

Person Submitting Motion:

Name: _____ Phone: _____

Address: _____

Email: _____

Attorney for _____ Self-Represented (I don't have an attorney)

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

Parent A
(Plaintiff/Co-Petitioner): _____

Parent B
(Defendant/Co-Petitioner): _____ Case No.: _____

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

1. Parent Information.

*You **must** provide a mailing address for the court and the other parent to mail you required documents. It does **not** have to be the same as the address where you live and may be in care of another person, but you must check the mail frequently to make sure that you are receiving all court papers.*

Parent A

Full name: _____ Date of Birth: _____

Mailing address: _____

Phone: _____ Email: _____

Parent B

Full name: _____ Date of Birth: _____

Mailing address: _____

Phone: _____ Email: _____

2. Court's Order about Health Care Expenses Not Covered by Insurance.

I attached a copy of our most recent child support order, signed on _____.

Under this order, the children's health care expenses not covered by insurance are to be paid as follows, unless the expenses are more than \$5,000 in a calendar year:

Parent A must pay half. _____.

Parent B must pay half. _____.

This order does not describe how the children's uninsured health care expenses are to be split between the parents. I request that the court order the other parent to pay:

half. _____.

3. Payments Made.

I paid the health care expenses listed in the attached *Statement of Health Care Expenses* (form [DR-353](#)). I 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 to ask for payment for that parent’s share of the costs:
[List below the dates you made the request and by what method (mail, email, etc.).]

In my written request to the other parent, I included:

- 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 (for example, an Explanation of Benefits).

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* (form DR-353) are past due, I ask the court to order the other parent to pay the total amount due to me. I attached a proposed order (form DR-355).

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 our most recent child support order
- Statement of Health Care Expenses* (form [DR-353](#)) with the following attached:
 - Copy of each health care provider’s bill
 - Copy of each Explanation of Benefits (EOB) from an insurance company
 - I did not attach some or all of the EOBs, because:

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

NOTE: *You must sign this in front of a notary. A court clerk can provide this notary service for you for free. Bring a photo ID with you for the notarization. If you do not have access to a notary or court clerk, attach form [TF-835, Self-Certification \(No Notary Available\)](#).*

I swear or affirm that everything I wrote in this motion and any attachments are true to the best of my knowledge and belief.

_____ Date _____ Signature of Person Filing Motion

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

(SEAL)

Court clerk, notary public, or other
person authorized to administer oaths.
My commission expires: _____

CERTIFICATE OF SERVICE

- I am filing this document through the court’s TrueFiling program and will fill out the certificate of service through that program.
- I certify that I served a copy of this motion and attachments as shown below:

Other Parent

*[You must also send a **Response Packet** (form [DR-356](#)) to the other parent.]*

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

Name of Other Parent: _____

Address (or email address): _____

Date (include time if served by email): _____

Other Parent’s Attorney

[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 section 7.]

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

Name of Other Parent’s Attorney: _____

Address (or email or fax number): _____

Date (include time if served by email or fax): _____

Signature of Person Filing Motion

**Need help? Visit ak-courts.info/family
or call (907) 264-0851 (in Anchorage) or (866) 279-0851 (toll free in Alaska)**