NORTH CAROLINA COUNTY OF FRANKLIN

FILE NO.
EINANCIAL AFEIDAVIT

		FINANCIAL AFFIDAVIT OF		
Plaintiff,		[] PLAINTIFF	r [] DEFENDANT	
v.				
Defendant,		Date Completed:		
Employer:		Employer Telephone:		
Employer Address:				
I am paid: [] Weekly [] [] Other (Explain):	Bi-weekly	[] Twice a month	[] Monthly	
Last Taxable Year Adjusted Gross Income:				
Current Monthly Gross Income before Deductions: Current Monthly Take-Home Pay after all Deduction				
Details of Monthly Gross Income	ons.	Data of Sanavation	Current	
		Date of Separation	Current	
Monthly Gross Wages Investment income, interest, dividends				
Bonus, commissions				
Alimony received				
Child Support Received				
Other (overtime, social security, disability, car allow	vance shift nav			
vacation/holiday pay)	funce, shirt puj,			
Mandatory Monthly Deductions		Date of Separation	Current	
Federal Income Tax			Current	
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:				
Total Deductions:		-	-	

PART 1 REGULAR RECURRING MONTHLY EXPENSES

Expense	Date of Separation	Current	
Rent or Mortgage Payment			
Renter's/Homeowner's Insurance			
Taxes not included in mortgage			
Routine house and appliance repair/maintenence			
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:	_		

INDIVIDUAL MONTHLY EXPENSES							
Expense	Date of Separation 1/0/00			Current 1/0/00			
Expense	Self	Children	Total	Self	Children	Total	
Medical Insurance Premium			-			-	
Dental/Vision Insurance premium			-			-	
Uninsured medical expenses (co-pays, deductibles)			-			-	
Uninsured Dental and 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 PAGE 2: (this page)	-	-	_	-	-	-	

PART 2 INDIVIDUAL MONTHLY EXPENSES

Expense	Date of Separation 1/0/00		tion	Current 1/0/00		
	Self	Children	Total	Self	Children	Total
Other charitable contributions			-			-
Entertainment and recreation			-			-
Club dues and 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 and investment			-			-
Savings			-			-
College Fund			-			-
Other:			-			-
Other:			-			-
GRAND TOTALS FOR PART 2:	-	-	-	-	_	-

PART 2 CONTINUED

PART 3 DEBTS

Creditor	DOS Balance	DOS Payment	Current Balance Due	Monthly Payment
GRAND TOTALS FOR PART 3	-	-	_	_

VERIFICATION

I certify that the 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

My Commission Expires:

(Notary's Printed Name)

CERTIFICATE OF SERVICE

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

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

[] By hand delivery to:

[] Other:

Date:

[] Plaintiff [] Defendant [] Attorney for Plaintiff[] Attorney for Defendant