

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
- 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 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:

- 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**
- you are filing a **motion to modify an existing child support order**, **OR**
- you are submitting a **proposed court order (including a voluntary support agreement) establishing or modifying child support**. 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:

- *If support is not paid directly to the obligee*, enter this information in the clerk's Support Enforcement System.
- *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 Oblige)**

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)	
Social Security No.		<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 (Complete If No SSN)	DOB
		Race (Complete If No SSN)	
Social Security No.		<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)	
Social Security No.		<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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**CHILD(REN) FOR WHOM SUPPORT IS REQUESTED OR ORDERED**

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