

RESPONSE PACKET

FOR RESPONDING TO A MOTION FOR PAYMENT OF CHILDREN’S HEALTH CARE EXPENSES

This packet has the forms you need to help you respond to a motion asking the court to order you to pay part of the children’s health care expenses.

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>DR-357</u>	<p>Instructions are available online at https://public.courts.alaska.gov/web/forms/docs/dr-357.pdf Printed copies are available for customers with limited or no internet access.</p>
WHAT IS INCLUDED IN THIS PACKET?	
<u>DR-358</u>	Response to Motion for Payment of Children’s Health Care Expenses
<u>DR-353</u>	Statement of Health Care Expenses
<u>DR-355</u>	Order for Reimbursement of Health Care Expenses
OTHER INFORMATION	
<u>Attorneys who do unbundled legal services</u>	<p>If you need help with your case, you may want to talk to a lawyer. The Lawyer Referral Service at the Alaska Bar Association can give you names of lawyers who handle family law cases, including some who do “unbundled legal services” (limited services instead of representing you for the whole case). Go to https://alaskabar.org/for-our-community/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 https://courts.alaska.gov/shc/family/index.htm. Or call (907) 264-0851 (in Anchorage and outside Alaska) or (866) 279-0851 (toll free in Alaska but outside of Anchorage).</p>
Flowchart	<u>Flowchart for Calculating Cost of Children’s Health Insurance</u>

**December 2023
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 Submitting Response:

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.: _____

**RESPONSE TO
MOTION FOR PAYMENT OF CHILDREN'S HEALTH CARE EXPENSES**

1. Response.

I **agree** with the motion.

I do **not** agree with the motion. I do not agree with the following items listed on the *Statement of Expenses* attached to the motion. I agree with the other items that I have not listed below.

<u>Date of Service</u>	<u>Provider's Name</u>	<u>Reason I Disagree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am attaching the following documents that support the reasons I disagree: *[Write the date of service on each document and attach them in the order you discuss them above.]*

Other reasons I do not agree with the motion:

Other supporting documents I attached:

2. **Additional Health Care Expense Claims.**

a. **Payments I Made.** I am attaching a new *Statement of Health Care Expenses* (form [DR-343](#)) that lists health care expenses I paid for. I have not been reimbursed by insurance or by the person who filed the motion for these expenses.

b. **Request for Reimbursement Sent to Other Parent.**

I have **not** written to the other parent to ask that parent to pay their share.

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).

I am attaching a copy of each request I sent and all attachments I checked above. It has been more than 30 days since I wrote to the other parent, and the other parent has **not** paid me.

c. **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).

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

3. **Attachments.**

[Check each box to show that you have completed and attached the item.]

Documents listed in section 1 that support the reasons I disagree with the motion

Copy of our most recent child support order

I did not attach this, because I agree that the order attached to the motion is correct.

*[If you are requesting reimbursement in section 2 above for additional health care services you paid for, you **must** attach the items below.]*

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 response and any attachments are true to the best of my knowledge and belief.

_____ Date _____ Signature of Person Filing Response

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

(SEAL)

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

CERTIFICATE OF SERVICE

[If the other parent is currently represented by an attorney (that is, if the motion was signed by an attorney), you must serve your response on the attorney instead of on the other parent.]

- 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 all the documents checked in section 3 on the person named below by first-class mail. hand-delivery. email. fax.
Name of Other Parent or Attorney: _____
Address (or email or fax number): _____
Date (include time if served by email or fax): _____

Signature of Person Filing Response

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

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

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 Enforcement Division (CSED) 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: _____