

NORTH CAROLINA
 COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
 DISTRICT COURT DIVISION
 FILE NO. ____ -CVD- _____

FINANCIAL AFFIDAVIT OF

_____,
 Plaintiff

v.
 _____,
 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 Net 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:		
Overtime:		
Social Security/Disability:		
Other: (car allowance, shift pay, vacation/holiday pay) <small>Circle One</small>		
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:		
NET PAY:		

Part 1
Regular Recurring Monthly Expenses

Expense	Date of Separation	Current
	Date _____	Date: _____
Rent or Mortgage Payment		
Renters/Homeowners Insurance		
Taxes Not Included in Mortgage		
Routine House & Appliance Repair/Maintenance		
Electricity		
Gas/Heating Fuel Oil for Home		
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 & Household Supplies		
Pets (insurance, vet, food, kennel)		
Other:		
GRAND TOTALS FOR PART 1:		

**Part 2
Individual Monthly Expenses**

Expense	Date of Separation			Current		
	Date: _____			Date: _____		
	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 Childcare Expense (Incl. Summer Camp)						
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, Childcare, Summer Camp (not incl. above)						
Dues (professional, social, school)						
Extracurricular (music, sports, dance, etc.)						
Church Donations						
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 & Investments						
Savings						
College Fund						
Other:						
Other:						
Other:						
Other:						
GRAND TOTALS FOR PART 2:						

**Part 3
Debts**

Creditor	DOS		Current	
	Balance Due	Monthly Payment	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.

STATE OF _____
COUNTY OF _____

I certify that the following person personally appeared before me this day, and I have personal knowledge of the identity of the principal, or 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 _____, or 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: _____
My commission expires: _____

Notary Public

(Official Seal)

NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. ____ -CVD- _____

_____,
Plaintiff
v.
_____,
Defendant

**CERTIFICATE OF SERVICE
OF FINANCIAL AFFIDAVIT
OF _____**

I hereby certify that a copy of this 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