

Code: 2490  
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

\_\_\_\_\_,  
Plaintiff / Petitioner / Joint Petitioner,

Case No. \_\_\_\_\_

vs.

Dept. No. \_\_\_\_\_

\_\_\_\_\_,  
Defendant / Respondent / Joint Petitioner.  
\_\_\_\_\_ /

**MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES**

1. I request that the Court enter an Order granting me reimbursement in the amount of  
(total amount owed) \$ \_\_\_\_\_ for health care expenses for the  
following children:

NAME	AGE	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. The Order entered on *(date of Order)* \_\_\_\_\_ states that the other parent owes me health care expenses.

3. The total amount of health care bills not covered by insurance is \$ \_\_\_\_\_

The amount I have paid toward the uncovered amount is \$ \_\_\_\_\_

The total amount still owed on the outstanding bill is \$ \_\_\_\_\_

The amount the other party owes to me as reimbursement \$ \_\_\_\_\_

4. The bills and proofs of payment were sent to the other parent on *(date sent)* \_\_\_\_\_.

5. Copies of payments made by the insurance company are attached as Exhibit 1.  
Copies of payments for the amounts that I have paid are attached as Exhibit 2.

6. An account of the health care expenses and payments, which is an accurate representation of the amount that the other parent owes me for health expenses, is as follows *(see next page)*:

Name and address of health care expenses	Amount of original bill	Balance due after insurance payments or insurance limits	Amount you have paid, including copayments	Amount the other party has already paid toward the bill	Amount owed to you as reimbursement

**Totals:**        \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

*If more room is needed, attach additional sheets*

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 Motion:**

- You have 14 days to file an Opposition (17 days if you were served by U.S. Mail).
- If you do not file an Opposition, the Court may consider your nonresponse as agreement to this Motion and may grant the Motion.

**To the person who filed this Motion:**

- If the other party files an Opposition, you have 7 days to file a Reply (10 days if you were served by U.S. Mail).
- Whether or not the other party files an Opposition, you must file the Request for Submission to have the Motion reviewed by the judge.
- You must allow the other party the full amount of time to oppose the Motion before filing the Request for Submission.

**INDEX OF EXHIBITS**

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