

NORTH CAROLINA
CATAWBA COUNTY

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

1,
Plaintiff,
vs.
1,
Defendant.

AFFIDAVIT OF
 PLAINTIFF
 DEFENDANT
SEEKING SUPPORT
 ALIMONY
 CHILD SUPPORT
FROM WHOM SUPPORT IS SOUGHT
 ALIMONY
 CHILD SUPPORT

THE AFFIANT, HAVING BEEN FIRST DULY SWORN AS TO THE TRUTHFULNESS AND COMPLETENESS OF THIS AFFIDAVIT, DEPOSES AND SAYS:

PART I: EXPENSES AND NEEDS

I am now spending the amounts each month listed in Column A for my support and for the support of the child(ren) born to our marriage, who live with me now. I need the monthly amounts listed in Column B for my support and for the support of the child(ren) born to the marriage who live with me now, or who may come to live with me:

Column A: Actual Expense
Total = Self + Child(ren)

Column B: Needs
Total = self + child(ren)

Food:	0.00			0.00		
Home	0.00	.00	.00	0.00		
Work	0.00	0.00	0.00	0.00	.00	.00
Clothing:	0.00			0.00		
Purchase	0.00	.00	.00	0.00	.00	.00
Laundry & Dry Cleaning	0.00	.00	.00	0.00	.00	.00
Personal Care (Cosmetics,Shampoo,Etc)	0.00	.00	.00	0.00	.00	.00
Tobacco and Alcohol	0.00	.00	0.00	0.00	.00	.00
Medical Insurance (not deducted)	0.00	.00	0.00	0.00	.00	.00
Dental Insurance (not deducted)	0.00	0.00	0.00	0.00	.00	.00
Uninsured Medicals:	0.00			0.00		
Doctor Bills	0.00	.00	.00	0.00	.00	.00
Appliances (glasses, etc)	0.00			0.00		
Hospital Bills	0.00			0.00		
Prescription Drugs	0.00	.00	.00	0.00	.00	.00
Over-the-counter drugs	0.00	.00	.00	0.00	.00	.00
Dental bills	0.00	.00	.00	0.00	.00	.00
Orthodontic Bills	0.00	0.00	0.00	0.00	.00	.00
Other	0.00	0.00	0.00	0.00	.00	.00
Child Care:	0.00			0.00		
Day Care	0.00	0.00	0.00	0.00		
Baby Sitter/House Cleaner	0.00	.00	.00	0.00	.00	.00
Educational Expenses:	0.00			0.00		

Column A: Actual Expense
Total = Self + Child(ren)

Column B: Needs
Total = self + child(ren)

Tuition	0.00	.00	.00	0.00	.00	.00
Supplies & Books	0.00	.00	.00	0.00	.00	.00
Insurance for School	0.00	0.00	.00	0.00	.00	.00
Fees	0.00	0.00	.00	0.00	.00	.00
Pictures	0.00	0.00	.00	0.00	.00	.00
Meals	0.00	0.00	.00	0.00	.00	.00
Haircuts	0.00	.00	.00	0.00	.00	.00
Child Support which I pay regularly (Not Deducted):	0.00	0.00	0.00	0.00	.00	.00
For children born to this marriage	0.00	0.00	0.00	0.00	.00	.00
Those not born to this marriage	0.00	0.00	0.00	0.00	.00	.00
Recreation and Entertainment:	0.00			0.00		
Vacations & Travel	0.00	.00	.00	0.00	.00	.00
Memberships	0.00	.00	.00	0.00	.00	.00
Admissions (movies, sports, etc)	0.00	.00	.00	0.00	.00	.00
Professional Dues/Licenses	0.00	0.00	0.00	0.00	.00	.00
Children's Allowances	0.00	0.00	0.00	0.00	.00	.00
Children's Activities/Lessons	0.00	0.00	.00	0.00	.00	.00
Gifts:	0.00			0.00		
Christmas	0.00			0.00		
Family	0.00	.00	.00	0.00	.00	.00
Others	0.00	.00	.00	0.00	.00	.00
Birthdays	0.00			0.00		
Family	0.00	.00	.00	0.00	.00	.00

	Column A: Actual Expense Total = Self + Child(ren)			Column B: Needs Total = self + child(ren)		
Special Occasions(Graduation, etc)	0.00	.00	0.00	0.00	.00	.00
Donations (Not Deducted)	0.00			0.00		
Church	0.00	.00	.00	0.00	.00	.00
United Way	0.00	0.00	0.00	0.00	.00	.00
Other	0.00	.00	0.00	0.00	.00	.00
Insurance - Life, Disability, Accident (Not Deducted)	0.00	0.00	0.00	0.00	.00	.00
Linens (Sheets, towels, etc)	0.00	.00	.00	0.00	.00	.00
Transportation Expenses:	0.00			0.00		
Car Payments (Not Deducted)	0.00	0.00	0.00	0.00	.00	.00
Gasoline	0.00	.00	0.00	0.00	.00	.00
Maintenance & Repair	0.00	.00	0.00	0.00	.00	.00
Insurance	0.00	.00	0.00	0.00	.00	.00
Registration	0.00	.00	0.00	0.00	.00	.00
Pets	0.00	0.00	0.00	0.00	.00	.00
Stationery, Gift Wrap, Stamps	0.00	.00	.00	0.00	.00	.00
Hobbies	0.00	.00	0.00	0.00	.00	.00
Payment on Debt (Not Deducted)	0.00	0.00	0.00	0.00	.00	.00
Appliances/Furniture	0.00	0.00	0.00	0.00	.00	.00
Bank Cards	0.00	0.00	0.00	0.00	.00	.00
Department Stores	0.00	0.00	0.00	0.00	.00	.00
Other Bank Loans	0.00	.00	0.00	0.00	.00	.00
Finance Companies	0.00	0.00	0.00	0.00	.00	.00
Other Debt or Loan Payments	0.00	0.00	0.00	0.00	.00	.00

Column A: Actual Expense
Total = Self + Child(ren)

Column B: Needs
Total = self + child(ren)

_____	0.00			0.00		
_____	0.00			0.00		
	0.00			0.00		
Housing:	0.00			0.00		
Rent or Mortgage Payment	0.00	.00	0.00	0.00	.00	0.00
Insurance (Dwelling/Contents)	0.00	.00	0.00	0.00	.00	0.00
Maintenance and Repair	0.00	0.00	0.00	0.00	.00	0.00
County and City Taxes	0.00	.00	0.00	0.00	.00	0.00
Utilities:	0.00			0.00		
Electricity	0.00	.00	.00	0.00	.00	.00
Water and Sewer	0.00	.00	.00	0.00	.00	.00
Cable TV	0.00	.00	.00	0.00	.00	.00
Natural Gas	0.00	.00	.00	0.00	.00	.00
Telephone	0.00	.00	0.00	0.00	.00	0.00
Fuel Oil, Coal, Bottled Gas, Wood	0.00	0.00	0.00	0.00	0.00	0.00
Garbage Service	0.00	.00	0.00	0.00	.00	0.00
Miscellaneous:	0.00			0.00		
	0.00	.00	.00	0.00	.00	10.00
	0.00	.00	0.00	0.00	.00	0.00
	0.00	.00	0.00	0.00	.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00

Column A: Actual Expense
Total = Self + Child(ren)

Column B: Needs
Total = self + child(ren)

0.00

0.00

0.00

0.00

0.00

0.00

TOTALS

0.00

0.00

0.00

0.00

.00

A. I am paid () weekly; () every other week; () twice monthly; () other.

B. I have gross monthly income from all sources as follows:

[NOTE: To arrive at monthly figures, weekly income is multiplied by 4.3 (monthly income x 4.3); every other week is multiplied by 2.15 (monthly income x 2.15), and twice monthly is multiplied by 2. (monthly income x 2).]

1. Wages	.00
2. Overtime	.00
3. Commission	.00
4. Bonus	.00
5. Interest	.00
6. Dividends	.00
7. Trust Fund	.00
8. Social Security	.00
9. Pension (or Military Retirement)	.00
10. Business Profit	.00
11. Rents	.00
12. Child Support & Alimony	.00
13. _____	
14. _____	
15. _____	

TOTAL GROSS INCOME

0.00

c. I have regular itemized monthly deductions from gross income as follows:

Federal Income Taxes
State Income Taxes
Social Security
Retirement
Car Payments
Dental Insurance
Life, Disability,
Accident Insurance

Medical Insurance
Credit Union
United Way
Debt Payment
Child Support
Other Deductions

TOTAL

0.00

- d. My total Net Income (Gross Less Deductions) is _____.
- E. I () have, () have not received substantially the same income for the past 12 months.
If not substantially the same, explain the reason for change:

- F. For tax purposes I claim __ exemptions on my W-2 Form (including myself).
- G. I do not have any income or employment other than as listed in this affidavit.
- H. True and accurate copies of the latest two personal State and Federal Income Tax Returns which I have filed are attached to this affidavit.
- I. True and accurate copies of all financial statements submitted by me to any lending institution in the past two years are attached to this affidavit.
- J. Since the date of my separation from my spouse, I have provided support in the total of \$_____ for my minor child(ren) living with my spouse and in the total of \$_____ for my spouse.
- K. I am now employed at _____ and have been employed there since _____ (date).

PART III: SOURCE OF FUNDS FOR DIFFERENCE BETWEEN ACTUAL EXPENSES AND INCOME.

(NOTE: A person can spend only the money he or she has, plus money that is given or loaned to him or her. If your net income is not as much as your total actual expenses, explain on the following where you have been getting the extra money to make up the difference, and the amounts and dates you received any money in addition to the net income you have listed.)

PART IV: ESTATE

- A. I own real estate individually, having an approximate value of \$_____ and an approximate mortgage debt of \$_____.
- B. My spouse and I own real estate together having an approximate value of \$_____ with an approximate mortgage debt of \$_____.
- C. I own ___ vehicle(s) individually having an approximate value of \$_____ and an approximate debt of \$_____.
- D. My spouse and I own ___ vehicle(s) having an approximate value of \$_____ and an approximate debt of \$_____.
- E. I own other assets individually (including cash) totaling \$_____, and I have other debts individually totaling \$_____.
- F. I own other assets with my spouse (including cash) totaling \$_____, and we have other debts individually totaling \$_____.

PART V: SPOUSE'S EARNINGS:

To the best of my knowledge, information and belief, my spouse earns \$_____ monthly. When I last knew exactly what my spouse's income was, he/she earned \$_____ monthly in _____, _____ (date).

PART VI: COMPLETENESS AND UNDERSTANDING:

I have read my answers to this affidavit, and before signing it, I have allowed my attorney to read it. I have also asked my attorney to explain any parts of this affidavit that I do not understand before signing it. I understand that the Rules of Court require me to completely and honestly answer all parts of this affidavit, and that it will be used in court. I also understand that there are many sanctions which the court may impose for failing to complete this affidavit, and I have discussed them with my attorney.

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME
THIS THE ___ DAY OF _____, 2000__.

Notary Public

My Commission Expires: _____