

STATE OF NORTH CAROLINA

Court File No.

_____ County

In The General Court Of Justice
District Court Division

Name Of Plaintiff

Name Of Defendant

COVER SHEET FOR CHILD SUPPORT CASES (NON-IV-D ONLY)

G.S. 50-13.4(h)

- New Child Support Proceeding
- Motion for Modification of Child Support Order-Assess *Motions Fee* support.
- New or Modified Child Support Order

INSTRUCTIONS

INSTRUCTIONS TO PARTIES OR ATTORNEYS:

Unless a complete and current form is on file in this case, this form, along with a ***Certification Of Identity For Child Support Cases*** form (AOC-CV-645), a domestic civil action cover sheet, motion cover sheet, or order cover sheet when required, must be completed in **non-IV-D child support cases only** and filed with the Clerk of Superior Court if:

- I you are filing a **pleading seeking child support** (including complaints, answers, or motions in civil actions for domestic violence, divorce, or child custody that include a request for child support), **OR**
- I you are filing a **motion to modify an existing child support order**, **OR**
- I you are submitting a **proposed court order (including a voluntary support agreement) establishing or modifying child support**.
- I DHHS is redirecting a IV-D case. **NOTE:** For redirects, local IV-D office should complete this form and file with the Clerk.

INSTRUCTIONS TO CLERK:

File this form in the court record for all child support cases. After a child support order is entered or modified:

- I If support is not paid directly to the obligee, enter this information in the clerk's Support Enforcement System.
- I If support is paid directly to the obligee (private case), send a copy of this form to the local IV-D office.

PARTY REQUESTING OR RECEIVING CHILD SUPPORT (Custodial Parent or Obligee)

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	
<input type="checkbox"/> Check this box if this person is at risk for domestic violence.			

PARTY FROM WHOM SUPPORT IS REQUESTED OR ORDERED (Non-custodial Parent or Obligor)

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	
<input type="checkbox"/> Check this box if this person is at risk for domestic violence.			

OTHER OR ADDITIONAL PARTICIPANT IN CHILD SUPPORT PROCEEDING

Custodial Parent Non-Custodial Parent Or Obligor Putative 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 (Complete If No SSN)	DOB
		Race (Complete If No SSN)	
<input type="checkbox"/> Check this box if this person is at risk for domestic violence.			

NOTE: List child(ren) for whom support is requested or ordered on reverse side.

Name Of Person Completing Form	Telephone Number Of Person Completing Form	Date
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NOTE: All filings in civil actions shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the North Carolina Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings, the filing party must either include a Child Support (AOC-CV-640), Motion (AOC-CV-752), or Court Action (AOC-CV-753) cover sheet.

CHILD(REN) FOR WHOM SUPPORT IS REQUESTED OR ORDERED

<i>First Name</i>		<i>Middle Name Or Initial</i>		<i>Last Name</i>		<i>Suffix (Jr., Etc.)</i>	
<i>Sex (Complete If No SSN)</i>	<i>DOB</i>	<i>Race</i>	<input type="checkbox"/> <i>Check this box if this child is at risk of child abuse.</i>				
<i>First Name</i>		<i>Middle Name Or Initial</i>		<i>Last Name</i>		<i>Suffix (Jr., Etc.)</i>	
<i>Sex</i>	<i>DOB</i>	<i>Race</i>	<input type="checkbox"/> <i>Check this box if this child is at risk of child abuse.</i>				
<i>First Name</i>		<i>Middle Name Or Initial</i>		<i>Last Name</i>		<i>Suffix (Jr., Etc.)</i>	
<i>Sex</i>	<i>DOB</i>	<i>Race</i>	<input type="checkbox"/> <i>Check this box if this child is at risk of child abuse.</i>				
<i>First Name</i>		<i>Middle Name Or Initial</i>		<i>Last Name</i>		<i>Suffix (Jr., Etc.)</i>	
<i>Sex</i>	<i>DOB</i>	<i>Race</i>	<input type="checkbox"/> <i>Check this box if this child is at risk of child abuse.</i>				
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<i>Sex</i>	<i>DOB</i>	<i>Race</i>	<input type="checkbox"/> <i>Check this box if this child is at risk of child abuse.</i>				
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<i>Sex</i>	<i>DOB</i>	<i>Race</i>	<input type="checkbox"/> <i>Check this box if this child is at risk of child abuse.</i>				