

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)**