

NORTH CAROLINA  
BURKE COUNTY

FILED  
2023 MAY -8 P 12:06

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT – 25<sup>th</sup> JUDICIAL DISTRICT  
23-R-408

NORTH CAROLINA  
CALDWELL COUNTY

FILED  
2023 MAY -8 P 12:06

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT – 25<sup>th</sup> JUDICIAL DISTRICT  
23-R-211

NORTH CAROLINA  
CATAWBA COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT – 25<sup>th</sup> JUDICIAL DISTRICT  
23-R-230

STANDING ORDER  
REGARDING USE OF SPECIFIC LOCAL FAMILY COURT FORMS

This Order Shall Apply To All Parties That Are Filing Or Participating in any Family Court Matter That is Referenced in Article 5 of the Rules of Court in the 25<sup>th</sup> Judicial District Entered January 1, 2023.

The Court Orders that counsel or pro se parties are required to use the local forms of the 25<sup>th</sup> Judicial District that may be provided by the Family Court Coordinators and are attached to this order.

Similar forms that are submitted not authorized by the Chief District Court Judge, or pursuant to this order will not be accepted.

This Order applies to all family court cases in Burke, Caldwell, and Catawba counties.

Signed this the 5 day of May 2023 and goes into effect May 15, 2023.

  
Sherri Wilson Elliott  
Chief District Court Judge  
25<sup>th</sup> Judicial District

## List of Family Court Forms that follow as of May 8, 2023:

- Family Court Management Notice – County Specific (2 pages)
- Form N – Court Order to attend Child Custody Mediation – County Specific (2 pages)
- CIV Form P – Motion for Exemption from Custody Mediation (1 page)
- FC 041, Form F – CSUP – Child Support Affidavit (2 pages)
- FC 004 – Employer’s Wage Affidavit (3 pages)
- FC 040 – PSS Blank Affidavit in Word Format (5 pages)
- FC 030 – Short Form ED-EZ Affidavit (7 pages)
- FC 080, Form G, ED Affidavit (26 pages, instructions on last page)
- AOC-CV-609 – Affidavit As To Status of the Minor Child  
(most current form can be found at [www.NCcourts.gov](http://www.NCcourts.gov))

### Family Court Coordinators:

<b>Burke:</b>	Ronda Hedrick	<a href="mailto:Ronda.F.Hedrick@NCcourts.org">Ronda.F.Hedrick@NCcourts.org</a>
<b>Caldwell:</b>	Amanda Hughey	<a href="mailto:Amanda.Y.Hughey@NCcourts.org">Amanda.Y.Hughey@NCcourts.org</a>
<b>Catawba:</b>	Deb Garrison	<a href="mailto:Debra.G.Garrison@NCcourts.org">Debra.G.Garrison@NCcourts.org</a>

### District Court Manager (Family Court Administrator)

<b>District:</b>	Brandi Tolbert	<a href="mailto:Brandi.Tolbert@NCcourts.org">Brandi.Tolbert@NCcourts.org</a>
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\_\_\_\_\_  
 Plaintiff  
 Versus  
 \_\_\_\_\_  
 Defendant

**FAMILY COURT CASE MANAGEMENT NOTICE**  
**JUDICIAL ASSIGNMENT**  
**NOTICE OF PENDING COURT EVENTS**  
**NOTICE OF FILING / SERVICE REQUIREMENTS**  
**NOTICE TO PERSONS ORDERED TO SHOW CAUSE**

**JUDICIAL ASSIGNMENT** – The Judge assigned to hear all issues in this matter is: **THE HONORABLE** \_\_\_\_\_

**NOTICE OF PENDING COURT EVENTS**

**NOTICE: YOU ARE DIRECTED TO APPEAR AS SCHEDULED BELOW PURSUANT TO THIS SCHEDULING ORDER IN ACCORDANCE WITH THE CASE MANAGEMENT PLAN OF THE LOCAL RULES OF THIS DISTRICT. YOUR FAILURE TO APPEAR AS DIRECTED MAY SUBJECT YOU TO SANCTIONS BY THE COURT.**

EVENT TYPE	ISSUE	DATE/TIME/PLACE OF EVENT
<input type="checkbox"/> Ex Parte Hearing - Ex Parte Order Attached  Date: _____; Time: _____ Lenoir Courtroom # _____ ///	<input type="checkbox"/> Temporary Child Custody <input type="checkbox"/> Temporary Child Support – Form F <i>(Movant - Form F required 10 days prior to hearing)</i>	Temporary Hearing Date: Time: Courthouse: Lenoir, NC      Courtroom:
	<input type="checkbox"/> Interim Distribution or Preservation <i>(#See reverse on page 2 for Interim Distribution (INDS) requirements)</i>	Date: Time: Courthouse: Lenoir, NC      Courtroom:
<input type="checkbox"/> Temporary Hearing (1 Hour Hearing)  Note: Explanations & Certificate of Service on reserve - page 2	<input type="checkbox"/> Post Separation Support - Form D <i>or</i> Form FC 040.1 <i>(Movant - Form D or FC 040.1 required 10 days prior to hearing)</i>	Date: Time: Courthouse: Lenoir, NC      Courtroom:
	<input type="checkbox"/> Contempt - (10 days notice–see NCGA 5)  Specify Issue: _____	Date: Time: Courthouse: Lenoir, NC      Courtroom:
<input type="checkbox"/> Mediation Orientation Group Session/ Parenting Apart Class  <input type="checkbox"/> Private Mediation Session	<input type="checkbox"/> Custody – Attach FC 070 - Court Order to Attend Mediation  <input type="checkbox"/> Form P Attached – Motion for Exemption from Mediation	Date: _____ Time: _____  Place: Caldwell County Courthouse - Lenoir, NC Room:
<input type="checkbox"/> Motion Hearing (Procedural Motions Only)	<input type="checkbox"/> Dismissal <input type="checkbox"/> Sanctions <input type="checkbox"/> Withdraw of Counsel <input type="checkbox"/> Compel <input type="checkbox"/> Other _____	Date: Time: Courthouse : Lenoir, NC      Courtroom:
<input type="checkbox"/> Initial Status Conference <input type="checkbox"/> Status Conference <input type="checkbox"/> Pretrial Conference <input type="checkbox"/> Case Review	<input type="checkbox"/> Custody / Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Equitable Distribution <input type="checkbox"/> Alimony <input type="checkbox"/> Other _____	Date:  Time: Courthouse : Lenoir, NC      Courtroom:
<input type="checkbox"/> Trial / Evidentiary Hearing	<input type="checkbox"/> Custody / Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Equitable Distribution <input type="checkbox"/> Alimony <input type="checkbox"/> Contempt - (10 Days Notice – see NCGA 5) <input type="checkbox"/> Specify Other: _____	Trial Term: _____  Calendar Call on _____, 9:30 a.m. Courthouse : Lenoir, NC      Courtroom:
<input type="checkbox"/> Court Appointed Counsel Review	<input type="checkbox"/> Contempt <b>**See reverse on page 2</b> <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant To Appear      To Appear	Date: Time: Courthouse : Lenoir, NC      Courtroom:

This Family Court Case Management Notice is issued on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**\*\*NOTICE TO PERSONS ORDERED TO SHOW CAUSE**

**NOTICE:** You have been directed to appear at the date, time and place set above for Status Conference for your Order to Show Cause matter. You are charged with Contempt under Chapter 5A of the NC General Statutes and face the possibility of fine and imprisonment. You therefore have a right to an attorney and if indigent, you have a right to a court appointed attorney. You must attend the scheduled Status Conference to apply for court appointed counsel. **\*\*If you do not attend, you will be deemed to have waived your right to court appointed counsel.**

**NOTICE OF IMMEDIATE FILING/SERVICE REQUIREMENTS**

**NOTICE:** YOU ARE DIRECTED TO FILE WITH THE CLERK AND SERVE ON THE OPPOSING PARTY APPROPRIATE AFFIDAVITS AND OTHER INFORMATION IN ACCORDANCE WITH THE SCHEDULE BELOW. YOUR FAILURE TO FILE AND/OR SERVE SUCH DOCUMENTS MAY SUBJECT YOU TO SANCTIONS BY THE COURT. YOU MAY PICK UP BLANK FORMS AT THE COUNTY COURTHOUSE **OR** IN THE OFFICE OF THE FAMILY COURT CASE COORDINATOR.

FOR CASES WITH THESE ISSUES	FORMS YOU MUST FILE/SERVE	BY THIS DEADLINE
CHILD CUSTODY MODIFICATION OF CUSTODY	<ul style="list-style-type: none"> <li>◆ Affidavit of Status of Minor Child</li> <li>◆ Form FC 070 – Order to Custody Mediation <b><u>or</u></b> Form P – Motion to Exempt from Custody Mediation</li> </ul>	At time of filing claim.
CHILD SUPPORT (CSUP) <b>*MODIFICATION OF SUPPORT (MSUP)</b>	<ul style="list-style-type: none"> <li>◆ Child Support Affidavit - Form F</li> <li>◆ Employer Wage Affidavit / FC – 004 <b><u>Or</u></b></li> <li>◆ Child Support Affidavit – Form F</li> <li>◆ Copy of Last 2 Years’ Tax Returns (if self-employed or unearned income)</li> </ul>	No later than 10 days before the scheduled temporary CSUP hearing / 20 days prior to final CSUP hearing.  <b>*Modification of Support</b> – No later than 20 days prior to MSUP final hearing.
POST SEPARATION SUPPORT (PSSU) ALIMONY (ALIM)	<ul style="list-style-type: none"> <li>◆ Alimony Affidavit – Form D <b><u>or</u></b> – FC 040.1</li> <li>◆ Employer Wage Affidavit / FC – 004 <b><u>or</u></b> a Last 2 Years’ Tax Return (if self-employed or unearned income)</li> </ul>	<b>Movant</b> - No later than 10 days before the scheduled PSSU hearing / 20 days prior to ALIM hearing. <b>Reponding Party</b> – No later than 5 days prior to the scheduled PSSU hearing / 20 days prior to ALIM hearing.
EQUITABLE DISTRIBUTION (EQU)  # INTERIM DISTRIBUTION (INDS)	<ul style="list-style-type: none"> <li>◆ Equitable Distribution Affidavit – Form G (FC 088) (NCGS 50-21(a))</li> </ul> <p># Detailed listing of items in the Pleadings or in the Motion for Interim Distribution</p>	File EQU affidavit within 90 days after service of claim. Opposing party - 30 days to complete & file EQU affidavit.  # <b>Movant</b> – No later than 10 days before the scheduled INDS hearing.

If you have questions about this Notice, please contact the Family Court Case Coordinator, **Amanda Hughey** at telephone number: 828-759-3515 / Fax 828-759-3513. Note: the Family Court Case Coordinator is not an attorney and cannot give legal advice.

**CERTIFICATE OF SERVICE**

*I certify that a copy of the foregoing was placed in an envelope and delivered as follows:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Attorney’s Box in CSC Office
- US Postal Service (bearing sufficient postage)
- Hand Delivery                       Faxed
- Served by Sheriff’s Department

NAME AND ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Attorney’s Box in CSC Office
- US Postal Service (bearing sufficient postage)
- Hand Delivery                       Faxed
- Served by Sheriff’s Department

NAME AND ADDRESS

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print or Type Name: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

COUNTY OF CALDWELL

File # \_\_\_\_\_ CVD \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

**COURT ORDER to attend  
CHILD CUSTODY MEDIATION**

vs.

G.S. 50-13.1

\_\_\_\_\_  
Defendant

**ORDER**

This matter involves issues relating to child custody or visitation. The parties are legally required to participate in the court's mediation program for custody and visitation disputes.

It is **ORDERED**, pursuant to G.S. 50-13.1, that the child custody and visitation issues in this case be referred to mediation. A copy of this Order shall be served on the plaintiff and defendant or their Attorney.

The parties are **Ordered** to watch an orientation video online at <https://www.nccourts.gov/form/child-custody-mediation-orientation> before 12:00 Noon on the date below and are further ordered to attend a mediation session that will be scheduled following orientation.

Date \_\_\_\_\_

***If you do not have a way to watch the orientation through the link, you must contact the Custody Mediation office at (828) 466-6114 by 12:00 Noon on the date of the orientation.***

The parties are **Ordered** to attend a mediation session

in person in the Custody Mediation office, Room 304, 1<sup>st</sup> floor, Caldwell County Courthouse on the date and time shown below.

by using Zoom on the date and time shown below. You will be sent an email with your Zoom link.

Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Other \_\_\_\_\_

**\*Notice to Parties:** NORTH CAROLINA LAW REQUIRES that you attend mediation. Failure to attend as scheduled above will subject you to the contempt powers of the court. You must attend your mediation session even if you have already attended a prior custody hearing.

The **orientation** provides parties with a general understanding of what mediation involves. The **mediation session** is a meeting where the parties attempt to resolve custody/visitation issues without direct involvement from the court. It gives you the opportunity to develop a parenting plan specific to the needs of your child(ren); as a result, reducing the stress and anxiety of your children who are often caught in the crossfire of custody disputes. It also reduces the potential for future litigation. If you have a question, please call the Custody Mediation Program at (828) 466-6114. **\*Children, family and/or friends will not be allowed to attend mediation.**

Date	Name of Presiding Judge (Type or Print)	Signature of District Court Judge
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**CERTIFICATE OF SERVICE**

I certify that a copy of this Order was served by

Served by Sheriff – see Sheriff's return

\_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS

Served by Sheriff – see Sheriff's return

\_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS

Attorney's Box in CSC Office

US Postal Service (bearing sufficient postage)

Hand Delivery

Faxed \_\_\_\_\_

Attorney's Box in CSC office

US Postal Service (bearing sufficient postage)

Hand Delivery

Faxed \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_

Signature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
File CVD

Plaintiff

**MOTION FOR EXEMPTION FROM  
CUSTODY MEDIATION**

VS.

G.S. 50-13.1(c)

Defendant

**MOTION**

The undersigned party moves that mediation of this custody/visitation case through the mandatory custody mediation program be waived, and in support of the motion states:

*(check only the boxes that apply)*

- 1. The party making this Motion lives more than fifty (50) miles from the Court.
- 2. Custody mediation would be an undue hardship because:
- 3. The parties have agreed to private mediation subject to the approval of the court.
- 4. The other party has abused or neglected the minor child(ren) involved in this case.
- 5. The other party  suffers from alcoholism.  abuses drugs.  abuses me.
- 6. The other party has severe psychological, psychiatric or emotional problems.

Date	Signature of Movant	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
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**CERTIFICATE OF SERVICE**

I certify that on the date of mailing shown below a copy of this Motion and Notice was served on the opposing party(ies) by depositing a copy in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

Date of Mailing	Date of Certification	Signature of Movant
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\_\_\_\_\_  
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 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: \_\_\_\_\_

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

COUNTY OF \_\_\_\_\_

File No. \_\_\_\_\_ CVD \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,

Versus

EMPLOYER'S WAGE AFFIDAVIT

\_\_\_\_\_,  
Defendant.

*Note to Employer: The information requested herein is needed by the Court to resolve issues pending the above-entitled action. By completing this form, you may avoid the necessity of appearing in Court, pursuant to a Subpoena.*

I, \_\_\_\_\_, first being duly sworn, depose and say:  
*(Print full name of Personnel / Payroll Officer)*

1. I am an employee of \_\_\_\_\_ and I am familiar with  
*(Print full name of Company)*  
the employment records of \_\_\_\_\_ who is the  
*(Print full name of employee)*  
Plaintiff / Defendant in the above-entitled action and who is an employee of said Company.

2. The attached records of the above-named employee accurately show the earnings, deductions, company benefits, rate of pay and job title of  
\_\_\_\_\_.  
*(Print full name of employee)*

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Affiant (Personnel/Payroll Officer)* (seal)

Sworn to and subscribed before me,  
this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Attachment to Employer's Wage Affidavit:

1. **Employer's Name, Address and Telephone Number:**

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer's Federal Tax ID # \_\_\_\_\_

3. Employee's Earnings during last calendar year (period ending December 31) including bonuses, if any:

Gross Pay \$ \_\_\_\_\_  
Net Pay \$ \_\_\_\_\_

4. Employee's Earnings This Year-to-Date:

Gross Pay \*\$ \_\_\_\_\_  
Net Pay \* \$ \_\_\_\_\_

\*This figure is for pay received through the pay period ending \_\_\_\_\_ 200\_\_\_\_.

5. Employee's Current Gross Pay Rate \$ \_\_\_\_\_ per \_\_\_\_\_ (period)  
*(Note: If employee is on production, please use employee's current average gross pay per pay period and so note.)*

6. Deductions from Employee's Gross Pay, Year-To-Date:

State Taxes: \_\_\_\_\_  
Federal Taxes: \_\_\_\_\_  
FICA: \_\_\_\_\_  
Medical Insurance: \_\_\_\_\_  
Dental Insurance: \_\_\_\_\_  
Retirement: \_\_\_\_\_  
Other: \_\_\_\_\_ (describe)

Note: If payroll deductions are made for family coverage medical or dental insurance, what is the deduction per pay period for **CHILDREN ONLY?** Number of children covered \_\_\_\_\_.

\$\_\_\_\_\_ medical      \$\_\_\_\_\_ Total pay period deduction

\$\_\_\_\_\_ dental

7. How often is employee paid?    Weekly     Bi-Weekly     Monthly  
 Other: Describe \_\_\_\_\_

8. Employee's average number of hours worked weekly for the past six (6) months.  
\_\_\_\_\_ hours per week for the months of \_\_\_\_\_  
\_\_\_\_\_(Specify which months this average covers)

9. Employee Hire Date: \_\_\_\_\_

10. Employee's Starting Pay:    \$\_\_\_\_\_ per \_\_\_\_\_

11. Employee Job Title \_\_\_\_\_

12. Number of exemptions claimed on employee=s Federal W-4 ? \_\_\_\_\_

13. Is Employee Paid a Bonus? \_\_\_\_\_

If yes, how is bonus computed? \_\_\_\_\_

When is bonus paid? \_\_\_\_\_

Last year \$\_\_\_\_\_ This year \$\_\_\_\_\_

14. Notes or comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of North Carolina

County

In the General Court of Justice

District Court Division

File No.

cvd

Plaintiff

Financial Affidavit of

Vs.

( )

Plaintiff

( )

Defendant

Defendant

( ) Seeking ( ) Responding to

( )

Child Support Claim

( )

Alimony Claim

The affiant, having been first duly sworn as to the truthfulness and completeness of this affidavit, deposes and says:

1. My Name is:

2. My Social Security Number is:

last four digits xxx - xx -

3. I am

( ) a: Self Employed doing

NOTE: If Self Employed - please complete self employed page of this affidavit

( ) b: Employed by:

Employer's  
Address

Employer's  
Telephone

### Spouses Earnings

To the best of my knowledge, information and belief, the gross montly income of my spouses is

\$

-

Wages: [weekly income is multiplied by 4.33; every other week is multiplied by 2.15,  
and twice monthly is multiplied by 2.]

Part I:		My Income	
Note: wages computed as follows: [ weekly income is multiplied by 4.33; every other week is multiplied by 2.15, and twice monthly is multiplied by 2.]			
Wages:			
Overtime			
Commission			
Bonuses			
Interest			
Dividends			
Trust Fund			
Social Security			
Pension / Retirement (military etc)			
Business Profits			
Rents Profits			
Child Support			
Alimony			
Other: list			
<i>(insert row above this line)</i>			
(Gross Monthly)		Total	
Deductions from income			
			\$
Federal Income Tax			
State Income Tax			
Social Security			
Retirement			
Car Payments			
Dental Insurance			
Life, Disability - Ins			
Medical Insurance			
Credit Union			
United Way			
Debt Payment			
Child Support			
Other Deductions			
<i>(insert row above this line)</i>			
Total Deductions		Total	
<b>Total Income Available after Deductions</b>			

Send to B -

Send to C -  
send to D

**PART**

**II:**

**MY INCOME**

A. I am paid ( ) weekly; ( ) every other week; ( ) twice monthly; ( ) other.

B. I have gross monthly income from all sources as follows: \_\_\_\_\_

[NOTE: To arrive at monthly figures: weekly income is multiplied by 4.33 to get per month; every other week is multiplied by 2.15 to get per month, and twice monthly is multiplied by 2 to get per month.

C. I have regular itemized monthly deductions from gross income as set out on page 1. \_\_\_\_\_

D. My Total Net Income (Gross Less Deductions) is reflected on page 1 \_\_\_\_\_

E. ( ) I have received substantially the same income for the past 12 months.  
( ) I have NOT received substantially the same income for the past 12 months.  
If Not: explain the reason for the change below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. For tax purposes I claim \_\_\_\_ exemptions on my W-2 Form (including myself).

G. ( ) I do not have any income or employment other than as listed in this affidavit.

H. ( ) True and accurate copies of all financial statements submitted by me to any lending institution in the past two years are attached to this affidavit.

I. ( ) True and accurate copies of the latest two personal State and Federal Income tax returns which I have filed are attached to this affidavit.

J. Since the date of my separation from my spouse, I have provided support for my minor dependant child(ren) living with my spouse in the amount of: \_\_\_\_\_  
and for my spouse a total of: \_\_\_\_\_

K. I am now employed:  
Hire Date:

If NOT employed, list last employment:  
Dates you worked there:

**PART III**

A.	Income	From Part I page 1		
	Deductions	From Part I page 1		
	Net	From Part I page 1		

**B. Anticipated Needs and Expenses**

**Fixed Household Expenses**

Expense and or Need	Actual	Anticipated	Expense and or Need	Actual	Anticipated
House payment / Rent	\$	\$	Telephone	\$	\$
House maintenance	\$	\$	Cell Phone	\$	\$
Property Tax if not included above	\$	\$	Other: specify	\$	\$
Homeowner's or renters Insurance	\$	\$	Yard maintenance	\$	\$
Electricity	\$	\$	Car Payment	\$	\$
Water	\$	\$	Gasoline	\$	\$
Cable	\$	\$	Car repairs	\$	\$
Garbage	\$	\$	car insurance	\$	\$
Other: Specify	\$	\$	Other: specify	\$	\$
			Cell phone / children	\$	\$
Total Actual:					
Total Anticipated					



### Individual Expenses for Self and Children (legally responsible)

*Average monthly needs	Self		Children		Notes
	Actual	Anticipated	Actual	Anticipated	
1. Groceries & Household goods					
2. Religious Contributions					
3. Charitable Contributions					
4. School / Work Lunches					
5. Medical Insurance (not withheld from wages)					
6. Dental Insurance (not withheld from wages)					
7. Uninsured medical or dental expenses					
8. Uninsured prescription drugs					
9. Uninsured therapy					
10. Clothing					
11. Grooming (hair, etc.)					
12. Laundry / dry cleaning					
13. Childcare (work related)					
14. Childcare (other, e.g., baby sitting)					
15. Education (describe in notes)					
16. Allowances					
17. Activities (YMCA, sports, clubs, dance, etc)					
18. Entertainment / Recreation					
19. Meals Out					
20. Major Holiday gifts (Christmas, etc)					
21. Birthday gifts					
22. Subscriptions (newspapers, magazines)					
23. Life Insurance					
24. Linens / sheets / towels					
25. Car - other (registration, taxes, tag etc.)					
26. Other Insurance (e.g. disability)					
27. Vacations					
28. Pets					
29. Hobbies					
30. Stationery, gift wraps, stamps					
31. Other - specify					
<b>Totals</b>					

State of North Carolina  
\_\_\_\_\_ County

In the General Court of Justice  
District Court Division  
File No. \_\_\_\_\_ CVD

\_\_\_\_\_  
Plaintiff  
  
vs  
  
\_\_\_\_\_  
Defendant

Short Form  
**ED-EZ**  
Affdavit  
\_\_\_\_\_  
Plaintiff  
\_\_\_\_\_  
Defendant

**NOTE: PARTIES MAY USE THIS FORM IF: THERE ARE NO MORE THAN FIFTY (50) ITEMS OF MARITAL/DIVISIBLE PROPERTY AND/OR DEBT AND NO MORE THAN FIFTY (50) ITEMS OF SEPARATE PROPERTY AND/OR DEBT.**

Being first duly sworn, I depose and say:

1. The date of the marriage was \_\_\_\_\_ and the date of separation was \_\_\_\_\_
2. The items listed on ED-EZ Schedule A constitute all property deemed by me to be in serious contention as to it's classification and value and to be Marital Property, Marital Debts, Divisible Property and Divisible Debt. In the columns entitled, "Proposed distribution and value ", I have indicated which spouse I contend should receive the item and the fair market value of each item to the best of my knowledge. For the Marital Property and Debt, the value listed is the value at date of separation. Debt is shown as negative (-) number.
3. The items listed on ED-EZ Schedule B constitute property claimed by me to be the Separate property of either myself or my spouse and the fair market value at the date of separation, to the best of my knowledge.
4. My contentions for an unequal distribution of assets and/or debts, if any, are set forth on ED-EZ Schedule C.
5. a  I am requesting an exemption from ADR Family Financial Mediation and I have attached Form OR P requesting to be Exempt from the ADR process. *(Form P sent to Case Coordinator)*
5. b  I am requesting the court to appoint and ADR Family Financial Mediator if the parties do not select one within 60 days from the date of filing. *(copy sent to Case Coordinator)*
6. I agree that the requested Equitable Distribution hearing will take no more than \_\_\_ hour(s). *(not to exceed 3)*
7. It is the belief of the undersigned that distribution of any remaining property can be distributed by consent of both parties.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Sworn to and subscribed before me,

This the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Party

\_\_\_\_\_  
Printed name of Party

\_\_\_\_\_  
*(Notary Public)*

My commission Expires: \_\_\_\_\_

# ED-EZ SCHEDULE A - MARITAL PROPERTY/DEBT

File No. CVD

NO.	Marital Property, Marital Debt, Divisible Property, Divisible Debt		Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
	DESCRIPTION OF PROPERTY OR DEBT (Please show debt in red or ( ) to indicate debt)	Plaintiff DOS FM Value						
1		\$	\$					
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								

# ED-EZ SCHEDULE A - MARITAL PROPERTY/DEBT

File No. CVD

NO.	Marital Property, Marital Debt, Divisible Property, Divisible Debt		Who has poss. P / D	Prop. Dist. P / D	Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
	Plaintiff DOS FM Value	DESCRIPTION OF PROPERTY OR DEBT (Please show debt in red or ( ) to indicate debt)						
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
	TOTAL				\$0.00			\$0.00

# ED-EZ SCHEDULE B - SEPARATE PROPERTY/DEBT

File No. CVD

NO.	DESCRIPTION OF PROPERTY OR DEBT	Separate Property / Separate Debt		File No.		Who has poss. P / D	Prop. Dist. P / D	Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D = Marital	PTO Schedule
		Plaintiff DOS FM Value	Who has poss. P / D								
		\$						\$			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											

# ED-EZ SCHEDULE B - SEPARATE PROPERTY/DEBT

File No. CVD

NO.	DESCRIPTION OF PROPERTY OR DEBT	Separate Property / Separate Debt		File No.		CVD	
		Plaintiff DOS FM Value	Who has poss. P / D	Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D (M = Marital)	PTO Schedule
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
	TOTAL	\$0.00		\$0.00			

**ED-EZ SCHEDULE C**

Contentions as to unequal distribution ( ) Plaintiff ( ) Defendant

(Complete the following by checking all that apply)

\_\_\_\_\_ My income/assets are less than my spouse's.

\_\_\_\_\_ My liabilities are greater than my spouse's.

\_\_\_\_\_ I have support obligations for spouse(s) \_\_\_\_\_  
and/or Children from a former marriage \_\_\_\_\_

\_\_\_\_\_ The marriage lasted a long time \_\_\_\_\_  
short time \_\_\_\_\_

\_\_\_\_\_ I am \_\_\_\_\_ yeas of age.

\_\_\_\_\_ I have the following physical or mental health condition(s):  
\_\_\_\_\_

\_\_\_\_\_ I have custody of a child of this marriage and need to occupy or own the marital residence and use or own its household effects.

\_\_\_\_\_ My spouse has an expectation of nonvested pension, retirement or other deferred compensation rights which are my spouse' s separate property.

\_\_\_\_\_ I helped educate and/or develop the career potential of my spouse by doing the following:  
\_\_\_\_\_

\_\_\_\_\_ I directly contributed to an increase in the value of my spouse's separate property during the course of the marriage by:  
\_\_\_\_\_

The property that increased in value is:

\_\_\_\_\_ Some of the marital (and divisible) property is non-liquid as follows:  
(List by number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ It is difficult to evaluate the marital interest in the following business, corporation or other asset:  
\_\_\_\_\_

\_\_\_\_\_ It is economically desirable for me \_\_\_\_\_ or my spouse \_\_\_\_\_  
to retain such asset intact, free from any claim or interference from  
me \_\_\_\_\_ or my spouse \_\_\_\_\_

\_\_\_\_\_ An equal division of the assets would have the following adverse tax consequences for me or my spouse:  
\_\_\_\_\_

\_\_\_\_\_ Since the separation, I have done the following to maintain, preserve, develop or expand the value of the marital estate:  
\_\_\_\_\_

\_\_\_\_\_ Since the separation, my spouse has done the following to waste, neglect, or devalue the marital estate:  
\_\_\_\_\_

\_\_\_\_\_ The Court should consider the following purely economical factors:  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that on this date I served a copy of this EQUITABLE DISTRIBUTION AFFIDAVIT upon the

\_\_\_\_\_

*(insert name above)*

[check one]

\_\_\_\_\_ hand delivery to opposing party or that party's counsel (by leaving it at the attorney's office

\_\_\_\_\_ depositing it in the exclusive care and custody of the United States Postal Service with

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Party/Attorney



STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

COUNTY OF \_\_\_\_\_

FILE NO. cvd

\_\_\_\_\_  
Plaintiff

EQUITABLE DISTRIBUTION  
AFFIDAVIT

vs. \_\_\_\_\_

- ( ) Plaintiff
- ( ) Defendant
- ( ) Equal Division Requested
- ( ) Unequal Division Requested

\_\_\_\_\_  
Defendant

Date of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_

THE ABOVE-NAMED PARTY, being duly sworn and under oath, states as follows:

1. I am filing with the Court, as required by its Rules, this affidavit for its use in entering a final judgment of equitable distribution.
2. I have read and understand the Instructions which are contained in this Affidavit.
3. In this Affidavit I have made a full and complete disclosure of: all marital property, separate property, and debts known to me and existing on the date of separation and all divisible property. I further warrant to the Court that I have not intentionally furnished any false information to the Court. I understand that providing a false Affidavit to the Court could serve as a basis for setting aside a judgment in this proceeding as well as permitting the Court to impose sanctions against me.
4. That this affidavit consists of this sheet and \_\_\_\_\_ pages.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Affiant) (seal)

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Officer or Notary) Printed name of Notary or officer

My commission expires: \_\_\_\_\_



Property which Value is "Unknown" as of date of preparation of this affidavit.										
NOTE:	Items listed on this Schedule are not listed on any other schedule.					File No.	cvd			
Item No.	Description of property	PLAINTIFF			DEFENDANT			Prop dist P / D (Sep)	Prop. Schedule	
		FMV - Unknown	Who has poss. P / D	Prop dist P / D (Sep)	FMV - Unknown - INSERT VALUE IF KNOWN	Who has poss. P / D	Prop dist P / D (Sep)			
TBD-1		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-2		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-3		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-4		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-5		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-6		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-7		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-8		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-9		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-10		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-11		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-12		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-13		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-14		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-15		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-16		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-17		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-18		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-19		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-20		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-21		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-22		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-23		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-24		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-25		UNKNOWN			UNKNOWN			UNKNOWN		
TBD-26		UNKNOWN			UNKNOWN			UNKNOWN		
NOTE:	<i>insert rows above this line</i>									
	Once value is determined enter it on this sheet									
	Convert to Proper page on pre-trial order section									

Item No.	Item and Description / include lender name on debt line	Plaintiff		Defendant		File No.	cvd	PTO Schedule
		DOS FM Value (less debt)	Who has poss. P / D	Prop. Dist. P / D	DOS FM Value (less debt)			
<b>SCHEDULE: A</b>								
Real Estate - Marital Residence (insert address below)								
		TV / AV or Estimate				TV / AV or Estimate		
1st Mortgage:		\$0.00				\$0.00		
2nd Mortgage/Equity Line		\$0.00				\$0.00		
A - 1	Total NET value No 1 - less debt	\$0.00				\$0.00		
1st Mortgage:								
2nd Mortgage/Equity Line								
A - 2	Total NET value No 2 - less debt	\$0.00				\$0.00		
A-3 DEBT								
A - 3	Net DOS A-3	\$0.00				\$0.00		
A-4 DEBT								
A - 4	Net DOS A-4	\$0.00				\$0.00		
A-5 DEBT								
A - 5	Net DOS A-5	\$0.00				\$0.00		
<b>Total: Schedule A</b>		\$0.00				\$0.00		

Item No.	Item and Description / include lender name on debt line	Plaintiff		Defendant			PTO Schedule
		DOS FM Value (less debt)	Who has poss. P / D	Prop. Dist. P / D	DOS FM Value (less debt)	Who has poss. P / D	
<b>SCHEDULE: B</b>							
Transportation / Vehicles							
B - 1	B-1 DEBT						
	Net DOS Value B-1	\$0.00			\$0.00		
B - 2	B-2 DEBT						
	Net DOS Value B-2	\$0.00			\$0.00		
B - 3	B-3 DEBT						
	Net DOS Value B-3	\$0.00			\$0.00		
B - 4	B-4 DEBT						
	Net DOS Value B-4	\$0.00			\$0.00		
B - 5	B-5 DEBT						
	Net DOS Value B-5	\$0.00			\$0.00		
B - 6	B-6 DEBT						
	Net DOS Value B-6	\$0.00			\$0.00		
B - 7	B-7 DEBT						
	Net DOS Value B-7	\$0.00			\$0.00		
B - 8	B-8 DEBT						
	Net DOS Value B-8	\$0.00			\$0.00		
<b>Total: Schedule B</b>		\$0.00			\$0.00		

KBB /TV / Estimate

**Schedule C, D & E**

File No. cvd

Item No.	Item and Description	Plaintiff DOS Value	Who has poss. P / D	Prop. Dist. P / D	Defendant DOS Value	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
<b>SCHEDULE: C - Bank Accounts</b>								
C - 1	Cash on Hand							
C - 2	Checking:							
C - 3	Savings							
C - 4	Money Market							
C - 5	Certificate of Deposit							
C - 6								
C - 7								
C - 8								
C - 9								
C - 10	Other: account							
<b>Total: Schedule C</b>		<b>\$0.00</b>			<b>\$0.00</b>			

<b>SCHEDULE: D - Stocks, Bonds &amp; Investments</b>								
D - 1								
D - 2								
D - 3								
D - 4								
<b>Total: Schedule D</b>		<b>\$0.00</b>			<b>\$0.00</b>			

<b>SCHEDULE: E - Jewelry</b>								
E - 1								
E - 2								
E - 3								
E - 4								
E - 5								
E - 6								
E - 7								
<b>Total: Schedule E</b>		<b>\$0.00</b>			<b>\$0.00</b>			

**Schedule F - Business Interest**

File No. cvd

Item No.	Item and Description appropriate tax statements from previous years if available	Attach	Plaintiff DOS Value	Who has poss. P / D	Prop. Dist. P / D	Defendant DOS Value	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
F-1									
F-2									
F-3									
F-4									
F-5									
F-6									
F-7									
F-8									
F-9									
F-10									
	<i>(insert rows above this line)</i>								
<b>Total: Schedule F</b>			\$0.00			\$0.00			

**Schedule G**

File No. cvd

SCH G Item No.	Household Goods Item Description	Plaintiff DOS FM Value	Who has poss. P / D	Prop. Dist. P / D	Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
	<b>Kitchen</b>							
G-K1	Refrigerator -							
G-K2								
G-K3								
G-K4								
G-K5								
G-K6								
G-K7								
G-K8								
G-K9								
G-K10								
G-K11								
G-K12								
G-K13								
G-K14								
G-K15								
	<b>Living Room</b>							
G-LR1								
G-LR2								
G-LR3								
G-LR4								
G-LR5								
G-LR6								
G-LR7								
G-LR8								
G-LR9								
G-LR10								
G-LR11								
G-LR12								
	<b>Dining Room</b>							
G-DR1								
G-DR2								
G-DR3								
G-DR4								



**Schedule G**

File No. cvd

SCH G Item No.	Household Goods Item Description	Plaintiff DOS FM Value	Who has poss. P / D	Prop. Dist. P / D	Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
G-DR5								
G-DR6								
G-DR7								
G-DR8								
G-DR9								
G-DR10								
G-DR11								
G-DR12								
<b>Master BedR</b>								
G-MBR1								
G-MBR2								
G-MBR3								
G-MBR4								
G-MBR5								
G-MBR6								
G-MBR7								
<b>Bedroom 2</b>								
G-BR2-1								
G-BR2-2								
G-BR2-3								
G-BR2-4								
G-BR2-5								
G-BR2-6								
G-BR2-7								
G-BR2-8								
<b>Bedroom 3</b>								
G-BR3-1								
G-BR3-2								
G-BR3-3								
<b>Bathroom No. 1</b>								
G-BTH1-1								
G-BTH1-2								
<b>Den</b>								
G-D1								

**Schedule G**

File No. cvd

SCH G Item No.	Household Goods Item Description	Plaintiff DOS FM Value	Who has poss. P / D	Prop. Dist. P / D	Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
G-D2								
G-D3								
<b>Laundry Room</b>								
G-X 1	Washer -							
G-X 2	Dryer -							
<b>Animals/Pet</b>	Name and type of animal or pet:							
G-P1								
G-P2								
G-P3								
<b>Garage</b>	Attached or Detached to house							
G-G1								
G-G2								
G-G3								
<b>Attic</b>								
G-A1								
G-A2								
G-A3								
<b>Basement</b>								
G-B1								
G-B2								
<b>Storage</b>	rental unit or out building							
G-S1								
G-S2								
<b>Tools</b>	Small manual and electric hand tools, shop vac etc							
G-T1								
G-T2								
G-T3								
G-T4								
<b>Equipment</b>	tractors, lawn mowers, weed eaters, leaf blowers							
G-E1								
G-E2								
G-E3								
G-E4								
G-E5								

### Schedule G

File No. cvd

SCH G Item No.	Household Goods Item Description	Plaintiff DOS FM Value	Who has poss. P / D	Prop. Dist. P / D	Defendant DOS FM Value	Who has poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
Livestock	cattle, sheep, horses, chickens, etc.							
G-LS1								
G-LS2								
Bathroom 2								
G-BTH2-1								
G-BTH2-2								
G-BTH2-3								
G-BTH2-4								
MISC.								
G-Misc 1								
	<i>insert rows above this line</i>							
Total: Schedule G		\$0.00						
					\$0.00			

**SCHEDULE H - Plaintiff's retirement**

**If Plaintiff does not have a retirement account then skip this page**

File No. cvd

RETIREMENT BENEFITS

PLANS WITH ACCOUNT BALANCES

(IRA Accounts and Defined Contribution Plans such as:  
401(k) Plans, Profit-Sharing Plans, and Retirement Savings Plans)

NO.	DESCRIPTION OF ASSET (Including Name of Plan, Type of Plan, and Account No.)	Plaintiff DOS NET FMV	Poss. P / D	Proposed Dist. P / D	Defendant DOS NET FMV	Poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
H - 1								
H - 1(a)								
Total Schedule H / account Balances		\$0.00						
					\$0.00			

**PLANS WITH MONTHLY OR OTHER PAYMENTS**  
(Pension Plans and Other Defined Benefit Plans)

NO.	DESCRIPTION	Plaintiff DOS NET FMV	Poss. P / D	Proposed Dist. P / D	Defendant DOS NET FMV	Poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
H - 2	First Plan:  Participant (H or W): -Name of Plan: -Date of Birth: -Date employment began: -Date participation began: -Is participant still participating: -If not, date participation ended: -Total accrued benefit as of DOS: \$ _____ per _____ (month, week, etc.)							
H - 3	Second Plan:  Participant (H or W): -Name of Plan: -Date of Birth: -Date employment began: -Date participation began: -Is participant still participating: -If not, date participation ended: -Total accrued benefit as of DOS: \$ _____ per _____ (month, week, etc.)							

Total Schedule H - Payments \$0.00

**Combined Total Schedule H** \$0.00

Spouse Contends Retirement account exist yes

**SCHEDULE H - Defendant**

**If Defendant does not have a retirement account skip this page.**

File No. \_\_\_\_\_ cvd \_\_\_\_\_

**RETIREMENT BENEFITS**

**PLANS WITH ACCOUNT BALANCES**

(IRA Accounts and Defined Contribution Plans such as:  
401(k) Plans, Profit-Sharing Plans, and Retirement Savings Plans)

NO.	DESCRIPTION OF ASSET (Including Name of Plan, Type of Plan, and Account No.)	Plaintiff DOS NET FMV	Poss. P / D	Proposed Dist. / D	Defendant DOS NET FMV	Poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
HR - 1								
HR - 1 (a)								
Total Schedule H / account Balances		\$0.00						\$0.00

**SCHEDULE H - Defendant**

**If Defendant does not have a retirement account skip this page.**

RETIREMENT BENEFITS

File No. \_\_\_\_\_ cvd

**PLANS WITH MONTHLY OR OTHER PAYMENTS**

(Pension Plans and Other Defined Benefit Plans)

NO.	DESCRIPTION	Plaintiff DOS NET FMV	Poss. P / D	Proposed Dist. P / D	Defendant DOS NET FMV	Poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
HR - 2	First Plan:  Participant (H or W): -Name of Plan: -Date of Birth: -Date employment began: -Date participation began: -Is participant still participating: -If not, date participation ended: -Total accrued benefit as of DOS: \$ _____ per _____ (month, week, etc.)							
HR - 3	Second Plan:  Participant (H or W): -Name of Plan: -Date of Birth: -Date employment began: -Date participation began: -Is participant still participating: -If not, date participation ended: -Total accrued benefit as of DOS: \$ _____ per _____ (month, week, etc.)							

Total Schedule H - Payments

\$0.00

\$0.00

**Combined Total Schedule H**

\$0.00

\$0.00

Spouse Contends Retirement account exist

yes

**SCHEDULE L - ITEMS NOT LISTED ON OTHER SCHEDULES**

(Panther PSLs, Tax Refunds, Security Deposits, Frequent Flyer Miles, etc.)

File No. \_\_\_\_\_

cvd

NO.	DESCRIPTION	Plaintiff DOS FMV	Poss. P / D	Prop Dist. P / D	Defendant DOS FMV	Poss. P / D	Prop. Dist. P / D (Sep)	PTO Schedule
L - 1								
L - 2								
L - 3								
L - 4								
L - 5								
L - 6								
L - 7								
L - 8								

(insert rows above)

Total Schedule L \$0.00

\$0.00



**SEPARATE PROPERTY - Plaintiff**

File No. cvd

NO.	DESCRIPTION OF ASSET	Plaintiff Value - if any	WHO HAS POSSN (P OR D)	PROP DISTRIB. (P or D)	Defendant Value - if any	WHO HAS POSSN (P OR D)	PROP DIST. (P D / Marital)	PTO Schedule
SPM - 1								
SPM - 2								
SPM - 3								
SPM - 4								
SPM - 5								
SPM - 6								
SPM - 7								
SPM - 8								
SPM - 9								
SPM - 10								
SPM - 11								
SPM - 12								
SPM - 13								
SPM - 14								
SPM - 15								
SPM - 16								
SPM - 17								
SPM - 18								
SPM - 19								
SPM - 20								
SPM - 21								
SPM - 22								
SPM - 23								
SPM - 24								
SPM - 25								
SPM - 26								
SPM - 27								
SPM - 28								
SPM - 29								
SPM - 30								
SPM - 31								
SPM - 32								

*insert rows for additional items of separate property*

Total Plaintiff's Separate Property - Part III

\$0.00

NO.	DESCRIPTION OF ASSET	Plaintiff Value - if any	WHO HAS POSSN (P OR D)	PROP DISTRIB. (P or D)	Defendant Value - if any	WHO HAS POSSN (P OR D)	PROP DIST. (P D / Marital)	PTO Schedule
-----	----------------------	--------------------------	------------------------	------------------------	--------------------------	------------------------	----------------------------	--------------

Total Defendant's of Plaintiff's Seprate Property - Part III

\$0.00

SEPARATE PROPERTY - Defendant

File No. cvd

NO.	DESCRIPTION OF ASSET	Defendant Value - if any	WHO HAS POSSN (P OR D)	PROPOSED DISTRIB. (P or D)	Plaintiff Value - if any	WHO HAS POSSN (P OR D)	PROP DIST. (P D / Marital)	PTO Schedule
SPR - 1								
SPR - 2								
SPR - 3								
SPR - 4								
SPR - 5								
SPR - 6								
SPR - 7								
SPR - 8								
SPR - 9								
SPR - 10								
SPR - 11								
SPR - 12								
SPR - 13								
SPR - 14								
SPR - 15								
SPR - 16								
SPR - 17								
SPR - 18								
SPR - 19								
SPR - 20								
SPR - 21								
SPR - 22								
SPR - 23								
SPR - 24								
SPR - 25								
SPR - 26								
SPR - 27								
SPR - 28								
SPR - 29								
SPR - 30								
SPR - 31								
SPR - 32								

*insert rows for additional items of separate property*

Total Defendant's Separate Property - Part III \$0.00

Total Plaintiff of Defendant's Separate Property - Part III \$0.00

**DEBTS - as set out by Plaintiff**

NO.	DEBT (NAME OF CREDITOR AND ACCT. NO., AND, IF DEBT IS SECURED, THE COLLATERAL)	Plaintiff DOS AMT. Marital	CLASSIFICATION		POST-SEPARATION PAYMENTS		File No.	PROP. DISTRIB. (P or D) (Sep - Marital)	PTO Schedule
			NON-MARITAL AMT.	SEPARATE DEBT OF DEFENDANT	Made BY Plaintiff	Made BY Defendant			
Some of the information is pre-filled from information previously entered on schedule A & B									
Sch A	1st Mortgage:	\$0.00							
Sch A	2nd Mortgage/Equity Line	\$0.00							
Sch A	1st Mortgage:	\$0.00							
Sch A	2nd Mortgage/Equity Line	\$0.00							
Sch A	A-3 DEBT	\$0.00							
Sch A	A-4 DEBT	\$0.00							
Sch A	A-5 DEBT	\$0.00							
Sch B	B-1 DEBT	\$0.00							
Sch B	B-2 DEBT	\$0.00							
Sch B	B-3 DEBT	\$0.00							
Sch B	B-4 DEBT	\$0.00							
Sch B	B-5 DEBT	\$0.00							
Sch B	B-6 DEBT	\$0.00							
Sch B	B-7 DEBT	\$0.00							
Sch B	B-8 DEBT	\$0.00							
	insert additional debts below: (Credit cards, other loans) Indicate amounts with a minus	MARITAL							
1			NON-MARITAL AMT.	SEPARATE DEBT OF DEFENDANT	Made BY Plaintiff	Made BY Defendant			
2									
3									
4									
5									
6									
7									
8									
9									
	<i>Insert additional rows above</i>								
no. 2	Total Part IV - Non-Marital Debts		\$0.00						
no. 3(a)	Total Debts (Ptf. Contends Def. owes)			\$0.00					
no. 4(a)	Total Payments by Plaintiff				\$0.00				
no. 4(b)	Total Payments by Defendant					\$0.00			
no. 1	Total Marital Debts on DOS - Plaintiff	\$0.00							

**DEBTS - as set out by Defendant**

NO.	DEBT (NAME OF CREDITOR AND ACCT. NO., AND, IF DEBT IS SECURED, THE COLLATERAL)	Defendant DOS AMT. Marital	CLASSIFICATION		POST-SEPARATION PAYMENTS		PROP. DISTRIB. (P or D) (Sep - Marital)	PTO Schedule
			MARITAL AMT.	SEPARATE DEBT OF PLAINTIFF	Made By Plaintiff	Made BY Defendant		
Some of the information is pre-filled from information previously entered on schedule A & B								
Sch A	1st Mortgage:	\$0.00						
Sch A	2nd Mortgage/Equity Line	\$0.00						
Sch A	1st Mortgage:	\$0.00						
Sch A	2nd Mortgage/Equity Line	\$0.00						
Sch A	A-3 DEBT	\$0.00						
Sch A	A-4 DEBT	\$0.00						
Sch A	A-5 DEBT	\$0.00						
Sch B	B-1 DEBT	\$0.00						
Sch B	B-2 DEBT	\$0.00						
Sch B	B-3 DEBT	\$0.00						
Sch B	B-4 DEBT	\$0.00						
Sch B	B-5 DEBT	\$0.00						
Sch B	B-6 DEBT	\$0.00						
Sch B	B-7 DEBT	\$0.00						
Sch B	B-8 DEBT	\$0.00						
	insert additional debts below: (Credit cards, other loans) Indicate amounts with a minus	MARITAL	NON-MARITAL AMT.	SEPARATE DEBT OF PLAINTIFF	Made BY Plaintiff	Made BY Defendant		
1								
2								
3								
4								
5								
6								
7								
8								
9								
<i>Insert additional rows above</i>								
no. 2	Total Part IV - Non-Marital Debts		\$0.00					
no. 3(b)	Total Debts (Def. Contends Plf. owes)			\$0.00				
no. 5(a)	Total Payments by Plaintiff				\$0.00			
no. 5(b)	Total Payments by Defendant					\$0.00		
no. 1	Total Marital Debts on DOS - Def.	\$0.00						

<b>Items that have been left off other schedules</b>						
<b>NOTE:</b>	Prepared by ( ) Plaintiff ( ) Defendant	FMV ON DOS	Who had possession P / D	Proposed distribution P / D	Proposed Schedule	File No.
Item No.	Description of property					cvd
NL1						
NL2						
NL3						
NL4						
NL5						
NL6						
NL7						
NL8						
NL9						
NL10						
NL11						
NL12						
NL13						
NL14						
NL15						
NL16						
NL17						
NL18						
NL19						
NL20						
NL21						
NL22						
NL23						
	insert rows above this line					
Total		\$0.00				
SCHEDULE PREPARED BY:						
		PLAINTIFF ( )				
		DEFENDANT ( )				

Complete the following questions ONLY: When UNEQUAL Division Requested

A. Have you been married prior to your marriage to the opposing party in this case?            Yes            No

If yes, what support obligations do you now have arising out of that marriage.

\_\_\_\_\_

B. State your present age and date of Birth            DOB : Date           

Years married:           

Name and describe all physical or mental disorders, illnesses, diseases or conditions for which you know have:

C. Do you have custody of any children born of your marriage to the opposing party?            Yes            No

If so, do you want and need to own or occupy the marital residence and to use or own its household effects?

           Yes            No

If so, state reasons (you may refer to complaint/answer in existing case file):

D. Complete Schedule H - do not leave any spaces blank.

E. Did you, by direct or indirect contribution, help educate or develop the career potential of the other spouse?            Yes            No

If so describe in detail:

F. If there was an increase in value during the course of your marriage of an item claimed by the opposing party as "Separate Property, did you make a direct contribution to that increase in value?            Yes            No

If so, complete the following:

Description of Property	your contribution	your Contribution	Detail explanation:
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**CERTIFICATE OF SERVICE**

File No. \_\_\_\_\_ cvd \_\_\_\_\_

I certify that on this date I served a copy of this EQUITABLE DISTRIBUTION AFFIDAVIT upon the opposing party by:

[check one]

\_\_\_\_\_ hand delivery to opposing party or that party's counsel (by leaving it at the attorney's with a partner or employee) at the address shown below:

\_\_\_\_\_ depositing it in the exclusive care and custody of the United States Postal Service with sufficient first-class postage affixed thereto and addressed to the person(s) at the address shown below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ sending the document electronically by internet mail to email address:  
\_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Party/Attorney



\_\_\_\_\_

on the

office

ith  
dress

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS

1. All parties to an action for Equitable Distribution are required by "N.C.G.S. 50-21 Within 90 days after service of a claim for equitable distribution, the party who first asserts the claim shall prepare and serve upon the opposing party an equitable distribution inventory affidavit listing all property claimed by the party to be marital property and all property claimed by the party to be separate property, and the estimated date of separation fair market value of each item of marital and separate property. Within 30 days after service of the inventory affidavit, the party upon whom service is made shall prepare and serve an inventory affidavit upon the other party."
2. By listing items on schedule A, B, C, D, E, F, G, H and L you are saying that these items are "marital property" and subject to being divided by the court.
3. Items you contend are separate property, (prior to the marriage or acquired after the marriage ended) should be listed on a "Separate" property item schedule.
4. If a party lists an item as "Marital" and the opposing party contends it is "Separate", then it should be marked with an "S" at the end of the row where the item appears.
5. If a party lists an item as "Separate" and the opposing party contends it is "Marital", then it should be marked with an "M" at the end of the row where the item appears.
6. The Non-Listed Schedule can be filed along with the Cover Sheet to list items that have been omitted from previous schedules. It is not necessary to amend the entire affidavit for the addition of items omitted; however it will be necessary to transfer them to the correct schedule on the final pre-trial order.
7. The TBD schedule are for items that have an unknown value on the date the affidavit is being prepared. This would include retirement accounts, bank accounts, household goods and debts. Please note that when a party determines an amount for an item listed on this TBD schedule, a copy of the TBD schedule and the correct schedule with the value, shall be filed and served on the opposing counsel or party. If no value can be established, then that item will be listed on the pre-trial order for the court to determine the value and distribution.
8. If one party gives a value and the other party does not have a value or their contention of value is unknown, please put TBD in the column along with your "Prop Dist". So the Item would appear D - TBD.
9. Short cuts - for identifying items
  - a. TBD - value to be determined
  - b. DNE - item does not exist (destroyed or lost if sold use other code)
  - c. M - item is Marital
  - d. S - Item is Separate Property
  - e. 1/2 - if you think item or items should be split - this would go in Prop Dist. Column
  - f. MXD - item has mixed marital characteristics - this would go in Prop Dist. Column
  - g. 3rd - item belongs to another party - this would go in Prop Dist. Column
  - h. SLD - item sold by one party after DOS (price received would be required)
  - i. KID - belongs to children (if gift identify giver)
  - j.

STATE OF NORTH CAROLINA

Court File No.

County

In The General Court Of Justice
District Court Division

Name And Address Of Plaintiff

AFFIDAVIT AS TO
STATUS OF MINOR CHILD

VERSUS

G.S. 50A-209

Name And Address Of Defendant

Name Of Minor Child

Date Of Birth

Birthplace

I, the undersigned affiant, being first duly sworn, say that during the past five (5) years the above named minor child has lived as follows:

Table with 4 columns: Period Of Residence (From, To), Address, Name Of Person Lived With, Present Address Of Person. Includes a 'Present' row.

I further say that: (Check those that apply)

I have participated in litigation concerning the custody of the above named child.

Capacity As Participant

Name And Address Of Court

Date Of Child Custody Determination

Case No.

Details

I have information about a custody proceeding. Examples of custody proceeding include divorce, proceeding related to domestic violence, a protective order, termination of parental rights or adoption that is pending in a court of this or another state and could affect this proceeding.

Name And Address Of Court

Details (include case number and describe nature of the proceeding)

I know of a person as listed below, who has physical custody or claims to have custody or visitation rights with respect to the above named child.

Name And Address Of Person

- Physical Custody
Claimed Custody
Visitation Rights

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Affiant

- Deputy CSC
Assistant CSC
Clerk Of Superior Court
Magistrate

Name Of Affiant (type or print)

Notary

Date My Commission Expires

Relationship To Above Named Child

SEAL

County Where Notarized