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**MOTION FOR  
REIMBURSEMENT OF  
HEALTH CARE EXPENSES**

**M-7**

Self Help Center  
1 South Sierra St., First Floor  
Reno, NV 89501  
775-325-6731  
[www.washoecourts.com](http://www.washoecourts.com)

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**MOTION FOR REIMBURSEMENT OF  
HEALTH CARE EXPENSES**

**PACKET M-7**

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

- You have a case with an existing order regarding child custody or visitation in the Second Judicial District Court.
- You have a court order that describes how medical, dental, or vision expenses are to be shared between you and the other parent.
- You have sent the other parent a copy of the bill and proof of your payment but have not been paid the reimbursement to which you are entitled.

**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. Motion for Reimbursement of Health Care Expenses
2. Proof of Service
3. Reply to Opposition to Motion for Reimbursement of Health Care Expenses \*Only to be used if the other parent responds to your motion.
4. Request for Submission
5. 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 Motion for Reimbursement of Health Care Expenses as Shown:

You will attach copies of statements showing what the insurance company paid toward the health care bills and copies of receipts for the amounts you have paid on the bills to the Motion using the Index of Exhibits and Exhibit Cover Page. When you upload your documents to eFlex you will upload the Motion and the Index of Exhibits as one PDF.

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 – 4, following the instructions on each page.

1	Code: 2490
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	_____
12	Plaintiff / Petitioner / Joint Petitioner, Case No. _____
13	vs. Dept. No. _____
14	_____
15	Defendant / Respondent / Joint Petitioner.
16	_____
17	
18	<u>MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES</u>
19	1.
20	I request that the Court enter an Order granting me reimbursement in the amount of
21	\$ _____ for health care expenses for the following child(ren):
22	(Total amount owed)
23	Child's Name: _____ Date of Birth: ____/____/____
24	Child's Name: _____ Date of Birth: ____/____/____
25	Child's Name: _____ Date of Birth: ____/____/____
26	2.
27	The Order entered on _____ states that the other parent owes me
28	health care expenses. (Date of Order)
	REV 2/2019 JCB 1 M7 MOTION

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## INSTRUCTIONS: STEP 2

### Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, and at the Second Judicial District Court. Scanners are available at the Second Judicial District Court.

If you have not done so, you will need to sign up for an eFlex account and turn in the EFile User Agreement, to the Filing Office located at 75 Court Street or email to [eflexsupport@washoecourts.us](mailto:eflexsupport@washoecourts.us).

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

- Motion for Reimbursement of Health Care Expenses and Index of Exhibits;
- Exhibit Cover Page 1 and copies of statements showing what the insurance company paid toward the health care bills (as an exhibit \*\*continuation to the Motion); and
- Exhibit Cover Page 2 and copies of receipts for the amounts you have paid on the bills (as an exhibit \*\*continuation to the Motion).

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 Self Help Center. Additional steps are required to complete service if the other party is not an electronic filer.

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.

There may be a filing fee charged when documents are filed. Fee information is available at the Filing Office 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:

- Family Division Self Help Center, 1 South Sierra Street, Reno, NV, First Floor
- Protection Order Help Center, 1 South Sierra Street, Reno, NV, Third Floor
- Law Library or Filing Office, 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)

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## INSTRUCTIONS: STEP 3

### 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 Motion for Reimbursement of Health Care Expenses
15	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 4

## **Filing the Proof of Service**

After service is completed, you must file the Proof of Service with the court. See INSTRUCTIONS: STEP 2. 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 motion.

INSTRUCTIONS: STEP 5

## **Time to Respond**

The other parent has ten (10) days to respond, starting the day after being served. If you served the other parent by mail, the other parent has thirteen (13) days to respond.

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

If the other parent does not respond within that time period, you may submit the Motion to the judge with the **Request for Submission**.

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## INSTRUCTIONS: STEP 6

*Only use this form if the other parent has responded to your motion.*

### Complete the Reply to Opposition to Motion 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 -2, following the instructions on each page.

4) Date, sign, and print your name on page 2.

1	Code: 3790
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	_____
12	Plaintiff / Petitioner / Joint Petitioner, Case No. _____
13	vs. Dept. No. _____
14	_____
15	Defendant / Respondent / Joint Petitioner
16	
17	
18	REPLY TO OPPOSITION TO MOTION
19	FOR REIMBURSEMENT OF HEALTH CARE EXPENSES
20	1. Reply to the Opposition to my Motion for Reimbursement of Health Care Expenses as follows:
21	
22	State, in detail, your reply to the other parent's statements.
23	
24	
25	
26	
27	
28	
	REV 2/2019 JCB 1 M7 REPLY

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## INSTRUCTIONS: STEP 7

### Complete the Request for Submission 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 the date you filed your motion.

4) Date, sign, and print your name.

1	Code: 3860
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	_____
11	Plaintiff / Petitioner / Joint Petitioner,
12	Case No. _____
13	vs. Dept. No. _____
14	_____
15	Defendant / Respondent / Joint Petitioner.
16	_____
17	<u>REQUEST FOR SUBMISSION</u>
18	I request that the Motion for Reimbursement of Health Care Expenses that was filed on
19	_____
20	(Date of filing) _____ be submitted to the Court for decision.
21	This document does not contain the personal information of any person as defined by
22	NRS 603A.040.
23	I declare under penalty of perjury under the law of the State of Nevada the foregoing is true and
24	correct.
25	Date: _____ Your Signature: _____
26	_____
27	Print Your Name: _____
28	_____
	REV 11/2017 JCB 1 REQUEST FOR SUBMISSION



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## INSTRUCTIONS: STEP 8

### **Filing the Reply and/or the Request for Submission**

You must file the Reply to Opposition to Motion and/or the Request for Submission with the Court. See INSTRUCTIONS: STEP 2. There will not be a filing fee for these documents.

### **Completing and Filing the Proof of Service**

Complete the second Proof of Service. After service is complete, you must file the Proof of Service with the court. See INSTRUCTIONS: STEP 2 & 3.

Without Proof of Service on the other parent, the court cannot consider your motion.

### **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 visit the Family Division Self Help Center which is located at One South Sierra Street, Reno, NV. **The Self Help 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**

First Floor (to the left of the Filing Office) of the courthouse located at:

75 Court Street, Reno, NV.

775-328-3250

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

**Tuesday Evenings – Arrive by 4:25 p.m.**

\*Please Note\* The program is limited to 10 participants each evening.

### **NEVADA LEGAL SERVICES**

204 Marsh Avenue Reno, NV 89509

(775) 284-3491 – leave a message if

necessary

[nlslaw.net](http://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)