

1 Code: 3790

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,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

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18 REPLY TO OPPOSITION TO MOTION
19 FOR REIMBURSEMENT OF HEALTH CARE EXPENSES

20 **1. I reply to the Opposition to my Motion for Reimbursement of Health Care Expenses as follows:**

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22 State, in detail, your reply to the other parent's statements.
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If more room is needed, attach additional sheets.

2. a. I do not request a hearing on this matter.

-OR-

b. I request a hearing on this matter because: _____

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: _____

Signature: _____

Print Your Name: _____