STATE OF NORTH CAROLINA COUNTY OF MECKLENBURG	IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISIONCVD	
	AFFIDAVIT OF:	
	□ PLAINTIFF	
	 ☐ DEFENDANT	
,	SEEKING THE FOLLOWING SUPPORT:	
Plaintiff,	☐ PSS/ALIMONY	
V.	— ☐ CHILD SUPPORT	
v.	FROM WHOM THE FOLLOWING IS SOUGHT:	
	☐ PSS/ALIMONY	
	☐ CHILD SUPPORT	
, Defendant.	Number of minor children:	
	Other dependents in home:	
	Other dependents in nome.	
	SIGN & NOTARIZE PAGE 7 IN ALL CASES	
My Social Security Number is:		
3. I am:	First Job Second Job	
Self-employed doing:		
Employed by:		
Employer's address(es):		
Employer's telephone(s):		
4 I receive the following AVERAGE MONTH periods per month) from the following sour	HLY GROSS INCOME (based on 4.33 weeks or 2.165 bi-weekly rces:	
A. Wages/Salary	E. Rent	
B. Bonuses	F. Business profit	
C. Commissions	G. Social Security	
D. Interest Dividends/Investments	H. Pension/Retirement	
I. Other (itemize) ¹		
	MONTHLY CROSS INCOME:	

"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.

CCF-31 June 2000

	TOTAL EXPENSES:	
	PART II - CHILD SUPPORT INFORMATION COMPLETE PART II IN ALL CHILD SUPPORT CASES	
l ha	ave the following average MONTHLY expenses:	
A.	Court-ordered or Separation Agreement-required child support for my children not living with me (and not part of this action): Name(s) of 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 (in other case):	
D	Monthly work-related child care costs (in this case)(100%)	
Е.	Child(ren)'s portion of my health insurance cost:	
F.	Extraordinary expenses for child(ren) (itemize) (As defined on Page 4 of the Guidelines)	

THE FOLLOWING DOCUMENTATION RULES APPLY TO ALL CHILD SUPPORT, POSTSEPARATION SUPPORT, AND ALIMONY CASES

As required by the Domestic Local Rules, on or before 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):

- (a) The full address (es) of all land in which I have any ownership interest.
- (b) For the last three (3) months, proof of all my income, including, but not limited to, copies of all paystubs, pay and expense vouchers, employee benefit statements, stock option statements, company financial statements and tax returns and/or Form 1040, Schedule "C" (if I am self-employed or employed by a closely-held corporation).
- (c) For the last three (3) months, statements showing all accounts in banks, credit unions, brokerage accounts, and all other financial institutions for which I have been an authorized signer.
- (d) A listing of all outstanding debts with written documentation or account statements for each creditor showing the principal balance I now owe and the terms of payment.
- (e) For the last two (2) years, all federal tax returns filed by me or for me, including all schedules and attachments (Forms W-2, 1099, etc.) together with all year-end tax documentation (Forms W-2, 1098, 1099, Requests for Extension, etc.) for the most recent tax year, if that return has not yet been filed.
- (f) For the last two (2) years, all personal financial statements I gave to anyone, anywhere.

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

POSTSEPARATION SUPPORT, ALIMONY, AND NON-GUIDELINES CHILD SUPPORT CASES

NOTE: To convert weekly income to monthly, multiply by 4.33; to convert biweekly income to monthly, multiply by 2.165

A. NET INCOME

Federal income taxes State income taxes Social Security (FICA)	Life insu	insurance urance ent/401-K
Medicare Other		DUCTIONS:
	My average MONTHLY NET	INCOME is:
	B. NEEDS AND EXPENSE	≣S
I have the	following average <i>monthly</i> need	ds and expenses:
	(1) SHARED FAMILY EXPE	NSE
House payment/rent (incl. property tax and insurance)	Telepho	one(s)/Pager
Electricity		ood & supplies
Heat (gas, etc.)		maintenance
Water Cable TV	Yard ma Car pay	aintenance ment
Garbage	Gasoline	· · · · · · · · · · · · · · · · · · ·
		SUBTOTAL:
l pro-rated the foregoing myself as follows:	sub-total of family expenses be	etween the child(ren) and

Reason(s) for method of pro-rating:

(2) INDIVIDUAL EXPENSES

		Children	
Item	Self	(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 prescription drugs			
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 (registration, etc.)			
Other insurance (disability, etc.)			
Vacations			
Pets			
Other (itemize):			
SUBTOTAL:			

(3) SUMMARY OF EXPENSES

	Self	Children
Family - Pro-rated - from Section (1)		
Individual - from Section (2)		
TOTALS:		
С. [DEBT PAYMENTS	
Debt	Monthly Payment	Balance
Mortgage loan		
Car payment		
Cash reserve		
Credit cards (itemize):		
		·
		,
TOTAL S:		

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

VERIFICATION

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	, 20
A Notary Public of North Carolina	
My commission expires:	

PULL APART AND SUBMIT ONLY PARTS I & II (PAGES 1, 2, 3) & THIS PAGE IN GUIDELINES-ONLY CASES. SUBMIT ALL PAGES IN ALL POSTSEPARATION SUPPORT, ALIMONY and/or NON- GUIDELINES CASES

GUIDELINES FOR THE USE OF THE AFFIDAVIT OF FINANCIAL STANDING

- A. PURPOSE: To establish a uniform procedure for the use of financial affidavits in child support, postseparation support, and alimony cases.
- B. SCOPE: The affidavit shall be used in cases involving the establishment and modification of private child support, postseparation support, and alimony. The term "support" refers to all of these actions. The term "party" means the plaintiff or defendant or either attorney.
- C. MANDATORY USE OF FINANCIAL AFFIDAVIT: Each party who seeks support or from whom support is sought shall file with the Clerk and serve upon the other party a Financial Affidavit Of Financial Standing using the form attached hereto. The moving party shall attach the Affidavit to his or her pleading. The responding party shall file and serve the Affidavit on the opposing party no later than the Wednesday preceding the first week of the domestic term in which the case is scheduled for hearing.
- D. MANDATORY FORM: The Affidavit of Financial Standing filed by a party shall not deviate from the form attached hereto, but parties may supplement the Affidavit by attaching additional financial information and/or documents.