Code: 2645
Name: _____
Address: _____
_____
Telephone: _____
Email: _____
Self-Represented Litigant

IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

_____, Case No. _____
Plaintiff / Petitioner / Joint Petitioner,

Dept. No. _____

vs.

_____,
Defendant / Respondent / Joint Petitioner.
_____/

OPPOSITION TO MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES
If more room is needed, attach additional sheets.

1. Motion

The other party filed a Motion for Reimbursement of Health Care Expenses on *(date):* _____

2. Argument

Below, explain why you oppose the other party's motion.

_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

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

Date: _____ Your signature: _____

Print your name: _____

To the person receiving this Opposition:

- You have 7 days to file Reply (10 days if you were served by U.S. Mail).
- Whether or not you file a Reply, you must file a Request for Submission to have your Motion reviewed by the judge.

To the person who filed this Opposition:

- If the other parent does not file a Request for Submission within 7 days after the date you served them with this Opposition, but you still wish to have the Motion and Opposition reviewed by the judge, you may file a Request for Submission to submit the matter to the court for review.
- You must allow the other parent the full amount of time to Reply to the Opposition before filing the Request for Submission.