

1 Code: 2490

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 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15 _____/

16
17
18 MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

19 **1.**

20 I request that the Court enter an Order granting me reimbursement in the amount of

21 \$ _____ for health care expenses for the following child(ren):

22 (Total amount owed)

23 Child's Name: _____ Date of Birth: ____/____/____

24 Child's Name: _____ Date of Birth: ____/____/____

25 Child's Name: _____ Date of Birth: ____/____/____

26 **2.**

27 The Order entered on _____ states that the other parent owes me
28 health care expenses. (Date of Order)

1 **3.**
 2 The total amount of health care bills not covered by insurance is . . . \$ _____
 3 The amount I have paid toward the uncovered amount is \$ _____
 4 The total amount still owed on the outstanding bills is \$ _____
 5 The amount the other party owes to me as reimbursement \$ _____

6 **4.**
 7 The bill(s) and proof(s) of payment were sent to the other parent on _____
 8 (Date sent)

9 **5.**
 9 Copies of the payments made by the insurance company are attached as Exhibit 1.
 10 Copies of the payments for the amounts that I have paid are attached as Exhibit 2.

11 **6.**
 12 An account of the health care expenses and payments, which is an accurate representation of the
 13 amount that the other parent owes me for health expenses, is as follows:

Name and address of health care expenses	Amount of original bill	Balance due after insurance payments or insurance limits	Amount you have paid, including copayments	Amount the other party has already paid toward the bill	Amount owed to you as reimbursement

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

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

5
6 Date: _____ Signature: _____

7
8 Print Your Name: _____

9
10
11
12 **When to File:** If you do not file an opposition/response to this motion with the Court within
13 fourteen (14) days, beginning the day after service upon you, the person who filed this request may
14 submit it to the Court for decision. **Please note: parties who are served by U.S. Mail have three**
15 **(3) additional days, a total of seventeen (17) days, to file an opposition/response.**

INDEX OF EXHIBITS

Exhibit Number _____ **Number of Pages** _____

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