

STATE OF NORTH CAROLINA

File No. _____

In The General Court Of Justice
District Court Division

_____ County

Name And Address Of Plaintiff

**AFFIDAVIT
AS TO
STATUS OF
MINOR CHILD**

G.S. 50A-9

VERSUS

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:

Period Of Residence		Address	Name of Person Lived With	Present Address Of Person
From	To			
	Present			

I further say that: (Check those that apply)

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

Capacity as Participant	Date of Action	Name And Address Of Court
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Details

I have information of a custody proceeding concerning the above named child pending in a court in this or another state.

Name And Address Of Court	Details
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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	<input type="checkbox"/> Physical Custody <input type="checkbox"/> Claimed Custody <input type="checkbox"/> Visitation Rights
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SWORN AND SUBSCRIBED TO BEFORE ME	Date
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Date	Signature Of Person Authorized To Administer Oaths	Signature Of Affiant
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<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior	Name Of Affiant (Type or Print)
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SEAL <input type="checkbox"/> Notary	Date Commission Expires	Relationship To Above Named Child
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