

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE # _____

PLAINTIFF,

vs.

DEFENDANT.

FINANCIAL STANDING AFFIDAVIT
[] PLAINTIFF
[] DEFENDANT

SEEKING SUPPORT
[] ALIMONY
[] CHILD SUPPORT

FROM WHOM SUPPORT IS SOUGHT
[] PLAINTIFF
[] DEFENDANT

The affiant having been duly sworn as to the truthfulness and completeness of this affidavit, deposes and says the following:

PART I
INCOME AND DEDUCTIONS

NOTE: To arrive at monthly figures weekly income is multiplied by 4.3; every other week is multiplied by 2.15 and twice monthly is multiplied by 2.

That I am paid [] weekly, [] every other week, [] twice monthly, [] monthly, [] other, and I have gross monthly income from all sources as follows:

	SELF	COURT USE
1. Gross Wages		
2. Overtime		
3. Commissions		
4. Bonus		
5. Interest		
6. Dividends		
7. Trust Fund		
8. Social Security		
9. Pension (or Military Retirement)		
10. Business Profit		
11. Rents		
12. Other:		
A.		
B.		
C.		
TOTAL GROSS INCOME:	\$0.00	

Itemized Monthly Deductions from Gross Income are as Follows:

1. Federal Income Taxes		
2. State Income Taxes		
3. Social Security		
4. Retirement		
5. Medical/Life Insurance		
6. Credit Union		
7. Other:		
TOTAL DEDUCTIONS:	\$0.00	
TOTAL NET INCOME:	\$0.00	

That the average monthly financial needs for the support of my monthly expenses are as follows:

ITEM	SELF	COURT USE	CHILD ONE	CHILD TWO	COURT USE	TOTAL	COURT USE
1. Rent/Mortgage							
2. City/ County Tax							
3. Homeowners Insurance							
4. Electricity							
5. Gas, Fuel, Oil							
6. Water							
7. Sewer							
DEFENDANT.							
9. Cell Phone							
10. Trash Removal							
11. Cable Television							
12. Internet Access							
13. House/Yard Maintenance							
14. Household Supplies							
15. Newspapers & Magazines							
16. Auto Payments							
17. Auto Insurance							
18. Auto Gas							
19. Auto Repairs							
20. Food at Home							
21. Food away from Home							
22. Clothing							
23. Personal Upkeep							
24. Laundry & Dry Cleaning							
25. Uninsured Medical, Dental, or Orthodontic							
26. Medical Insurance							
27. Life Insurance							
28. Parking Fees for Auto							
29. Child Care							
30. Education Expenses							
31. Dues (Professional, Social, etc.)							
32. Special Training							
33. Church Charities							
34. Recreation							
35. Child Support (Other)							
36. Christmas, Birthdays, Special Occasions							
37. Cash							
38. Personal Training Insurance							
39. Pet Care							
40. Monthly Payment - See Page 3	\$0.00						
41.							
42.							
TOTAL MONTHLY EXPENSES:	\$0.00						

[illegible]

\$0.00	\$0.00
\$0.00	\$0.00

3 of 3