

**OPPOSITION TO MOTION  
FOR REIMBURSEMENT  
OF HEALTH CARE  
EXPENSES**

**AM-2**

Resource Center  
1 South Sierra St., Third Floor  
Reno, NV 89501  
775-325-6731

[www.washoecourts.com](http://www.washoecourts.com)

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**OPPOSITION TO MOTION FOR  
REIMBURSEMENT OF HEALTH  
CARE EXPENSES**

**PACKET AM-2**

Use this packet only if all of the following statements are true:

- You have been served with a Motion for Reimbursement of Health Care Expenses.

**INSTRUCTIONS FOR COMPLETING FORMS**

Carefully read all instructions before starting to fill out any of the forms.  
Use **black or blue ink only**. Neatly print the information requested.  
Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Opposition to Motion for Reimbursement of Health Care Expenses
2. Proof of Service

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

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## INSTRUCTIONS: STEP 1

### Complete the Opposition to Motion for Reimbursement of Health Care Expenses as Shown:

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No., and Department No. just as they appear on all other documents in this case.

3) Complete pages 1 – 3, following the instructions on each page.

1	Code: 2645
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	
8	IN THE FAMILY DIVISION
9	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10	IN AND FOR THE COUNTY OF WASHOE
11	_____ Plaintiff / Petitioner / Joint Petitioner,
12	Case No. _____
13	vs. Dept. No. _____
14	_____ Defendant / Respondent / Joint Petitioner
15	_____
16	
17	<u>OPPOSITION TO MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES</u>
18	<b>1. Argument</b> ( <i>explain why you oppose this motion</i> )
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____

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## INSTRUCTIONS: STEP 2

### Complete the Index of Exhibits and the Exhibit Cover Page as Shown:

*Skip this step if you do not have any exhibits that support your argument.*

- 1) For each exhibit you must print;
  - a) an exhibit number, starting with 1;
  - b) the number of pages in the identified exhibit; and
  - c) a description of the exhibit.

- 2) For each exhibit, you must print the exhibit number as listed on the Index of Exhibits.

- 3) The documents should be in the following order:
  - Opposition to Motion for Reimbursement of Health Care Expenses
  - the Index of Exhibits
  - the Exhibit Cover Page
  - the exhibit
  - so on and so on.

INDEX OF EXHIBITS

Exhibit Number <u>1</u>	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	

**Exhibit Cover Page**

EXHIBIT NUMBER \_\_\_\_\_

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## INSTRUCTIONS: STEP 3

### **Electronically Filing the Documents**

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, in the Law Library and Resource Center.

Sign into your eFlex account using the username and password you created and electronically file the:

- Opposition to Motion for Reimbursement of Health Care Expenses and Index of Exhibits (if applicable); and
- Any Exhibit Cover Pages and their corresponding exhibits.

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available at the Law Library and Resource Center.

There may be a filing fee charged when documents are filed. Fee information is available at the Resource Center and online at: [www.washoecourts.com](http://www.washoecourts.com).

#### **FILING FEE WAIVERS**

If you cannot afford the fee, you may apply to have it waived. To apply, you must fill out and file the **Application for Waiver of Fees and Costs packet**, which you can get at:

- Resource Center, 1 South Sierra Street, Reno, NV, Third Floor
- Law Library, 75 Court Street, Reno, NV, First Floor
- Online at: [www.washoecourts.com](http://www.washoecourts.com) (select the “Forms and Packets” tab on the right hand side of the home screen)

Once a document has been electronically filed, a Notice of Electronic Filing will be automatically generated and sent to any electronic filers in the case. All electronic filers have agreed to accept the notice as valid and effective service. This replaces the need for paper service.

If the other party has not yet signed up for electronic filing, or you do not know whether the other party is an electronic filer, please contact the Resource Center. Additional steps are required to complete service if the other party is not an electronic filer.

The Notice of Electronic Filing does not replace the Proof of Service.

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## INSTRUCTIONS: STEP 4

### Complete the Proof of Service as Shown:

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No., and Department No. just as they appear on all other documents in this case.

3) Print who was served, the date, and select how they were served.

4) Date, sign, and print your name.

1	Code: 3720
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	IN THE FAMILY DIVISION
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9	IN AND FOR THE COUNTY OF WASHOE
10	_____ Plaintiff / Petitioner / Joint Petitioner, Case No. _____
11	vs. Dept. No. _____
12	_____ Defendant / Respondent / Joint Petitioner.
13	<u>PROOF OF SERVICE</u>
14	I served a true and correct copy of the Opposition to the Motion for Reimbursement of Health
15	Care Expenses upon the following people:
16	1. Name: _____ Date: _____
17	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
18	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
19	<input type="checkbox"/> Other: _____
20	Address where service occurred, if applicable: _____
21	If more room is needed, attach additional sheets.
22	A copy of this Proof of Service has been electronically served, mailed, or personally delivered
23	to all parties or their lawyer.
24	This document does not contain the personal information of any person as defined by
25	NRS 603A.040.
26	Date: _____ Your Signature: _____
27	Print Your Name: _____
28	
	REV 10/2018 JCB 1 M7 PROOF OF SERVICE

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## INSTRUCTIONS: STEP 5

### **Filing the Proof of Service**

After service is completed, you must file the Proof of Service with the court. See INSTRUCTIONS: STEP 3. There will not be a filing fee for the Proof of Service. Without Proof of Service on the other parent, the court cannot consider your opposition.

## INSTRUCTIONS: STEP 6

### **Time to Respond**

The other parent has seven (7) days to respond, starting the day after being served. If you served the other parent by mail, the other parent has ten (10) days to respond.

Your documents are not filed until any filing fees are paid.

If the other parent does not reply within that time period, and you want the Court to consider the Motion, you may file a **Request for Submission**.

### **Legal Assistance**

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or contact the Resource Center. **The Resource Center cannot give legal advice** but can give information regarding court procedures.

You may also wish to speak with a family law lawyer at no cost through the Law Library's "Lawyer in the Library" program, or to seek assistance from other free or reduced-cost legal resources in the area, to include:

### **LAWYER IN THE LIBRARY**

For information contact the Law Library at 775-328-3250.

<https://www.washoecourts.com/LawLibrary>

### **NEVADA LEGAL SERVICES**

204 Marsh Avenue Reno, NV 89509  
(775) 284-3491 – leave a message if necessary

<https://nlslaw.net>

### **WASHOE LEGAL SERVICES**

299 S. Arlington Avenue Reno, NV 89501  
(775) 329-2727 – leave a message if necessary

[www.washoelegalservices.org](http://www.washoelegalservices.org)