

OPPOSITION TO MOTION FOR UNREIMBURSED HEALTH CARE EXPENSES

A-5

Self Help Center
1 South Sierra St., First Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

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**OPPOSITION TO MOTION FOR
UNREIMBURSED HEALTH CARE
EXPENSES
PACKET A-5**

**USE THIS OPPOSITION PACKET ONLY IF ALL
OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET:**

- You have been served with a Motion for Unreimbursed 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. Family Court Information Sheet
2. Opposition to Motion for Unreimbursed Health Care Expenses
3. Index of Exhibits and Exhibit Cover Page
4. 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.

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 1

Complete the Family Court Information Sheet as Shown:

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

2) Complete the requested information. Print "do not have" if one or both of you do not have a Social Security number.

If children are involved in this case, please complete the entire form.

3) Complete the remaining questions.

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

CONFIDENTIAL
FAMILY COURT INFORMATION SHEET

Plaintiff/Petitioner,

vs.

Defendant/Respondent.

Case No. _____
Dept. No. _____

Name: _____ Name: _____
Social Security #: _____ Social Security #: _____
Date of Birth: _____ Date of Birth: _____

IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:

Residential Address: _____ Residential Address: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Telephone #: _____ Telephone #: _____
Are you employed? YES [] NO [] Are you employed? YES [] NO []
Name of Employer: _____ Name of Employer: _____
Business Address: _____ Business Address: _____
City, State, Zip: _____ City, State, Zip: _____
Telephone #: _____ Telephone #: _____
Driver's License #: _____ Driver's License #: _____
Date of Birth: _____ Date of Birth: _____
Ethnicity: [] White (Not Hispanic) Ethnicity: [] White (Not Hispanic)
[] African-American [] Hispanic [] African-American [] Hispanic
[] Asian or Pacific Islander [] Asian or Pacific Islander
[] Native American/Alaskan Native [] Other [] Native American/Alaskan Native [] Other

CHILDREN INVOLVED IN THIS CASE

Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____

If there are more than five children, list their names on a separate sheet of paper and attach.

Does this case involve family violence: [] Yes [] No
Are you requesting Child Support Enforcement Services
from the District Attorney's Office (IV-D) Services? [] Yes [] No
Court Personnel Only: [] Custodial Parent [] Non-Custodial Parent

This document contains the social security number of a person as required by NRS 123.130, NRS 125, 230, and NRS 125B.055

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

3 **CONFIDENTIAL**
4 **FAMILY COURT INFORMATION SHEET**

4 _____,
5 Plaintiff/Petitioner,

5 Case No. _____

6 vs.

6 Dept. No. _____

7 _____,
8 Defendant/Respondent.

8 Name: _____

8 Name: _____

9 Social Security #: _____

9 Social Security #: _____

9 Date of Birth: _____

9 Date of Birth: _____

10 **IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:**

11 Residential Address: _____

11 Residential Address: _____

12 Mailing Address: _____

12 Mailing Address: _____

13 City, State, Zip: _____

13 City, State, Zip: _____

14 Telephone #: _____

14 Telephone #: _____

15 Are you employed? YES [] NO []

15 Are you employed? YES [] NO []

16 Name of Employer: _____

16 Name of Employer: _____

17 Business Address: _____

17 Business Address: _____

18 City, State, Zip: _____

18 City, State, Zip: _____

18 Telephone #: _____

18 Telephone #: _____

19 Driver's License #: _____

19 Driver's License #: _____

19 Date of Birth: _____

19 Date of Birth: _____

20 Ethnicity: [] White (Not Hispanic)

20 Ethnicity: [] White (Not Hispanic)

[] African-American [] Hispanic

[] African-American [] Hispanic

[] Asian or Pacific Islander

[] Asian or Pacific Islander

[] Native American/Alaskan Native [] Other

[] Native American/Alaskan Native [] Other

22 **CHILDREN INVOLVED IN THIS CASE**

23 Name: _____ SSN: _____ DOB: _____

23 Name: _____ SSN: _____ DOB: _____

24 Name: _____ SSN: _____ DOB: _____

24 Name: _____ SSN: _____ DOB: _____

25 Name: _____ SSN: _____ DOB: _____

25 Name: _____ SSN: _____ DOB: _____

26 If there are more than five children, list their names on a separate sheet of paper and attach.

27 Does this case involve family violence: [] Yes [] No

28 Are you requesting Child Support Enforcement Services
from the District Attorney's Office (IV-D) Services? [] Yes [] No

Court Personnel Only: [] Custodial Parent [] Non-Custodial Parent

This document contains the social security number of a person as required by NRS 123.130, NRS 125, 230, and NRS 125B.055

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 2

Complete the Opposition to Motion for Unreimbursed Health Care Expenses as Shown:

If you have documents that support your argument, attach copies of the documents to your opposition as exhibits (see INSTRUCTIONS: STEP 3). Explain in your opposition how the documents support your argument. If you do not have any exhibits, please continue to INSTRUCTIONS: STEP 4.

1) Print your name, address and telephone number.

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	Self-Represented Litigant
6	
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.
15	<u>OPPOSITION TO MOTION FOR UNREIMBURSED HEALTH CARE EXPENSES</u>
16	
17	<u>Argument</u>
18	Below, explain why you oppose the motion. Attach as exhibits anything that supports your argument.
19	
20	A. _____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	

REV 3/2015 ER 1
OPPOSITION TO MOTION FOR UNREIMBURSED HEALTH CARE

1 Code: 2645

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Self-Represented Litigant

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

9
10 _____,
11 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

12 vs. Dept. No. _____

13

14 _____,
15 Defendant / Respondent / Joint Petitioner.

16 OPPOSITION TO MOTION FOR UNREIMBURSED HEALTH CARE EXPENSES

17 *Argument*

18 Below, explain why you oppose the motion. Attach as exhibits anything that supports your
19 argument.

- 20 A. _____
 21 _____
 22 _____
 23 _____
 24 _____
 25 _____
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 28 _____

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If more room is needed, attach additional sheets.

B. 1. I do not request a hearing on this matter.

-OR-

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

_____.

This document does not contain the Social Security number of any person.

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: _____

Notice to Responding Party: You have a limited amount of time to respond to this opposition. If you do not respond in writing within five (5) judicial days, the opposing party may request the motion be submitted to the Court. If this Opposition to Motion was mailed to you, you have three (3) additional calendar days to file your reply.

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

* * *

_____))
 _____))
 _____))
 vs. _____))
 _____))
 _____))
 _____))

FAMILY DIVISION MOTION/OPPOSITION NOTICE (REQUIRED)
CASE NO.
DEPT. NO.

NOTICE: THIS MOTION/OPPOSITION NOTICE **MUST BE ATTACHED AS THE LAST PAGE** to every motion or other paper filed to modify or adjust a final order that was issued pursuant to chapter 125, 125B or 125C of NRS and to any answer or response to such a motion or other paper.

A.	Mark the CORRECT ANSWER with an X .	YES	NO
	1. Has a final decree or custody order been entered in this case? If yes , then continue to Question 2. If no , you do not need to answer any other questions.		
	2. Is this a motion or an opposition to a motion filed to change a final order? If yes , then continue to Question 3. If no , you do not need to answer any other questions.		
	3. Is this a motion or an opposition to a motion filed only to change the amount of child support?		
	4. Is this a motion or an opposition to a motion for reconsideration or a new trial <u>and</u> the motion was filed within 10 days of the Judge's Order?		
	IF the answer to Question 4 is YES , write in the <u>filing date</u> found on the front page of the Judge's Order.	Date	
B.	If you answered NO to either Question 1 or 2 or YES to Question 3 or 4, you are <u>exempt</u> from the filing fee. However, if the Court later determines you should have paid the filing fee, your motion will <u>not</u> be decided until the fee is paid.		

I affirm that the answers provided on this Notice are true.

Date: _____, _____ Signature: _____

 Print Name: _____

 Print Address: _____

 Telephone Number: _____

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 3

Complete the Index of Exhibits and Exhibit Cover Sheet(s) as Shown:

1) Write the exhibit number, number of pages (not including the Exhibit Cover Page), and a description for each exhibit.

If more space is needed, attach additional sheets.

2) Attach the Index of Exhibits to the document after the last page of the document, before any exhibits.

3) For each exhibit, create an Exhibit Cover Page.

INDEX OF EXHIBITS

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 _____
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Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	

EXHIBIT _____

EXHIBIT _____

EXHIBIT _____

4) Write the exhibit number on the Exhibit Cover Page.

5) Attach the correct Exhibit Cover Page to the front of each exhibit.

6) Attach your exhibits in the order listed on the Index of Exhibits.

INDEX OF EXHIBITS

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 Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

EXHIBIT _____

EXHIBIT _____

EXHIBIT _____

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 4

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, Self Help Center, and Filing Office.

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

- Family Court Information Sheet;
- Opposition to Motion; and
- Any 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, Self Help Center, and Filing Office.

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.

FILING FEE WAIVERS

If you cannot afford the filing fee, you may apply to have your filing fee waived. To apply, you must fill out and file the application found in the **Application for Waiver of Fees and Costs packet**, which may be obtained at the following locations:

- Family Division Self Help Center, 1 South Sierra Street, Reno, NV, First Floor
- Filing Office, 75 Court Street, Reno, NV, First Floor
- Online at: www.washoecourts.com (select the “Forms and Packets” tab on the right hand side of the home screen)

INSTRUCTIONS: STEP 5

Serving the Documents

If the other party has not yet signed up for electronic filing, please contact the Self Help Center.

If the other party is an electronic filer, they will be automatically served a file-stamped copy of all the forms filed through eFlex. Once a document has been filed, a Notice of Electronic Filing will be automatically generated and available to be viewed on your eFlex account. The Notice of Electronic Filing will tell you whether or not the other party is an electronic filer.

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 6

Complete the Proof of Service as Shown:

This form must be completed by the person who serves the documents.

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 in all other documents in this case.

3) Print the name of the person served, and the date served.

4) Mark the box for how they were served. If serving by personal service, certified mail, or postage prepaid, write the address of where service was made.

5) The person who serves the document(s) must date, sign, and print their 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 OPPOSITION TO MOTION FOR UNREIMBURSED
15	HEALTH CARE EXPENSES and FAMILY COURT INFORMATION SHEET upon the following
16	people:
17	1. Name: _____ Date: _____
18	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
19	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
20	<input type="checkbox"/> Other: _____
21	Address where service occurred, if applicable: _____
22	If more room is needed, attach additional sheets.
23	A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24	to all parties or their lawyer.
25	This document does not contain the personal information of any person as defined by
26	NRS 603A.040.
27	Date: _____ Your Signature: _____
28	Print Your Name: _____
	REV 9/2018 JCB 1 PROOF OF SERVICE

1 Code: 3720

Name: _____

2 Address: _____

3 Telephone: _____

Email: _____

4 Self-Represented Litigant

5 IN THE FAMILY DIVISION

6 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF WASHOE

8
9 _____,
Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

10 vs.

Dept. No. _____

11 _____,
12 Defendant / Respondent / Joint Petitioner.

13 PROOF OF SERVICE

14 I served a true and correct copy of OPPOSITION TO MOTION FOR UNREIMBURSED
15 HEALTH CARE EXPENSES and FAMILY COURT INFORMATION SHEET upon the following
16 people:

17 1. Name: _____ Date: _____

18 By: Service by eFlex

Personal Service

19 Certified mail, return receipt attached

U.S. Mail, postage prepaid

20 Other: _____

21 Address where service occurred, if applicable: _____

22 If more room is needed, attach additional sheets.

23 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24 to all parties or their lawyer.

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

27 Date: _____

Your Signature: _____

28 Print Your Name: _____

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 7

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 party, the court cannot consider you answer.

INSTRUCTIONS: STEP 8

Time to Respond

The other party has five (5) judicial days, plus three (3) calendar days beginning the day after filing the documents. Your documents are not filed until any filing fees are paid.

If the other party 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 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

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 x 237 – leave message if
necessary

<http://www.nlslaw.net>

WASHOE LEGAL SERVICES

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

<http://www.washoellegalservices.org>