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**STIPULATION
REGARDING
UNREIMBURSED HEALTH
CARE EXPENSES**

S-3

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

*** Both parties must initial, otherwise the stipulation will not be granted.**

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**STIPULATION REGARDING
UNREIMBURSED HEALTH CARE
EXPENSES

PACKET S-3**

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

- You have a case with an existing order in the Second Judicial District Court.
- You and the other party agree to change the order.

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. Request for Submission
2. Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses

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

Only one person needs to fill out this form.

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 file the stipulation with the court.

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	_____ Case No. _____
11	Plaintiff / Petitioner / Joint Petitioner, Dept. No. _____
12	vs.
13	_____
14	Defendant / Respondent / Joint Petitioner.
15	_____
16	
17	<u>REQUEST FOR SUBMISSION</u>
18	
19	I request that the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses
20	filed on _____ be submitted to the Court for decision.
21	(Date the document was filed with the Court)
22	This document does not contain the personal information of any person as defined by NRS
23	603A.404.
24	
25	Date: _____ Your Signature: _____
26	
27	Print Your Name: _____
28	
	REV 9/2018 JCB 1 REQUEST FOR SUBMISSION

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 _____, Case No. _____

11 Plaintiff / Petitioner / Joint Petitioner,

12 Dept. No. _____

13 vs.

14 _____,

15 Defendant / Respondent / Joint Petitioner.

16 _____/

17 REQUEST FOR SUBMISSION

18
19 I request that the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses
20 filed on _____ be submitted to the Court for decision.

21 (Date the document was filed with the Court)

22 This document does not contain the personal information of any person as defined by NRS
23 603A.040.

24
25 Date: _____

26 Your Signature: _____

27 Print Your Name: _____

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INSTRUCTIONS: STEP 2

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

You will need to attach the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses as an exhibit to the Request for Submission in order to electronically file it.

You do not need to write anything on these pages.

- 1) The documents should be in the following order:
- Request for Submission
 - the Index of Exhibits
 - the Exhibit Cover Page
 - the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses

INDEX OF EXHIBITS	
Exhibit Number	1
Number of Pages	3
Exhibit Description	Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses
Exhibit Number	_____
Number of Pages	_____
Exhibit Description	_____
Exhibit Number	_____
Number of Pages	_____
Exhibit Description	_____
Exhibit Number	_____
Number of Pages	_____
Exhibit Description	_____
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Exhibit Description	_____
Exhibit Number	_____
Number of Pages	_____
Exhibit Description	_____
Exhibit Number	_____
Number of Pages	_____
Exhibit Description	_____

Exhibit Cover Page
EXHIBIT NUMBER 1

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 Cover Page

EXHIBIT NUMBER 1

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INSTRUCTIONS: STEP 3

Complete the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses as Shown:

1) Print your names, addresses, telephone numbers, and emails.

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.

On page 3 do not sign the Order and Judgment.

1 Code: 3980
 2 Name: _____
 3 Address: _____
 4 Telephone: _____
 5 Email: _____
 6 Name: _____
 7 Address: _____
 8 Telephone: _____
 9 Email: _____
 10 Self-Represented Litigants

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

14 _____
 15 Petitioner, Case No. _____
 16 vs. Dept. No. _____
 17 _____
 18 Respondent.

19 JUDGMENT AND ORDER UPON STIPULATION FOR
 20 UNREIMBURSED HEALTH CARE EXPENSES

21 The above-named parties hereby stipulate to the entry of an Order as follows:
 22 1. Respondent is the parent of:

23 NAME OF CHILD(REN)	24 DATE OF BIRTH
25 _____	26 _____
27 _____	28 _____

REV 9/2009 1 S-3

1 Code: 3980
Name: _____
2 Address: _____
3 Telephone: _____
4 Email: _____
5 Name: _____
6 Address: _____
7 Telephone: _____
8 Email: _____
Self-Represented Litigants

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 **Petitioner,** Case No. _____
13 **vs.** Dept. No. _____
14 _____,
15 **Respondent.**
16 _____/

17 **JUDGMENT AND ORDER UPON STIPULATION FOR**
18 **UNREIMBURSED HEALTH CARE EXPENSES**

19 The above-named parties hereby stipulate to the entry of an Order as follows:

20 1. Respondent is the parent of:

21	<u>NAME OF CHILD(REN)</u>	<u>DATE OF BIRTH</u>
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____

1 2. A judgment is to be entered against the Respondent for arrears in Unreimbursed health
2 care expenses for the minor child(ren) in the amount of \$_____, said
3 amount representing those sums due and owing from _____ through
4 _____ and the Respondent shall pay \$_____ per month
5 to retire the judgment beginning _____. Said payment
6 shall be made in addition to the child support payment.

7 3. No interest shall accrue on the arrearage so long as Respondent remains current on
8 monthly payments. Should Respondent become thirty (30) days delinquent, or, should a pattern
9 of over ten (10) days delinquency in payments develop without stipulation and acceptance by the
10 Petitioner, Pursuant to NRS 125B.140, as amended, interest upon the arrearage shall accrue at a
11 rate established pursuant to NRS 99.040, from the time each amount became due.

12 4. All property is subject to actions for collection including, but not limited to,
13 withholding of wages, garnishment, liens, and the attachment of federal income tax refunds.

14 5. All payments must be made payable as follows:

15 **In accordance with Nevada Revised Statute 425.410 and federal law, all Nevada child**
16 **support payments currently paid to a Nevada child support agency must be sent to:**

17 **STATE COLLECTION AND DISBURSEMENT UNIT (ScaDU)**

18 **PO BOX 98950**

19 **LAS VEGAS, NV 89193-8950**

20 **PLEASE NOTE: PAYMENTS MUST BE BY MONEY ORDER OR CASHIER**

21 **CHECK AND PAYABLE TO ScaDU**

22 **The following information must be included with each payment:**

- 23 **1. Name (first, middle, last) of person responsible for child support**
24 **2. Social Security Number of person responsible for child support**
25 **3. Name of custodian (first and last name of person receiving child support)**
26 **4. Child support case number**

27 **If you have any questions regarding where to send your child support payments,**
28 **please call your local District Attorney Family Support Division at (775)789-7100.**

1 **NOTICE: NO CREDIT WILL BE GIVEN FOR PAYMENTS PAID DIRECTLY TO THE**
2 **PETITIONER.**

3 The Respondent is responsible for notifying the District Attorney’s Office, Family Support
4 Division, **in writing**, of any change of address, change of employment, change of custody, or
5 entry of any other order relative to child support, within five (5) days of such change.

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

7 We declare, under penalty of perjury under the law of the State of Nevada, that the
8 foregoing is true and correct.

9

10 Dated:_____

Dated:_____

11

12

13

14

(Signature)

(Signature)

15

16

ORDER AND JUDGMENT

17

18

19

20

21

22

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25

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27

28

Based upon the above Stipulation of the parties in this action; and,

The Court, being fully advised of the facts and circumstances in this matter,

IT IS HEREBY ORDERED that the Stipulation is affirmed and Judgment is hereby
entered against Respondent in the amount of \$_____.

IT IS FURTHER ORDERED that the Respondent shall satisfy the Judgment in the
manner agreed upon, and stated above.

DATE:_____

DISTRICT JUDGE

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INSTRUCTIONS: STEP 4

Electronically Filing the Documents

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

If either party has not done so, they will need to sign up for an eFlex account and turn in an eFile User Agreement, to the Filing Office located at 75 Court Street or email to eflexsupport@washoecourts.us.

One party will sign into their eFlex account using the username and password you created and electronically file the:

- Request for Submission and Index of Exhibits; and
- Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses (as an exhibit to the Request for Submission).

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 will not be a filing fee charged when documents are filed.

What Happens Now?

Now that you have completed all the steps, your stipulation has been sent to the court for a decision. The court has approximately 60 days to grant, deny, or set your stipulation for a hearing.

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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 – leave a message if
necessary
nlslaw.net

WASHOE LEGAL SERVICES

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