

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
___ CVD _____

_____,
Plaintiff,

v.

_____,
Defendant.

**POST-SEPARATION SUPPORT
AFFIDAVIT OF:**

- PLAINTIFF
 DEFENDANT

**POST-SEPARATION SUPPORT AFFIDAVIT
(District 15B Local Form PSS-1)**

The undersigned affiant, after being duly sworn, says that the information provided below is true, accurate, and complete to the best of his or her knowledge as of the date of the signing of this affidavit. The affiant also certifies that the values listed herein are estimated in good faith and subject to further discovery.

 Plaintiff / Defendant

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Signature: _____

Notary Name: _____

Commission Expires: _____

1. GROSS INCOME

1a. Gross Annual Income \$ _____

1b. Gross Monthly Income *[Line 1a divided by 12 months]* \$ _____

2. ADJUSTMENTS TO GROSS INCOME

2a. Monthly Child Support Paid *[For any child]* \$ _____

2b. Monthly Spousal Support Paid *[To previous spouse(s)]* \$ _____

2c. **Total Monthly Reductions** *[Add Lines 2a and 2b]* \$ _____

2d. Monthly Child Support Received *[For any child]* \$ _____

- 2e. Monthly Spousal Support Received *[From previous spouse(s)]* \$ _____
- 2f. **Total Monthly Additions** *[Add Lines 2d and 2e]* \$ _____
3. **ADJUSTED MONTHLY GROSS** *[Subtract Line 2c from 1b, and add Line 2f]* \$ _____
4. **MONTHLY DEDUCTIONS FROM INCOME**
- 4a. Social Security Tax Payments \$ _____
- 4b. Income Tax Payments \$ _____
- 4c. Total Monthly Deductions *[Add Lines 4a and 4b]* \$ _____
5. **NET MONTHLY INCOME** *[Subtract Line 4c from Line 3]* \$ _____
6. **MONTHLY EXPENSES** *[Include only those expenses actually paid by you. Do not include amounts for which you receive credit under an existing child support order]*
- 6a. Childcare Expenses \$ _____
- 6b. Expenses for Children's Extracurricular Activities \$ _____
- 6c. Health Insurance Premiums for Children \$ _____
- 6d. Your Health Insurance Premiums \$ _____
- 6e. Recurring Medical Expenses for Your Dependents \$ _____
- 6f. Recurring Medical Expenses for Yourself \$ _____
- 6g. Monthly Rent or Mortgage Payment \$ _____
- 6h. Other Payments on Marital Debts \$ _____
7. **MARRIAGE INFORMATION**
- 7a. Date of Marriage _____ / _____ / _____
- 7b. Date of Separation _____ / _____ / _____
- 7c. Did actions by the other party reduce or eliminate your ability to support yourself or your family? Yes No
- 7d. Are you subject to any physical or mental disability which reduces or eliminates your ability to support yourself or your family? Yes No