

<b>STATE OF NORTH AROLINA PITT COUNTY</b>	<b>In the General Court of Justice District Court Division</b>	
<b>Plaintiff:</b>	<b>File No.</b>	
<b>VERSUS</b>	<b>FINANCIAL AFFIDAVIT OF</b>	
<b>Defendant:</b>	<b>Plaintiff</b> _____	<b>Defendant</b> _____
Employer: _____		
Employer Address: _____		
I am paid: ( ) weekly ( ) every other week, ( ) twice monthly, ( ) monthly ( ) other (explain): _____		
Last Taxable Year Adjustable Gross Income:		
Current Monthly Gross Income before Deductions:		
Current Monthly Net Income after Mandatory 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:		
Spousal Support received:		
Other (overtime, social security, disability, car allowance, shift pay, vacation/holiday pay):		
<b>TOTAL MONTHLY GROSS INCOME</b>		
<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>TOTAL MANDATORY DEDUCTIONS</b>		
<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:		
<b>TOTAL VOLUNTARY DEDUCTIONS</b>		

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

Expense	Date of Separation	Current
	Date:	Date:
Rent or Mortgage		
2 <sup>nd</sup> Mortgage Payment		
Homeowners Insurance		
Routine house & appliance repair/maintenance		
Electricity		
Cable, digital television and internet service		
Cellular Phone		
House cleaning service		
Pest control services		
Automobile payments		
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>		

Form #4  
**Part 2**  
**Individual Monthly Expenses**

Expense	Date of Separation			Current		
	Date: Self	Children	Total	Date: Self	Children	Total
Medical Insurance premium						
Dental/Vision Insurance premium						
Other insurance premiums (life, disability, etc.)						
Uninsured Medical expenses (co-pays, deductibles)						
Uninsured Dental & Orthodontic expense						
Uninsured Prescription and OTC drugs & medication						
Other uninsured medical expenses (e.g. optical)						
Gifts (Holidays, birthdays)						
Church donations						
Other charitable contributions						
Entertainment & Recreation						
Club dues & assessments						
Dues						
Annual vacation						
Eating Out						
Clothing, accessories						
Laundry, Dry Cleaning						
Personal Upkeep (barber, hair stylist)						
Newspapers, Magazines						
Retirement & investment						
Savings						
Professional fees (CPA, etc.)						

Form #4  
**PART 2 CONTINUED**

Expense	Date of Separation			Current		
	Date: Self	Children	Total	Date: Self	Children	Total
Spousal support for another spouse						
Child support for another child						
Education (tuition, fees, supplies)						
Extracurricular (piano, sports, dance, etc.)						
Work-related child care expense, including summer camps						
School Lunches						
Allowances for Children						
Babysitting, child care, summer camp (not included above)						
College Fund						
School Loans						
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>				

**Part 4  
Summary**

Plaintiff's or  Defendant's Contentions:

Current monthly net income after all deductions:	
<b>Minus</b> regular recurring fixed monthly expense (Part 1):	-
<b>Minus</b> individual monthly expenses (Part 2):	-
<b>Minus</b> debts (Part 3):	-
<b>Equals</b> Net Disposable Income:	=

**Verification**

I certify that aforementioned is true, complete and accurate to the best of my ability.

\_\_\_\_\_  
Affiant

\_\_\_\_\_ County, North Carolina

I certify that \_\_\_\_\_ personally appeared before me this day, and acknowledged to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_, Notary Public  
(Notary's printed name)

My Commission Expires: \_\_\_\_\_

Form #4  
**CERTIFICATE OF SERVICE**

I hereby certify that a copy of this Financial Affidavit has been served in the following manner:

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

By hand delivery to:

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

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

\_\_\_\_\_