**STATE OF NORTH CAROLINA** *Court File No.*

County

In The General Court Of Justice District Court Division

*Name Of Obligee (Index As Plaintiff)*

# VERSUS

**VOLUNTARY SUPPORT AGREEMENT AND APPROVAL BY COURT**

*Name Of Obligor (Index As Defendant)*

# VOLUNTARY SUPPORT AGREEMENT

**(NON-IV-D CASES)**

G.S. 110-133

I acknowledge that I am the parent of the child(ren) named below and that I am legally responsible for his/her/their support.

**Name Of Child(ren) Date Of Birth**

1. I agree to pay $ per month in child support beginning *(date): .*
   1. The amount of my child support payment is based on the child support guidelines.
   2. The amount of my child support payment is not based on the child support guidelines but has been determined by the parties to be adequate to meet the reasonable needs of the child(ren) considering the parties' ability to support the child(ren).
2. The parties agree that child support payments will be made:
   1. through immediate income withholding. *(Attach* ***Order To Withhold Wages To Enforce Child Support, AOC-CV-618****)*
   2. to the North Carolina Centralized Collection Office.
   3. directly to the obligee.
3. I agree to provide health insurance for the benefit of my child(ren) through the employment or group policy indicated below and to maintain this coverage as long as it is available to me at a reasonable cost.

*Policy No.*

*Name Of Insurance Company or Employer-Related Insurance Plan (If Currently Available)*

1. I further agree to be responsible for % of unreimbursed medical expenses.
2. I agree to keep the plaintiff informed of my current residence and mailing address and to cooperate fully with the plaintiff in the verification of my income.
3. Other *(specify)*:

**NOTE:** *Complete and attach* ***Child Support Worksheet*** *(AOC-CV-627, 628 or 629), as applicable, and* ***Cover Sheet For Child Support Cases (Non-IV-D Only)*** *AOC-CV-640.*

AOC-CV-607, Rev. 3/09



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(Over)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **ACKNOWLEDGMENT AND AGREEMENT BY OBLIGOR** | | | | | | |  |
| I understand that this Agreement to support when signed by me, approved by a District Court Judge, and filed in the office of the Clerk of Superior Court will have the same force and effect as a child support order entered by the district court, and that it may be enforced and modified in the same manner as a court order for child support. | | | | | | | | | | |
| **SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME** | | | | | | *Date* | | | | |
| *Date* | *Signature* | | | | | *Name Of Obligor (Type Or Print)* | | | | |
| *Deputy CSC Assistant CSC Clerk Of Superior Court* | | | | | | *Signature Of Obligor* | | | | |
| *Notary* | | *Date My Commission Expires* | | | |  | | | | |
| **SEAL** | | *County Where Notarized* | | | |
|  | | | | **ACKNOWLEDGMENT AND CONSENT BY OBLIGEE** | | | | |  | |
| I have read this Agreement and understand that when it is approved by a District Court Judge and filed in the office of the Clerk of Superior Court it will have the same force and effect as a child support order entered by the district court, and that it may be enforced and modified in the same manner as a court order for child support. | | | | | | | | | | |
| **SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME** | | | | | | *Date* | | | | |
| *Date* | *Signature* | | | | | *Name Of Obligee (Type Or Print)* | | | | |
| *Deputy CSC Assistant CSC Clerk Of Superior Court* | | | | | | *Signature Of Obligee* | | | | |
| *Notary* | | *Date My Commission Expires* | | | |  | | | | |
| **SEAL** | | *County Where Notarized* | | | |
|  | | | | | **APPROVAL BY COURT** | | |  | | |
| The above Voluntary Support Agreement, the terms of which are incorporated by reference herein, is approved by the Court, and shall have the same force and effect as an order of the court and shall be enforceable and subject to modification in the same manner as is provided by law for orders of this Court entered in child support cases, including contempt of court.  Immediate income withholding  is required. *(Attach* ***Order To Withhold Wages To Enforce Child Support, AOC-CV-618.****)*  is not required because the parties have agreed in writing to an alternative arrangement for payment of child support, or there is good cause not to require immediate income withholding. | | | | | | | | | | |
| *Date Entered* | | *Name Of Judge (Type Or Print)* | | | | | *Signature Of Judge* | | | |
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