STATE OF NORTH CAROLINA			Court File No.			
County	In The General Court Of Justice District Court Division					
Name Of Plaintiff	COVER SHEET					
	FOR CHILD SUPPORT CASES					
		(NON-IV-D ONLY)				
Name Of Defendant		(_ • /	G.S. 50-13.4(h)	
	 New Child Support Proceeding Motion for Modification of Child Support Order New or Modified Child Support Order 					
INSTRU	JCTIONS					
 Unless a complete and current form is on file in this case, this form, form (AOC-CV-645), a domestic civil action cover sheet, motion covin non-IV-D child support cases only and filed with the Clerk of S you are filing a pleading seeking child support (including com divorce, or child custody that include a request for child support) you are filing a motion to modify an existing child support or you are submitting a proposed court order (including a volun) DHHS is redirecting a IV-D case. NOTE: For redirects, the local IV-IINSTRUCTIONS TO CLERK: File this form in the court record for all child support cases. After a constrained by the support is paid directly to the obligee (private case), send a constrained by the support is paid directly to the obligee (private case), send a constrained by the support is paid directly to the obligee (private case). 	ver sheet, or Superior Cou Iplaints, ansv), OR rder, OR Itary suppor <i>-D office shou</i> child support n in the clerk	order cove rt if: vers, or mo t agreeme Id complete order is en 's Support	er sheet when requi otions in civil actions ent) establishing of this form and file with ntered or modified: Enforcement Syste	red, must k s for domes r modifyin <i>the Clerk</i> .	be completed	
PARTY REQUESTING OR RECEIVING CHI First Name Middle Or Maiden Name	LD SUPPO	Last Name	codial Parent or C	Jbiigee)	Suffix (Jr., Etc.)	
Mailing Address (Include P.O. Box Or Street No., Name, City, State And Zip)	Sex		DOB	Race		
	Check this box if this person is at risk for domestic violence.					
First Name Middle Or Maiden Name	OR ORDE	RED (No Last Name	n-Custodial Pare	ent or Ob	Suffix (Jr., Etc.)	
Mailing Address (Include P.O. Box Or Street No., Name, City, State And Zip)	Sex		DOB	Race		
	Check this box if this person is at risk for domestic violence.					
OTHER OR ADDITIONAL PARTICIPA	NT IN CHIL	D SUPPO		NG		
3	ative Father	Other (specify)				
First Name Middle Or Maiden Name		Last Name			Suffix (Jr., Etc.)	
Mailing Address (Include P.O. Box Or Street No., Name, City, State And Zip)	Sex		DOB	Race	<u> </u>	
	Check this box if this person is at risk for domestic violence.					
NOTE: List child(ren) for whom support	t is requeste	d or orde	red on reverse side	е.		
Name Of Person Completing Form	Telephone Num	ber Of Persor	Completing Form	Date		
NOTE: All filings in civil actions shall include as the first page of the filing a cover shall carolina Administrative Office of the Courts, and the Clerk of Superior Court shall reques subsequent filings, the filing party must either include a Child Support (AOC-CV-640), (NOTE: This form may be used in	uire a party to rea Motion (AOC-C	file a filing wh V-752), or Col	ich does not include the r urt Action (AOC-CV-753)	equired cover		
	ver)		,			

	CHIL	D(REN) FOR WHOM SUP	PORT IS REC	QUESTED OR ORDERED	0	
First Name		Middle Name Or Initial			Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	s box if this child is at risk of child ab	use.	
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	s box if this child is at risk of child ab	use.	
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	box if this child is at risk of child ab	use.	
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	Check this box if this child is at risk of child abuse.		
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	is box if this child is at risk of child abuse.		
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	s box if this child is at risk of child ab	use.	
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	k this box if this child is at risk of child abuse.		
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	Check this box if this child is at risk of child abuse.		
First Name		Middle Name Or Initial		Last Name	Suffix (Jr., Etc.)	
Sex	DOB	Race	Check this	box if this child is at risk of child ab	use.	
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