

1 Code: 2645  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone: \_\_\_\_\_  
5 Email: \_\_\_\_\_  
6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHOE

10  
11 \_\_\_\_\_,  
12 Plaintiff / Petitioner / Joint Petitioner, Case No. \_\_\_\_\_  
13 vs. Dept. No. \_\_\_\_\_  
14 \_\_\_\_\_,  
15 Defendant / Respondent / Joint Petitioner.  
16 \_\_\_\_\_ /

17 OPPOSITION TO MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

18 **1. Argument** (*explain why you oppose this motion*)

19 \_\_\_\_\_  
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If more room is needed, attach additional sheets.

2. ( check one)

I do not request a hearing on this matter.

I request a hearing on this matter because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This document does not contain the personal information of any person as defined by NRS 603A.040.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**When to File:** You have **seven (7) days**, beginning the day after service upon you, to reply to this Opposition. After the time to reply has passed, the person who filed this Opposition may submit it to the Court for decision. **Please note: Parties who are served by U.S. Mail have three (3) additional days, a total of ten (10) days, to file a Reply.**