			
Entertainment/Recreation			
Meals out			
Christmas gifts			
Birthday gifts			
Subscriptions (newspapers, magazines, etc.)			
Life insurance			
Car insurance			
Car - other (maintenance, registration, taxes, etc.)			
Other insurance (disability, etc.)			
Vacations			
Pets			
Home Furnishings (furniture, textiles, etc.)			
Other (itemize)			
SUBTOTAL:	\$0.00	\$0.00	

(3)
SUMMARY OF EXPENSES

	Self	Children
Family - Pro-rated - from Section III (B)(1)	\$0.00	\$0.00
Individual - from Section III (B)(2)	\$0.00	\$0.00
TOTALS:	\$0.00	\$0.00

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

Debt	Monthly Payment	Balance
Overdraft Protection:		
Credit cards (itemize):		
Other Loans (itemize):		
TOTALS:	\$0.00	\$0.00

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

VERIFICATION

Being first duly sworn, I depose and say that I have read all 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 by _____ this
_____ day of _____, 20_____.

A Notary Public of North Carolina
My commission expires:

**PULL APART AND SUBMIT ONLY PAGES
1 to 4 & THIS PAGE IN GUIDELINES-ONLY CASES
& ALL PAGES IN ALL SPOUSAL SUPPORT
and/or NON- GUIDELINES CASES**

Worksheets for Rental and/or Business Operation

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

RENTAL INCOME (LINE "E") DIRECTIONS: ① List gross rental proceeds for the past twelve (12) months ② Then list by category and amount for the same period the ANNUAL expenses [but *not* accelerated depreciation] that are deductible on Schedule "E" of IRS Form 1040 ③ Total those expenses ④ Then subtract the total expenses from the total proceeds ⑤ Then divide by 12. Enter the result on Page 1, Line "E."

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

RENTAL INCOME WORKSHEET

ITEM	AMOUNT
① Gross ANNUAL rents	
② ANNUAL expenses:	
ANNUAL mortgage principal	
ANNUAL mortgage interest	
ANNUAL property taxes	
ANNUAL insurance	
ANNUAL repairs	
ANNUAL cleaning & maintenance	
ANNUAL management fees	
ANNUAL advertising	
ANNUAL legal & professional services	
ANNUAL utilities	
ANNUAL supplies	
ANNUAL auto & travel	
ANNUAL other (specify)	
③ SUBTOTAL:	\$0.00
④ SUBTRACT total ANNUAL expenses from total ANNUAL rents	
⑤ DIVIDE by 12. Enter result here and on Page 1, Line "E."	

BUSINESS INCOME WORKSHEET

ITEM	AMOUNT
① Gross ANNUAL business proceeds	
② ANNUAL expenses:	
ANNUAL salaries & wages paid	
ANNUAL repairs and maintenance	
ANNUAL advertising	
ANNUAL supplies	
ANNUAL taxes and licenses	
ANNUAL business travel	
ANNUAL business meals	
ANNUAL vehicle expenses	
ANNUAL employee benefits	
ANNUAL interest	
ANNUAL mortgages	
ANNUAL legal & professional services	
ANNUAL utilities	
ANNUAL vehicles, machinery, and equipment	
ANNUAL other (specify)	
③ SUBTOTAL:	\$0.00
④ SUBTRACT total ANNUAL expenses from total ANNUAL business proceeds	
⑤ DIVIDE by 12. Enter result here and on Page 1, Line "F."	