

Form 7 - Post Separation/Alimony Financial Affidavit (page 1 of 3)

<p>STATE OF NORTH CAROLINA</p> <p><input type="checkbox"/> Wayne County <input type="checkbox"/> Lenoir County <input type="checkbox"/> GreeneCounty</p>	<p>In The General Court Of Justice District Court Division Family Court</p>
<p><i>Plaintiff:</i></p>	<p><i>File No.</i></p>
<p>VERSUS</p>	<p>POST SEPARATION SUPPORT/ALIMONY FINANCIAL AFFIDAVIT</p>
<p><i>Defendant:</i></p>	

The Undersigned Plaintiff Defendant, having been first duly sworn as to the truthfulness and completeness of this Affidavit, deposes and says:

My average monthly financial needs and my average monthly income, while living separate and apart from my spouse, are as follows:

A. Individual Needs	Self	Child(ren)	Total
1 Groceries & Household Goods			
2 Food (School/Work lunches)			
3 Clothing			
4 Personal care (includes laundry, dry cleaning, cosmetics, grooming)			
5 Recreation/Entertainment			
6 Activies (Sports, Clubs)			
7 Medical & Dental Insurance (if not withheld from earnings)			
8 Uninsured Medical & Dental expenses			
9 Child care			
10 Educational expenses (includes school supplies)			
11 Donations, dues & charity			
12 Magazines, newspapers, books, etc.			
13 Gifts - birthday, wedding, anniversaries, funeral			
14 Car - gas & maintenance			
15 Other (Itemize)			
16			
17			
18			
19			
20			
21 Totals of Individual Needs Also put Totals on line 54			
B. Fixed Expenses: How much do you allocate for:	Self	Child(ren)	Total
22 Rent or house payment			
23 Property tax (excluded above)			
24 Homeowner's or Renter's insurance			
25 Household maintenance and repair			
26 Yard maintenance			

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B. Fixed Expenses: How much do you allocate for:		Self	Child(ren)	Total
27	Electricity			
28	Water			
29	Heat (gas, fuel oil, etc.)			
30	Telephone			
31	Car payment			
32	Car insurance			
33	Other: (Itemize)			
34				
35				
36				
37				
38	Totals of Fixed Expenses (Also put totals on line 55)			
C. Debt Payments (Itemize)				
		To Whom Owed	Balance	Monthly Payments
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51	Totals of Fixed Expenses (Also put totals on line 55)			
53	Total Average Monthly Needs	Self	Child(ren)	Total
54	Totals of Individual Needs (Line 21)			
55	Total of Fixed Expenses (Line 38)			
56	Total Monthly Debt payment (Line 51)		No debt payments can be allocated to children	
57	Total Average Monthly Needs Add lines 54, 55, and 56			

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D. Income	
58	Wages
59	Overtime
60	Commissions
61	Bonuses
62	Interest
63	Dividends
64	Trust Fund
65	Social Security
66	Pension or Military Retirement
67	Business Profit
68	Other:
69	
70	
71	

72	Total: (Add lines 58 through 71) Also put this figure on line 77
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73 I am employed at _____

74 I have been employed there since: _____ (date).
 If not now employed, my last regular job was at: _____
 and I worked there until: _____ (date).

75 I have have not received substantially the same income for the past 12 months. If not substantially the sam, explain the reason for the change. _____

76 I do do not have a second job. If you do have a second job:
 Employer: _____
 Rate of Pay: _____ Total monthly income from second job: _____

77 Income from line 72

78	Total Monthly Income (Add lines 76 and 77)
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Date	Signature Of Affiant	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
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SWORN AND SUBSCRIBED BEFORE ME THIS DATE	(Seal)
Notary Public	
My Commission Expires	