

**STIPULATION  
REGARDING  
UNREIMBURSED HEALTH  
CARE EXPENSES**

**S-3**

Resource Center  
1 South Sierra St., Third Floor  
Reno, NV 89501  
775-325-6731  
[www.washoecourts.com](http://www.washoecourts.com)

**\* Both parties must initial, otherwise the stipulation will not be granted.**

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**STIPULATION REGARDING  
UNREIMBURSED HEALTH CARE  
EXPENSES  
  
PACKET S-3**

Use this packet only if all of the following statements are true:

- You have a case with an existing order in the Second Judicial District Court.
- You and the other party agree to change the order.

**INSTRUCTIONS FOR COMPLETING FORMS**

Carefully read all instructions before starting to fill out any of the forms.

Use **black or blue ink only**. Neatly print the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Request for Submission
2. Index of Exhibits and the Exhibit Cover Page
3. Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

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## INSTRUCTIONS: STEP 1

Only one person needs to fill out this form.

### Complete the Request for Submission as Shown:

1) Print your name, address, telephone number, and email address.

2) Print the names of the parties, the Case No. and Department No. just as they appear on all other documents in this case.

3) Print the date you file the stipulation with the court.

4) Date, sign, and print your name.

1	Code: 3860
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	_____ Case No. _____
11	Plaintiff / Petitioner / Joint Petitioner, Dept. No. _____
12	vs.
13	_____
14	Defendant / Respondent / Joint Petitioner.
15	_____
16	
17	<u>REQUEST FOR SUBMISSION</u>
18	
19	I request that the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses
20	filed on _____ be submitted to the Court for decision.
21	(Date the document was filed with the Court)
22	This document does not contain the personal information of any person as defined by NRS
23	603A.404.
24	
25	Date: _____ Your Signature: _____
26	
27	Print Your Name: _____
28	
	REV 9/2018 JCB 1 REQUEST FOR SUBMISSION



INSTRUCTIONS: STEP 3

**Complete the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses as Shown:**

1) Print your names, addresses, telephone numbers, and email addresses.

2) Print the names of the parties, the Case No. and Department No. just as they appear on all other documents in this case.

3) Complete pages 1 – 3, following the instructions on each page.

**On page 3 do not sign the Order and Judgment.**

1 Code: 3980  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone: \_\_\_\_\_  
5 Email: \_\_\_\_\_  
6 Name: \_\_\_\_\_  
7 Address: \_\_\_\_\_  
8 Telephone: \_\_\_\_\_  
9 Email: \_\_\_\_\_  
10 Self-Represented Litigants

11 **IN THE FAMILY DIVISION**  
12 **OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**  
13 **IN AND FOR THE COUNTY OF WASHOE**

14 \_\_\_\_\_  
15 **Petitioner,** Case No. \_\_\_\_\_  
16 **vs.** Dept. No. \_\_\_\_\_  
17 \_\_\_\_\_  
18 **Respondent.**

19 **JUDGMENT AND ORDER UPON STIPULATION FOR**  
20 **UNREIMBURSED HEALTH CARE EXPENSES**

21 The above-named parties hereby stipulate to the entry of an Order as follows:  
22 1. Respondent is the parent of:  
23 NAME OF CHILD(REN) DATE OF BIRTH  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_

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## INSTRUCTIONS: STEP 4

### **Electronically Filing the Documents**

One party will need to upload the original documents to eFlex. EFlex is available online at <https://wceflex.washoecourts.com/>, in the Law Library and the Resource Center.

If either party has not done so, they will need to sign up for an eFlex account and turn in an eFile User Agreement, to the Second Judicial District Court or email to [eflexsupport@washoecourts.us](mailto:eflexsupport@washoecourts.us).

One party will sign into their eFlex account using the username and password you created and electronically file the:

- Request for Submission and Index of Exhibits; and
- Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses (as an exhibit to the Request for Submission).

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available at the Law Library and the Resource Center.

There will not be a filing fee charged when documents are filed.

### **What Happens Now?**

Now that you have completed all the steps, your stipulation has been sent to the court for a decision. The court has approximately 60 days to grant, deny, or set your stipulation for a hearing.

## Legal Assistance Information

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or contact the Resource Center or the Law Library. **The Resource Center and the Law Library staff cannot give legal advice** but can give information regarding court procedures.

You may wish to speak with a lawyer at no cost through the Law Library's Lawyer in the Library program. The Lawyer in the Library program is held via Zoom; you must register ahead of time to participate. No walk-ins accepted as space is limited.

### LAWYER IN THE LIBRARY

Sign up on our website:

<https://www.washoecourts.com/LawLibrary/LawyerInLibrary>

For questions, contact the Law Library at 775-328-3250

To seek assistance from other free or reduced-cost legal resources in the area, please contact:

#### NEVADA LEGAL SERVICES

449 S. Virginia St.  
Reno, NV 89501

775-284-3491 – leave a message, if  
necessary

<https://nevadalegalservices.org>

#### NORTHERN NEVADA LEGAL AID

1 S. Sierra St., 1<sup>st</sup> Floor  
Reno, NV 89501

775-321-2062 – leave a message, if  
necessary

<https://nnlegalaid.org>