

_____ 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 (explain) _____

Last Taxable Year Adjusted Gross Income ¹ :		
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: _____		

¹ Pursuant to the Wake County Family Court Rules - Domestic, 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

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

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 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						
SUBTOTALS FOR PART 2 (this page)						

PART 2 CONTINUED

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

_____, Notary Public
(Notary's printed name)

My Commission Expires: _____

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: _____

Plaintiff

Defendant

Attorney for Plaintiff

Attorney for Defendant