

MOTION PACKET

FOR REQUESTING PAYMENT OF CHILDREN'S HEALTH CARE EXPENSES

This packet has the forms you need to request a court order requiring the other parent to pay his or her share of a child's health care expenses.

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>DR-351</u>	<p>Instructions are available online at: https://public.courts.alaska.gov/web/forms/docs/dr-351.pdf Printed copies are available for customers with limited or no internet access.</p>
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-352</u>	Motion for Payment of Children's Health Care Expenses
<u>DR-353</u>	Statement of Health Care Expenses
<u>DR-354</u>	Notice of Motion
<u>DR-355</u>	Proposed Order for Reimbursement
<u>DR-359</u>	Reply to Response
OTHER INFORMATION	
<u>Attorneys who provide limited services</u>	<p>If you need help with your case, you should talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Assn. can give you names of lawyers who handle family law cases and can provide limited legal services. For a list of attorneys who provide limited services ("unbundled legal services") go to https://alaskabar.org/for-the-public/unbundled-legal-services Or call (907) 272-0352 or (800) 770-9999 for more information.</p>
<u>Family Law Self-Help Center</u>	<p>For help filling out these forms, visit the Family Law Self-Help Center's website at: www.courts.alaska.gov/shc/family/selfhelp.htm. Or call (907) 264-0851 in Anchorage and outside Alaska, or (866) 279-0851 (toll free in Alaska but outside of Anchorage). A facilitator can explain court procedure and give you forms for each part of the case, but cannot give legal advice.</p>
Flowchart	<u>Flowchart for Calculating Cost of Children's Health Insurance</u>

March 2016

Alaska Court System

The statutes, court rules and forms in this packet are available on the court's website: www.courts.alaska.gov/forms.

Person Filing Motion:

Name: _____ Daytime Telephone No. _____

Mailing Address: _____

Attorney for _____ Pro Se (not represented by an attorney)

TYPE OR HAND PRINT NEATLY, USING BLACK INK ONLY

List court location, names of parties and case number exactly as shown on child support order.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

CASE NO. _____

**MOTION & AFFIDAVIT REQUESTING
PAYMENT FOR CHILDREN'S
HEALTH CARE EXPENSES**

1. **Parent Information.**

NOTE: *If for any reason you do not want the other parent to know your current address, you need not provide that information. However, you **must** provide a mailing address that will allow the court and other parent to mail you required documents. That address may be in care of another person as long as you will receive all papers sent to you.*

Parent A:

Full name: _____ Date of Birth: _____

Mailing address: _____

Daytime phone number: _____

Parent B:

Full name: _____ Date of Birth: _____

Mailing address: _____

Daytime phone number: _____

2. **Court's Order Concerning Health Care Expenses Not Covered By Insurance.**

Attached is a copy of my most recent child support order, signed on _____.

Under this order, the child(ren)'s health care expenses not covered by insurance are to be paid as follows, unless the expenses exceed \$5,000 in a calendar year:

Parent A must pay half _____ of the expenses, and

Parent B must pay half _____ of the expenses.

This support order does not describe how the child(ren)'s **uninsured health care** expenses are to be split between the parents. I request that the court order the other parent to pay half _____ of the expenses I have paid.

3. **Payments Made.** I have paid the health care expenses listed in the attached *Statement of Health Care Expenses* (form DR-353), and have not been paid by insurance or by the other parent for the amounts shown in the chart.

4. **Request for Payment Sent to Other Parent.**

I wrote to the other parent on the following date(s) to request payment for that parent's share of the costs: _____

I included with my request

- a copy of each health care provider's bill,
- proof of the amount I paid, and
- any information I had about the amount paid by insurance companies.

It has been more than 30 days since I wrote to the other parent, and the other parent has not paid me.

5. **Request for Court Order.** Because the amounts shown on the attached *Statement(s)* are past due, I ask the court to order _____ to pay the total amount due. I have attached a proposed order.

6. **Additional Requests or Information Related to Health Care Expenses.**

7. **Required Attachments.**

Each of the items listed below MUST be attached to this motion. Check each box to show that you have completed and attached the item.

- Copy of your most recent child support order
- Statement of Health Care Expenses** (form DR-353) with the following:
 - Copy of each health care provider's bill
 - Copy of each Explanation of Benefits (EOB) from an insurance company
 - EOBs not attached because:

- Proof of any amount you paid the health care provider
- Copy of each request for payment you sent the other parent
- Proposed order for the court to sign (form DR-355)

OATH OR AFFIRMATION

NOTE: *You must sign this in front of a notary. A court clerk can provide this notary service for you at no charge. Bring a photo ID with you for the notarization.*

I swear or affirm that the above statements and any attachments are true to the best of my knowledge and belief.

_____ Date _____ Signature of Person Filing Motion

_____ Printed Name

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____.

_____ Date

Clerk of Court, Notary Public or other
person authorized to administer oaths.

(SEAL) My commission expires: _____

CERTIFICATE OF SERVICE

[MUST BE COMPLETED]

I certify that I served a copy of this motion and all the documents checked in paragraph 7 as shown below:

Other Parent (*Instructions: You must also send a **Response Packet** (DR-356) to the other parent.*)

I served the other parent with (1) a copy of this motion and all documents checked in paragraph 7 and (2) a **Response Packet** by first class mail hand-delivery

Name of Other Parent: _____

Address: _____

Date mailed or hand-delivered: _____

Other Parent's Attorney (*Instructions: If the other parent was represented by an attorney within the last year, you must send the attorney a copy of this motion and all the documents checked in paragraph 7.*)

I served the attorney with a copy of this motion and all the documents checked in paragraph 7 by first class mail hand-delivery

Name of Other Parent's Attorney: _____

Address: _____

Date mailed or hand-delivered: _____

Signature of Person Filing Motion

STATEMENT OF HEALTH CARE EXPENSES

Name of Parent Filling Out Statement _____

Parent A Parent B

In the chart below, list each health care expense, beginning with the oldest one. If you do not know the answer to a question, write **“unknown” in that box**.

- Attach: (1) a **copy of each health care provider’s bill**,
 (2) proof of any amount you paid the provider,
 (3) a **copy of each “Explanation of Benefits” (EOB) from an insurance company**, and
 (4) a copy of each request for payment you sent the other parent.

At the bottom of each attached document, write and circle the number on the chart that corresponds to that item. Attach the documents in order by that number.

a	b	c	d	e	f	g	h	FOR COURT USE ONLY		
								Court Findings		
Date of health care service	Name of health care provider	Name of Patient	Amount charged by provider (attach copy of bill)	Amount you paid provider (attach proof of payment)	Amount paid by insurance companies (attach EOBs)	Amount not paid by any insurance company and still owed on bill	Amount other parent owes you	i Amount owed	j Owed to	
1										
2										
3										
4										
5										
6										
7										
							Total			

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

CASE NO. _____

NOTICE OF MOTION REQUESTING
PAYMENT FOR CHILDREN'S
HEALTH CARE EXPENSES

TO OTHER PARENT:

Name: _____
Address: _____

The enclosed motion asks the court to order you to pay a share of the health care expenses for your children.

You have the right to file a written response to the motion. You may use the response form (DR-358) in the enclosed "Response Packet." Your response must be filed with the Clerk of Court at the court where the motion was filed. See page 4 of the instructions in the "Response Packet" for the court's mailing address. You must file your response within 10 days after the date you receive the motion if it is hand-delivered to you or within 13 days after the postmark date if it is mailed to you.

If you file a response with the court, then on the same day you must also send a copy of it to me at the address written below.

If you were previously represented by an attorney in this case, do not assume that your attorney still represents you. If you have any questions, you should contact an attorney.

Date

Signature of Parent Filing Motion

Type or Print Name

Mailing Address

Certificate of Service

City State ZIP

I certify that on _____,
I mailed hand-delivered a copy of this
Notice, the referenced motion, all supporting
documents and a blank "Response Packet" to the
other parent named above at the address written
above.

Signature of Parent Filing Motion

Person Submitting Proposed Order

Name: _____ Daytime Telephone No. _____

Mailing Address: _____

Attorney for _____ Pro Se (not represented by an attorney)

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT _____

CASE NO. _____

ORDER FOR REIMBURSEMENT OF
HEALTH CARE EXPENSES

The court has reviewed the motion filed on _____, any response, and the evidence presented by the parties.

IT IS ORDERED that:

1. _____ must pay to _____,
\$ _____ for the children's health care expenses by _____.
2. If payment is not made by the above date, the parent to whom payment is owed may
 - a. ask the Child Support Services Division (CSSD) to enforce this order, or
 - b. file a motion asking the court to enter a judgment for the above amount and begin execution procedures to collect the judgment.
3. _____ must obtain and sign a release form authorizing the insurance company to give copies of Explanation of Benefit statements (EOBs) concerning the children to _____.
4. Other: _____

Recommended for approval on:

Approved on:

Date and Time

Date

By Superior Court Master

By Superior Court Judge

Type or Print Master's Name

Type or Print Judge's Name

I certify that on _____
a copy of this order was sent to (list names):

Clerk: _____

Case No. _____

CERTIFICATE OF SERVICE
[MUST BE COMPLETED]

[If the other parent is currently represented by an attorney, you must serve your reply on the attorney rather than on the other parent.]

I certify that I served a copy of my Reply and any attachments as shown below:

Other Parent

I served the other parent with a copy of my Reply and any attachments by
 first class mail hand-delivery

Name of Other Parent: _____

Address: _____

Date mailed or hand-delivered: _____

Other Parent's Attorney *(Instructions: If the other parent was represented by an attorney within the last year, you must send a copy of your Reply and any attachments to the attorney.)*

I served the attorney with a copy of my Reply and any attachments by
 first class mail hand-delivery

Name of Attorney: _____

Address: _____

Date mailed or hand-delivered: _____

Signature of Person Filing Reply

Type or Print Name