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| NORTH CAROLINA  COUNTY OF WAKE | IN THE GENERAL COURT OF JUSTICE  DISTRICT COURT DIVISION  FILE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assigned Judge:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Plaintiff,  v.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Defendant. | **FINANCIAL AFFIDAVIT\* OF**  PLAINTIFF DEFENDANT  **Date Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am paid: weekly, every other week, twice monthly, monthly, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Last Taxable Year Adjusted Gross Income: | |  | |
| Current Monthly Gross Income before Deductions: | |  | |
| Current Monthly Take-home Pay after all Deductions: | |  | |
| **Detail of Monthly Gross Income** | **Date of Separation** | | **Current** |
| Monthly Gross Wages: |  | |  |
| Investment income, interest, dividends: |  | |  |
| Bonus, commissions: |  | |  |
| Alimony received: |  | |  |
| Child Support received: |  | |  |
| Other (overtime, social security, disability, car allowance, shift pay, vacation/holiday pay): |  | |  |
| **Mandatory Monthly Deductions** | **Date of Separation** | | **Current** |
| Federal income tax: |  | |  |
| State income tax: |  | |  |
| Social Security taxes: |  | |  |
| Medicare taxes: |  | |  |
| Retirement: |  | |  |
| Garnishment: |  | |  |
| Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | |  |
| **Voluntary Monthly Deductions** | **Date of Separation** | | **Current** |
| Health Insurance: |  | |  |
| Dental Insurance: |  | |  |
| Vision Insurance: |  | |  |
| Life Insurance: |  | |  |
| Disability Insurance: |  | |  |
| Medical Spending Account: |  | |  |
| Retirement: |  | |  |
| Other: |  | |  |

**\*** Pursuant to the Tenth Judicial District Family Court Rules for Domestic Court, this Affidavit shall be served on the opposing attorney/party along with copies of the required initial disclosures and not filed with the court; the Certificate of Service attached to this Affidavit shall be filed with the court.

**Part 1**

**Regular Recurring Monthly Expenses**

|  |  |  |
| --- | --- | --- |
| **Expense** | **Date of Separation**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Current**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Rent or Mortgage Payment |  |  |
| Renters/Homeowners Insurance |  |  |
| Taxes not included in mortgage |  |  |
| Routine house & appliance repair/maintenance |  |  |
| Electricity |  |  |
| Gas, home heating fuel, oil |  |  |
| Water |  |  |
| Garbage |  |  |
| Cable, digital television |  |  |
| Telephone |  |  |
| Internet service |  |  |
| Yard maintenance |  |  |
| Home security system |  |  |
| House cleaning service |  |  |
| Pest control services |  |  |
| Automobile payment |  |  |
| Auto insurance |  |  |
| Gasoline (auto) |  |  |
| Auto repair/maintenance, registration, taxes |  |  |
| Food and household supplies |  |  |
| Pets (insurance, vet, food, kennel) |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **GRAND TOTALS FOR**  **PART 1:** |  |  |

**Part 2**

**Individual Monthly Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date of Separation**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Current**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Expense** | **Self** | **Children** | **Total** | **Self** | **Children** | **Total** |
| Medical Insurance premium |  |  |  |  |  |  |
| Dental/Vision Insurance premium |  |  |  |  |  |  |
| Uninsured Medical expenses (co-pays, deductibles) |  |  |  |  |  |  |
| Uninsured Dental & Orthodontic expense |  |  |  |  |  |  |
| Uninsured Prescription and OTC drugs & medication |  |  |  |  |  |  |
| Other uninsured medical expenses (e.g. optical) |  |  |  |  |  |  |
| Other insurance premiums (life, disability, etc.) |  |  |  |  |  |  |
| Work-related child care expense, including summer camps |  |  |  |  |  |  |
| Cellular/digital mobile telephone |  |  |  |  |  |  |
| Eating Out |  |  |  |  |  |  |
| School Lunches |  |  |  |  |  |  |
| Newspapers,  Magazines |  |  |  |  |  |  |
| Clothing, accessories |  |  |  |  |  |  |
| Personal Upkeep (barber, hair stylist) |  |  |  |  |  |  |
| Laundry, Dry Cleaning |  |  |  |  |  |  |
| Education (tuition, fees, supplies) |  |  |  |  |  |  |
| Babysitting, child care, summer camp (not included above) |  |  |  |  |  |  |
| Dues (professional, social, school) |  |  |  |  |  |  |
| Extracurricular (piano, sports, dance, etc.) |  |  |  |  |  |  |
| Church donations |  |  |  |  |  |  |

**PART 2 CONTINUED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date of Separation**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Current**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Expense** | **Self** | **Children** | **Total** | **Self** | **Children** | **Total** |
| Other charitable contributions |  |  |  |  |  |  |
| Entertainment  & Recreation |  |  |  |  |  |  |
| Club dues & assessments |  |  |  |  |  |  |
| Allowances for Children |  |  |  |  |  |  |
| Annual vacation |  |  |  |  |  |  |
| Gifts (Holidays, birthdays) |  |  |  |  |  |  |
| Child support for another child |  |  |  |  |  |  |
| Spousal support for another spouse |  |  |  |  |  |  |
| Professional fees (CPA, etc.) |  |  |  |  |  |  |
| School Loans |  |  |  |  |  |  |
| Retirement & investment |  |  |  |  |  |  |
| Savings |  |  |  |  |  |  |
| College Fund |  |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **GRAND TOTALS FOR**  **PART 2:** |  |  |  |  |  |  |

**Part 3**

**Debts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Creditor** | **Balance due on DOS** | **Monthly Payment** | **Current Balance due** | **Monthly Payment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **GRAND TOTALS FOR PART 3:** |  |  |  |  |

**VERIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being first duly sworn, deposes and says that he/she is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the above-entitled action, that he/she has read the foregoing document and knows the contents thereof, that the same are true of his/her own knowledge, except as to those matters and things stated upon belief, and as to those matters and things, he/she believes them to be true.

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

I certify that the following person personally appeared before me this day, and I have personal knowledge of the identity of the principal I have seen satisfactory evidence of the principal’s identity, by a current state or federal identification with the principal’s photograph in the form of a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a credible witness has sworn to the identity of the principal; acknowledging to me that he/she voluntarily signed the foregoing document for the purpose stated therein, and in the capacity indicated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SEAL)

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

(Official Seal) My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| NORTH CAROLINA  COUNTY OF WAKE | IN THE GENERAL COURT OF JUSTICE  DISTRICT COURT DIVISION  FILE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assigned Judge:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Plaintiff,  v.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Defendant. | CERTIFICATE OF SERVICE **OF FINANCIAL AFFIDAVIT** |

I hereby certify that a copy of my verified Financial Affidavit dated \_\_\_\_\_\_\_\_\_\_\_\_ has been served on the opposing party/counsel in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to: \_\_\_\_\_\_\_\_\_\_\_

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

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

By hand delivery to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

By facsimile to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plaintiff Defendant

Attorney for Plaintiff Attorney for Defendant