

\_\_\_\_\_  
Plaintiff

Vs.

Child Support Affidavit  
of  
 Plaintiff /  Defendant

\_\_\_\_\_  
Defendant

The undersigned, being first duly sworn, says:

1. The other party to this lawsuit and I are the parents of the following minor child(ren) who reside at the following places for the following number of overnights per year:

Name of Children	Date of Birth m/d/yr	Number of Overnights with	
		Plaintiff	Defendant

- 2. My monthly gross income is \$ \_\_\_\_\_ .  
(Note: weekly income x 4.3, bi-weekly x 2.15 and twice monthly X 2)
- 3. To the best of my knowledge the gross income of the other party is \$ \_\_\_\_\_ .
- 4. I have a pre-existing child support obligation of \$ \_\_\_\_\_ per month which I actually pay.
- 5. I pay health insurance premiums of \$ \_\_\_\_\_ per month for my child(ren).
- 6. My financial responsibility for my child(ren) who currently reside in my household who are not involved in this action is \$ \_\_\_\_\_ per month.
- 7. My work-related child care costs are \$ \_\_\_\_\_ per month.
- 8. The child(ren) will have or now have extraordinary expenses. Check one:  Yes  No

On a separate sheet attached to and made a part of this form I have listed:

- A. Name(s) of child(ren) having extraordinary expenses.
- B. Reason for the extraordinary expenses.
- C. Amount of extraordinary expenses.
- D. Time during which extraordinary expenses will occur.

COMPLETENESS AND UNDERSTANDING

I have read my answers to this affidavit, and before signing it, I have allowed my attorney to read it. I have also asked my attorney to explain any parts of this affidavit that I do not understand before signing it. I understand that the Rules of Court require me to completely and honestly answer all parts of this affidavit, and that it will be used in Court. I also understand that there are many sanctions which the Court may impose for failing to accurately complete this affidavit, and I have discussed them with my attorney.

\_\_\_\_\_

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

Notary Public - My Commission Expires: \_\_\_\_\_

Clerk of Superior Court    Assistant CSC    Deputy CSC