

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 <sup>1</sup> :		
Current Monthly Gross Income before Deductions:		
Current Monthly Take-home Pay after all Deductions:		
<b>Detail of Monthly Gross Income</b>	<b>Date of Separation</b>	<b>Current</b>
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):		
<b>Mandatory Monthly Deductions</b>	<b>Date of Separation</b>	<b>Current</b>
Federal income tax:		
State income tax:		
Social Security taxes:		
Medicare taxes:		
Retirement:		
Garnishment:		
Other: _____		
<b>Voluntary Monthly Deductions</b>	<b>Date of Separation</b>	<b>Current</b>
Health Insurance:		
Dental Insurance:		
Vision Insurance:		
Life Insurance:		
Disability Insurance:		
Medical Spending Account:		
Retirement:		
Other: _____		

<sup>1</sup> Pursuant to the Tenth Judicial District Family Court Rules for Domestic Court, this Affidavit shall be filed with the Court and a copy served on the opposing attorney/party along with copies of the required initial disclosures.

**Part 1**  
**Regular Recurring Monthly Expenses**

<b>Expense</b>	<b>Date of Separation</b> Date: _____	<b>Current</b> 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: _____		
<b>GRAND TOTALS FOR PART 1:</b>		

**Part 2  
Individual Monthly Expenses**

Expense	Date of Separation			Current		
	Date: _____	Date: _____	Date: _____	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**

Expense	Date of Separation			Current		
	Date: _____			Date: _____		
	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: _____						
<b>GRAND TOTALS FOR PART 2:</b>						

**Part 3  
Debts**

Creditor	Balance due on DOS	Monthly Payment	Current Balance due	Monthly Payment
<b>GRAND TOTALS FOR PART 3:</b>				

**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: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of this Financial Affidavit 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

Attorney for Plaintiff

Defendant

Attorney for Defendant